

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**Exploring How and Why Young Adult Women with Acne Share Their Lived  
Experience on Instagram**

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Arts

in

Psychology

At Massey University, Auckland, New Zealand

Danielle Clark

2023

## Abstract

Acne vulgaris can affect people of all ages and is classed as dermatological by the medical field. Yet the condition's complexities and effects extend beyond physiology to quality-of-life concerns. Acne experiences are deeply entwined with societal influences and structures like health misconceptions, stigma, beauty standards and social media. In this qualitative study, I explored young adult women's acne experiences on Instagram, investigating how and why they constructed and navigated their experiences online. Seventeen women participated in an open-ended online survey, and 30 screenshots were analysed from fifteen participants' acne-related accounts. Screenshots and survey responses were analysed separately using reflexive thematic analysis through a critical realist lens. Three key themes were developed from the screenshot data: (1) engaging with others; (2) the implicit pursuit of the clear skin goal; (3) pressures of the acne positivity imperative, and from the survey data: (1) social connection in the acne community; (2) navigating online pressure and potential (3); reconstructing the typical acne experience. Participants had highly individualised experiences, contextualised by different psychosocial pressures pertaining to Instagram. Even though engaging in acne-related online health communities can create new negative experiences, actively participating appeared to foster nuanced and beneficial e-health affordances for participants. Several reasons were consequently provided as to why they shared their acne experience online. In combination, the screenshots and responses demonstrated social connection was a key motivator, and this extended to group collaboration efforts to raise awareness about acne. Participants wrote about challenging acne misconceptions in a way that aligned with 4<sup>th</sup> wave feminism. The term 'acne positivity' was presented in their Instagram posts to positively reappraise their negative acne experiences, but some found this challenging to achieve, indicating a need for a positive-negative dialectic to fully explore acne experiences. Alternatively, acne neutrality seemed more attainable, and beneficial in having shifted participant's attention towards skin health. Indeed, although a focus on appearance existed in the screenshots, some participants' largely rejected beauty standards, suggesting that young adult women with acne are active and critical social media users. Despite a continued desire to achieve acne-free skin, young adult women with acne cope well with the condition when intentionally and cautiously

sharing their experiences online.

## **Acknowledgements**

With profound gratitude, I would like to thank my Master's supervisors whose expertise has been crucial to this research. Special mention to Dr Andrea LaMarre for your patience, feedback, and ongoing commitment to supporting me above and beyond your duties. For this reason, I have enjoyed every step along this huge learning curve of academic research.

A big thank you to my loved ones and partner. This includes my parents Coleen and Paul, and my sister Victoria. Thank you for your unwavering and unconditional support throughout my academic journey. Your encouragement and understanding have meant the world to me.

I am also grateful to my wonderful friends and colleagues who shared my excitement for this research. The enthusiasm you showed helped me to stay motivated and determined.

Lastly, I would like to extend my gratitude to those who participated by volunteering their time. Your contribution is extremely valuable. I will continue to reflect on your insights into acne experiences with admiration.

## Table of Contents

<b>Abstract</b> .....	<b>2</b>
<b>Acknowledgements</b> .....	<b>4</b>
<b>Table of Contents</b> .....	<b>5</b>
<b>Introduction and Literature Review</b> .....	<b>8</b>
Acne Vulgaris as a Biological Condition.....	8
Acne Psychosocial Issues .....	9
<i>Social Relationships</i> .....	11
<i>Acne-related Mental Health</i> .....	12
<i>Common Treatments and Psychosocial Side Effects</i> .....	14
Acne Theories and Models - Development and Maintenance .....	15
<i>Biopsychosocial Model of Acne</i> .....	17
<i>Evolutionary Perspective and Body Shame Reactions</i> .....	18
Psychological Theories and Models .....	19
<i>Social Comparison</i> .....	20
<i>Stigma</i> .....	22
E-health and Acne Content Online .....	23
<i>Virtual Community and Empowerment</i> .....	23
<i>Acne-Related Content Online</i> .....	25
<i>Social Media Behaviours on Instagram</i> .....	28
Summary and Study Rationale .....	30
<b>Methodology</b> .....	<b>31</b>
Research Aim and Questions .....	31
Theoretical Perspective .....	32
Key Theoretical Frameworks .....	33
Ethics .....	34
<i>Risks and Benefits</i> .....	35
<i>Informed Consent</i> .....	35
<i>Privacy and Data Management</i> .....	36
<i>Cultural Consultation/Response</i> .....	37
Procedure.....	37
<i>Design</i> .....	37

<i>Participants</i> .....	38
<i>The Online Survey</i> .....	38
<i>Research Site</i> .....	39
<i>Honorarium</i> .....	40
<i>Recruitment</i> .....	40
Data Collection .....	41
<i>Qualitative Survey Link</i> .....	41
<i>Instagram Screenshots</i> .....	42
Data Analysis – Reflexive Thematic Analysis .....	42
Reflexivity in Qualitative Research .....	46
<i>Researcher Information</i> .....	46
<i>Reflexivity</i> .....	46
<b>Screenshot Analysis and Findings</b> .....	<b>49</b>
Typical Acne-related Instagram Posts .....	49
Theme 1: Engaging with Others .....	50
<i>Subtheme: Generating Social Support on Instagram</i> .....	50
Theme 2: The Implicit Pursuit of The Clear Skin Goal .....	52
<i>Subtheme 1: Self-Reflecting on Acne Progress Over Time</i> .....	52
<i>Subtheme 2: Highly Positive Skincare Reviews</i> .....	54
<i>Subtheme 3: Unblemished Skin is an Accomplishment</i> .....	56
Theme 3: Pressures of The Acne Positivity Imperative .....	57
<i>Subtheme 1: Promoting Acne Positivity</i> .....	58
<i>Subtheme 2: Using Instagram as an Outlet</i> .....	59
<b>Survey Analysis and Findings</b> .....	<b>62</b>
Theme 1: Social Connection in the Acne Community .....	62
<i>Subtheme 1: Feeling Understood and Not Alone</i> .....	65
<i>Subtheme 2: Active Participation</i> .....	67
Theme 2: Navigating Online Pressure and Potential .....	73
<i>Subtheme 1: Publicised Vulnerability</i> .....	76
<i>Subtheme 2: Coping with Societal Pressure</i> .....	78
Theme 3 – Reconstructing the Typical Acne Experience .....	82
<i>Subtheme 1: Adopting Acne Neutrality</i> .....	85
<i>Subtheme 2: Embodying Confidence</i> .....	86
<b>Discussion</b> .....	<b>89</b>
Social Connection .....	89

A Simultaneous Focus on Appearance and Skin-Health .....	92
The Acne Positive Imperative.....	94
Acne Neutrality and Normalisation .....	95
Implications and Future Research .....	97
Limitations .....	99
Conclusion .....	100
<b>References .....</b>	<b>101</b>
<b>Appendices .....</b>	<b>112</b>
Appendix A: Ethics Approval Letter .....	113
Appendix B: Ethics Amendment Request Approval .....	114
Appendix C: Information Sheet.....	115
Appendix D: Consent Form .....	119
Appendix E: Online Survey Questions.....	121
Appendix F: Postgraduate Research Fund Application Approval.....	124
Appendix G: Recruitment Advertisement.....	125
Appendix H: Screenshot Results: RTA Map .....	126
Appendix I: Survey Results: RTA Map.....	127

## **Introduction and Literature Review**

The purpose of this study is to explore how and why young adult women construct and navigate their acne experiences on Instagram. The following literature review starts by defining acne as a biological condition in accordance with dermatology. Available research that has investigated the condition's psychosocial factors and negative impacts is then reviewed, followed by a discussion about relevant models and theories related to the condition's development and maintenance. The following section also considers the psychological theories that could prove useful to exploring individual acne experiences - particularly as these pertain to Western societal contexts and social comparison. Acne is then considered in relation to e-health and social media such as Instagram features, online health communities, and/or typical online behaviours. Throughout the review, I emphasise the importance for qualitative research to explore young women's acne experiences online.

### **Acne Vulgaris as a Biological Condition**

Acne vulgaris is a common dermatological condition that can negatively impact on people's everyday lives. In their systematic review, Tan and Bhate (2015) estimated that 9.4 percent of the global population experience and are impacted by the skin condition. Acne prevalence peaks in the adolescent years due to the significant hormonal changes that occur at this age. Despite this, many adults experience on-going acne, which is especially true for women (Bhate & Williams, 2013).

Researchers have found that various biological factors like hormonal fluctuations, skin bacteria such as *Propionibacterium acnes* (*P. acnes*) and genetics can contribute to acne (Bhate & Williams, 2013). At the physical level, acne is primarily caused by the sebaceous glands on the skin producing excessive sebum that builds up - blocking and trapping dead skin cells in the pores. These pore blockages cause inflammation, leading to further infection and the worsening of the condition. Acne vulgaris, referred to as acne throughout this research, is consequently characterised by visibly inflamed whiteheads, blackheads, pustules, and cysts (Bhate & Williams, 2013). These can occur on the face, chest and or body and if left untreated can result in long-term scarring.

Acne is also multifactorial, meaning the condition can have an array of causes. The condition's complex aetiology is best illustrated by Bhate and Williams (2013) who conducted a systematic review of acne literature. The literature overall suggested that many factors contribute to acne severity. These included hormone imbalances (like an androgen excess), socioeconomic status and chronic stress. Research has also consistently found a link between polycystic ovarian syndrome (PCOS) and severe cystic acne (Bhate & Williams, 2013). The researchers concluded that several proposed causes have not been evidenced and so could simply be acne myths. For example, according to their research, there is inconclusive evidence for dietary factors such as dairy consumption being implicated in acne.

Acne prevention and treatment are not straightforward due to complexities in the condition's aetiology. Treatment options range from topical to oral medications and treatment efficacy for addressing acne is highly variable from person to person (Bhate & Williams, 2013). Some individuals experience issues with treatment adherence or treatment failure and consequently, their acne recurs for several years. Acne is painful and can be physically disfiguring but the condition is not deemed to be life-threatening so can be easily dismissed by the public or even health professionals (McNiven, 2019).

Many individuals with acne struggle socially and psychologically due to other people's negative acne-related perceptions and the condition's uncontrollable nature (McNiven, 2019). The condition therefore does not only affect the physical body but also has socially significant consequences like issues with selfhood and appearance-related distress (Lafrance & Carey, 2018). As a result, negatively affecting mental well-being alongside health-related quality of life (Davern & O'Donnell, 2018).

### **Acne Psychosocial Issues**

Many psychosocial factors influence how acne is experienced. In thoroughly investigating these factors, researchers have positioned the condition within a wider context of psychological and social factors. These findings are important for establishing a holistic understanding so that future research and/or medical care can better attend to different acne experiences. Age-related acne stereotypes, acne stigma, and interpersonal relationship issues are addressed in this section with a particular emphasis on how acne can be socially inhibiting.

Acne is often reduced to a coming-of-age issue even though people at all ages can experience the condition (McNiven, 2019). Statistically speaking, 64% of those with acne in puberty will face the condition persisting into their twenties (Bhate & Williams, 2013). Yet prevailing societal notions imply that acne can be cured developmentally by simply “*waiting to grow up*” (Timms, 2013). Negative age-related acne stereotypes, often stemming from popular media portrayals, relate the condition to socially undesirable characteristics (Lafrance & Carey, 2018). Film and television typically portray acne as a teenage issue; acne is intentionally costumed onto teenage characters depicted as socially awkward or outcasts in storylines. These depictions have negative flow-on effects for societal acne perceptions and those with the condition. Age-related acne stereotypes typically frustrate those with adult acne who cannot relate to the portrayals. These adults view their ongoing acne as an uncontrollable problem time alone will not cure (Murray & Rhodes, 2005). Adults with acne can consequently suffer from increased hopelessness, reduced self-esteem, and poor self-confidence (Murray & Rhodes, 2005). Society and the media fail to consider or demonstrate the condition’s impact on adults by assuming acne is only a pubescent issue.

Both quantitative and qualitative studies contribute to understanding how acne lived experiences are influenced by age and/or life stage. Timms (2013) investigated how adults perceived those with acne as compared to those with unblemished skin. Their quantitative study used a quasi-experimental design where participants looked at photographs for acne-prone skin or clear conditions. The models in the photos were rated on several measures. Young adults between 18 to 24 years old with acne were viewed as less mature than their peers with unblemished skin, while models with clear skin were rated as more mature and attractive (Timms, 2013). However, this quantitative study did not explore why people held those beliefs, so qualitative studies are also necessary to better understand acne perceptions by age. Indeed, qualitative research by McNiven (2019) explored acne narratives amongst 13- to 25-year-olds. The participants communicated varied interpretations regarding the social and emotional impact of acne, likely due to their developmental diversity. Younger participants were unsurprised by their acne and accepted the condition as a milestone towards growing up, and in contrast, those in their early twenties felt frustrated by their continuous acne breakouts.

Acne is a highly stigmatised skin condition too; this stigma is driven in part by health misconceptions. In Timms (2013) study, those with acne were also rated as dirtier and more unkempt than those with unblemished skin. However, epidemiological research confirms that poor hygiene is not associated with acne, disapproving participants' assumptions (Bhate & Williams, 2013). A significant limitation of Timms (2013) research was that models with darker skin complexions were not included. This limitation is noteworthy because those with darker skin and acne may experience the condition differently than those with lighter complexions (Timms, 2013). Another study by Roosta et al. (2010) identified how acne had a strong relationship to perceived stigma. The researchers suggested those with acne have a heightened awareness of the condition's psychosocial implications. Due to the associated stigma, those with acne commonly avoid putting themselves in positions where they might face prejudice (Timms, 2013). Together these findings illustrate the impact that societal acne stigma has on the social life and confidence of those with acne.

Due to acne-related stigma, the condition can cause negative consequences for an individual's psychological well-being and health-related quality of life (Davern & O'Donnell, 2018). This is important because it ties in with other negative psychological effects like poor self-perception and diminished self-esteem. Further research has found that an individual's quality of life decreases with worsening acne severity (Hanstock & O'Mahony, 2002). Lafrance and Carey (2018) also suggest that the suffering associated with acne is socially significant. A relatively high suicidal ideation rate is prevalent among those who have severe acne compared to those that do not (Bhate & Williams, 2013). These findings from the literature demonstrate that having acne is often experienced as inherently negative.

### ***Social Relationships***

For those with acne, the condition can harm their interpersonal relationships and the ability to form new social connections (Timms, 2013), as well as negatively impact occupational functioning (Tan et al., 2022). The impact is most pronounced amongst young adults with acne. During young adulthood, people typically start out in employment and want to or are expected to be highly sociable. Researchers found that societal prejudice impacts young peoples' ability to engage in social activities (Timms, 2013). For example, young adults with acne are perceived as less friendly

than their peers with unblemished skin (Timms, 2013). Those with acne scarring are also unfavourably perceived in society; they are commonly viewed as being unhappy, unhealthy, and unsuccessful (Dreno et al., 2016). Acne and facial scarring can contribute to negative evaluations made by work colleagues and reduced employment prospects (Tan et al., 2022). Those with acne and scarring are often viewed as less able and skilful in the workplace than those with unblemished skin (Tan et al., 2022). These negative opinions have contributed to exclusionary behaviour towards those with acne, perpetuating their ongoing interpersonal struggles.

Most measures pertaining to the psychosocial impacts of acne are quantitative. The Cardiff Acne Disability Index (CADI) by Motley and Finley (1992) for instance is commonly referred to across the acne literature, and the index is used to assess the condition's psychosocial consequences (as cited in Abdelrazik et al., 2021). Abdelrazik et al. (2021) completed a literature review investigating the validity of the CADI being applied in clinical and or research settings. The researchers found the index can be used across all age bands even though the CADI was primarily developed for adolescents. The CADI is also popularised by a short completion time making it practical and efficient to use. Additionally, the CADI has performed well across cross-cultural adaptations (Abdelrazik et al., 2021).

The CADI is therefore a useful tool, but as a quantitative measure may only provide limited insight into *specific* individual acne experiences. Research employing the CADI has nonetheless consistently found that acne is associated with significant disruption to people's social lives and relationships (Kumar et al., 2016). Then, unsurprisingly, those with acne experience elevated levels of social anxiety and social isolation (Roosta et al., 2010). CADI's widespread use in measuring acne-related social impairment/s ultimately indicates how acne can be *socially disabling* – and this is further explained by the link between acne and undesirable psychological effects like social anxiety.

### ***Acne-related Mental Health***

Negative mental health can greatly influence people's experiences with acne and vice versa. Those with acne typically experience significant social anxiety as compared to those without the condition (Salman et al., 2016). They consequently exhibit socially avoidant behaviours and/or may moderate their socialising based on

the presence or extent of blemishes (Salman et al., 2016). Acne scarring, too, can contribute to individuals refraining from various social activities that require bare skin like swimming, particularly for fear that their visible scars will be subject to criticism (Tan et al., 2022). Interpersonally, some people with acne actively avoid dating potential romantic partners because they worry about rejection based on their appearance (Salman et al., 2016). Despite these social avoidance tendencies, those with the condition can choose to practice coping strategies. Some adopt socially accepted forms of masking their facial imperfections like wearing heavy make-up to feel more confident in social situations (Tan et al., 2022).

Poor mental health among those with acne is not limited to social anxiety, and so some sufferers have significantly more to cope with such as body dysmorphic distress. Research shows a link between acne and body dysmorphic disorder (BDD). Bowe et al. (2007) used the Body Dysmorphia Disorder Questionnaire (BDDQ - dermatology version) to assess acne-related appearance concerns and issues with daily functioning among participants with acne. Participants had appearance-related problematic thinking that was comparable to the distress commonly experienced by people diagnosed with BDD (Bowe et al., 2007). The researchers also found that negative thinking occurred in relation to both real and *self-perceived* acne. The latter refers to the acne severity individuals identify with or may imagine is there, even in the presence of no blemishes. Similarly, distress levels experienced by acne patients do not always correspond accurately with respective dermatological categorisations like mild, moderate, or severe (Ghorpade et al., 2018). For example, those with mild acne can experience significant distress like or equivalent to those with severe acne, and some with severe acne may not experience much distress at all. Those with acne often do not meet the BDD key criterion because acne is not an imagined physical defect but is *observable*. Therefore, they miss out on access to BDD services or feeling legitimised in their distress (Bowe et al., 2007). People with acne and body dysmorphic distress can remain undiagnosed regarding BDD, and consequently do not receive appropriate psychological treatment and/or support.

Skin picking disorder (SPD) or acne excoriee is also a commonly observed psychiatric illness among those with acne, affecting those of all ages (Bach & Bach, 1993). The 2013 DSM-5, a Diagnostic and Statistical Manual of Mental Disorders, recognises SPD as an obsessive-compulsive disorder related to low self-esteem and poor body image (Gallinat et al., 2021). Without healthy coping mechanisms, skin

picking proves to be a maladaptive way to regulate the negative emotions associated with appearance-related distress (Bach & Bach, 1993). The action typically causes physical harm despite being self-soothing. Invasive tools and harsh methods like squeezing pores with force typically lead to severe damage to the skin barrier, bloody lesions, infections, and subsequent scarring across the face and or body (Gallinat et al., 2021). Physical consequences can trigger further embarrassment. Skin picking has indeed been associated with functional social emotions like anger, shame, and guilt (Gallinat et al., 2021). Skin picking can also continue even after successful acne treatment when skin is more unblemished and smoother (Gallinat et al., 2021). These prior research findings draw a link between appearance-related distress and physical acne-related compulsions. Overall, these findings demonstrate how psychological factors can have a significant impact on people's experiences with acne, and further complicate the condition at the physical level.

### ***Common Treatments and Psychosocial Side Effects***

Several acne treatments are available to those with acne, from mild forms such as topical lotions to stronger forms like oral pills. While being highly successful in treating acne, Isotretinoin and the oral contraceptive pill, for example, have very adverse side effects. These medications' drawbacks have the potential to further complicate how acne and treatments are experienced by those who have the condition. Research on these medications is largely quantitative so more qualitative research is needed to explore the lived experiences of acne treatments (Bhate & Williams, 2013).

Firstly, Isotretinoin is considered a more extreme acne treatment, typically being used as a last resort. The drug is taken orally and is a vitamin A derivative (Retinoid) commonly sold under the brand name Accutane or Roaccutane (Cooper & Harris, 2017). Isotretinoin is the most effective and well-established treatment available for acne but has several concerning side-effects (Cooper & Harris, 2017). A persistent low mood and generally poor mental health are common complaints during a treatment course. Isotretinoin has also been associated with affective disorders such as depression and bipolar as well as suicidal ideation (Hanna et al., 2016). Early signs like fatigue and headaches may suggest that Isotretinoin is affecting a patient's mental health significantly and be an indication to stop treatment

(Hanna et al., 2016). Physical side effects such as dry and cracked skin can also cause discomfort and further appearance-related concerns for those with acne (Cooper & Harris, 2017).

Researchers have not identified a causal link between Isotretinoin and brain functioning impairments or identified how this relates to affective disorders (Hanna et al., 2016). One study showed that those who took Isotretinoin compared to those taking antibiotics had a significant reduction in brain metabolism in the prefrontal cortex (Bremner et al., 2005). Any impairment here is noteworthy since this brain region is important for controlling mood fluctuations. In contrast, those taking antibiotics like doxycycline experienced less mood-altering effects (Bremner et al., 2005). With reduced or discontinued Isotretinoin use, any negative psychological symptoms were shown to improve (Hanna et al., 2016). However, we cannot fully attribute these changes to halting Isotretinoin treatment alone because anxiety and depression symptoms also significantly decrease after acne has cleared (Cooper & Harris, 2017).

Secondly, the hormonal contraceptive pill is commonly prescribed as an acne treatment for females and is proven to significantly reduce acne severity (Trivedi et al., 2017). Most contraceptive pills work by reducing androgens in the blood, balancing hormones, and lessening hormonal fluctuations (Bort & Bobonich, 2021). Doing so means that hormonal contraceptive pills can successfully prevent acne in some people. Several potential adverse side effects exist like mood disturbances and cardiovascular issues including an elevated risk for blood clots and stroke (Trivedi et al., 2017). Taking the contraceptive pill can also influence self-perceived sexuality. Researchers found that teenage girls felt shame about taking oral contraceptives as an acne treatment, fearing that others would misunderstand their intentions as being promiscuous at an early age (Tan et al., 2001). Despite the intended use of hormonal contraceptives being for contraception, the treatment is often prescribed to those with acne who are not sexually active. These findings cumulatively demonstrate how acne treatments are associated with psychosocial and/or negative effects that can further complicate acne experiences.

### **Acne Theories and Models - Development and Maintenance**

Theories about the development and maintenance of acne have advanced from simple and linear to more complex models. These theories represent several

different ways to think about acne. Their strengths and weaknesses are summarised below. Overall, the more holistic theories do well to consider the multifaceted nature of acne.

Early psychology scholars referred to elevated stress and nervousness as *emotional turmoil* and framed this as a psychological risk factor for acne (Ferguson, 2019). The theory was developed in post Second World War United States of America when acne was seen as a significant ailment and a possible indicator of criminality in an individual (Ferguson, 2019). Post-war acne cases were high amongst returning men; the wave was viewed as a threat to social order, so researchers set out to investigate the cause. The servicemen's acne was then attributed to the significant emotional turmoil they experienced during war conflict - including post-traumatic stress (Ferguson, 2019). In doing so the theory overclaimed causality between emotional turmoil and acne. Indeed, since the theory is linear and isolates only one potential cause, it fails to account for acne-related complexities in contemporary times (Kellet & Gilbert, 2001). Other models have also since replaced the early linear theory. Natsuaki and Yates (2021) argue that a bidirectional relationship exists between mental health and acne, meaning either can exacerbate the other. The emotional turmoil and acne theory was appropriate in the post-war context, but arguably, other theories better illustrate acne as a psychosocial phenomenon.

The link between stress and acne is consistent across the literature but now there is a greater understanding about how the relationship is affected by a range of mediating factors (Bhate & Williams, 2013). Factors can either strengthen the link or weaken it (if they are protective). The acne literature, for example, often refers to body image concerns and the negative impact this has on self-esteem. A link has also been proposed between self-esteem, acne, and mental health, wherein people with lower self-esteem are more likely to be more mentally impacted by acne than those that view themselves more favourably (Natsuaki & Yates, 2021). In a similar vein, context and societal expectations can affect the relationship between mental health and acne. The perfect skin ideal, commonly portrayed by the media, is thus considered a mediating factor that can strengthen the relationship between acne and poor mental health outcomes (Magin et al., 2011). Those with acne can experience significant mental and appearance-based distress by comparing themselves to beauty standards, resulting in worsening acne too. Acne is also experienced

differently by people of different genders. Women with acne experience more appearance-related distress than men with acne due to female beauty standards in society (Natsuaki & Yates, 2021). These mediating factors suggest that acne is much more complex than the initial linear theory illustrates and that societal influences warrant greater consideration.

### ***Biopsychosocial Model of Acne***

Acne's complexities are perhaps best accounted for in the biopsychosocial model of acne's development and maintenance as opposed to previous linear models (Kellet & Gilbert, 2001). The general version is called the biopsychosocial model of health and illness, which is very commonly used in health psychology. This model suggests that health and illness are caused and maintained by the interaction between several biological, psychological, and social factors (such as genetics, stress, and social support) (Engel, 1977 as cited in Lyons & Chamberlain, 2006). Additionally, the biopsychosocial model of acne also accounts for an evolutionary perspective - implying that distressing body shame reactions are a key factor in the development and maintenance of acne. Across the existing acne literature there is limited reference to the biopsychosocial model of acne.

Unlike the linear acne models, the biopsychosocial model is cyclical and views acne as existing in a wider feedback loop (Kellet & Gilbert, 2001). At stage one, stress and genetic susceptibility contribute to acne as primary causes. At stage two, negative cognitions and social difficulties cause acne to continue by contributing to increased arousal and stress at stage 3. Kellet and Gilbert (2001) also note that this sequence creates further vulnerability to acne, explaining the condition's maintenance at stage 4. For example, ongoing acne maintenance occurs through increased stress and decreased immune functioning as displayed in stage three. Viewing acne through a biopsychosocial lens, therefore, means taking a more holistic approach in practice.

Viewing dermatologic disorders such as acne, psoriasis and dermatitis through a biopsychosocial lens can be useful for dermatologists. Considering multiple factors surrounding an acne patient can however be labour-intensive (Gupta & Gupta, 2003). The model identifies acne risk factors, psychological co-morbidities and where intervention might be necessary, so guiding dermatologists to treat acne

patients more holistically. Importantly, acne-related mental health can also be attended to. Some researchers caution that dermatologists should be aware that biopsychosocial factors can vary significantly between patients (Gupta & Gupta, 2003). Considering acne patients' developmental stage is important to correctly assess and recommend treatment options, especially for vulnerable groups such as adolescents (Gupta & Gupta, 2003). Shenoi and Prabhu (2013) also suggest culture and traditions can influence how acne is experienced. Alternative health practices like using home remedies such as turmeric on the skin are commonly used in Indian culture for instance (Shenoi & Prabhu, 2013). Cultural values and beliefs can mediate acne treatment choice and adherence, the condition's clinical presentation and impact on a patient's well-being (Shenoi & Prabhu, 2013). In summary, factors like developmental stage and cultural context can affect how the biopsychosocial model of acne is used in dermatology practice.

### ***Evolutionary Perspective and Body Shame Reactions***

The psychosocial impact of acne is demonstrated through an evolutionary perspective with a focus on body shame reactions. Body shame refers to a perception that a bodily feature is inadequate or ugly, and subsequently at risk of criticism by others (Lewis, 1971 as cited in Thompson & Kent, 2001). Facial disfigurement is a deviation from the norm and is consequently viewed as inherently bad in Western society (Hawkesworth, 2001). Acne is similarly seen as a facial disfigurement because the condition does not fit within societal standards of attractiveness. Consequently, those with acne often experience body shame, poor self-esteem and are socially withdrawn (Natsuaki & Yates, 2021).

Kellet and Gilbert (2001) argue that selection factors created during human evolution determine what is perceived as attractive and the reasons why. For example, good looks are typically perceived as a signal for health and resources. Acne, in contrast, has been framed as an external sign of poor health and poor reproductive potential. Here the evolutionary perspective suggests that acne is an adaptive evolutionary mechanism for natural selection (Kellet & Gilbert, 2001). The perspective consequently assumes that potential partners are less likely to approach those with acne due to body shame reactions so minimising chances for children with similar vulnerabilities. Yet acne can have a significant impact on *self-perceived* sexual attractiveness so other people's body shame reactions are only a partial

explanation (Magin et al., 2010). Indeed, some with acne actively avoid potential romantic partners due to their negative self-perception and to minimise possible opportunities for rejection from others (Magin et al., 2010). Arguably, the evolutionary perspective emphasises how shame reactions to acne could be adaptive, although self-perceived unattractiveness can also hinder individuals with acne from pursuing sexual relationships.

The evolutionary perspective does have drawbacks. Firstly, the evolutionary perspective has the potential to be reductionist because it relies on the notion of gender binaries. In doing so, the perspective does not consider that gender identity exists on a spectrum, and that several gender identities exist. People of non-binary genders who experience acne are thus not accounted for by the evolutionary perspective. Secondly, the evolutionary perspective does not account for the social and cultural context of appearance-related distress. For example, appearance-related distress can be influenced by societal beauty standards and the evolutionary perspective does not appear to consider this.

As discussed, researchers have relied on several different theories, models, and perspectives about acne to analyse the condition's development and maintenance. Over time research has developed more holistic models such as the biopsychosocial model of acne and the evolutionary perspective concerning body shame reactions. These models have limitations in their practical applications. Overall, these models prove beneficial for acne research by better accounting for the condition's complexities, and to dermatology practice for gaining greater insight into contributing factors for patient's acne alongside appearance-related distress.

### **Psychological Theories and Models**

To fully explore acne experiences, which might include distressing or even positive ones, we need to consider other theories and models in psychology. Most of these theories and models are drawn from cognitive psychology. No singular model can completely account for the appearance-related distress experienced by those with acne but together they can help more broadly to explore acne-lived experiences.

## **Social Comparison**

Social comparison theory (SCT) suggests that people come to understand themselves by making comparisons to other people and social norms (Festinger, 1954 as cited in Rooy et al., 2014). An individual's self-perception and self-confidence can either be enhanced or hindered based on whether they compare themselves positively or negatively to others, respectively (Rooy et al., 2014). These two types of social comparison are explained in SCT. Firstly, upward social comparison describes the situation when a standard is perceived as *superior*, which can include a person that one perceives as inspiring. Self-other comparisons to superior sources have the potential to contribute to decreased self-esteem and body dissatisfaction (Myers et al., 2012). A negative body image is an outcome of making frequent comparisons to others with more desirable physical characteristics that are difficult or impossible to attain (Rooy et al., 2014). As SCT explains, people are subconsciously driven to compare themselves to others to understand their position in society (Rooy et al., 2014), so by making comparisons to others with flawless skin those with acne inadvertently position themselves as disfigured, less than and or lacking beauty. Secondly and in contrast, downward social comparison describes the situation when a standard is perceived as *inferior*. This situation can result in an inflated self-esteem and ego boost which proves beneficial for an individual (Myers et al., 2012). Downward social comparison, however, can also refer to making *neutral* comparisons, which refers to when we compare ourselves to others that are similar or like-minded. Neutral social comparisons tend to enhance feelings of belonging alongside social acceptance (Rooy et al., 2014). Overall, although SCT has remained relatively unchanged since 1954 the theory can help to explain the cognitive phenomena and intersection between social comparison, acne, and societal appearance-related pressures.

Those with acne commonly compare themselves to pervasive beauty standards seen in the media (Magin et al., 2011). These societal expectations for womanly attractiveness provide sources for upward comparison as described in the SCT. The *perfect skin ideal* is criticised as unrealistically portraying unblemished skin but remains ubiquitous throughout the film, television, social media, and advertising industries (Magin et al., 2011). An over-reliance on image manipulation and filters on social media is perpetuating the unachievable beauty standard (Manning & Mulgrew, 2022). Despite an awareness that the perfect skin ideal is unrealistic, those with skin

conditions typically still buy into the notion of flawless skin and the ability to achieve it (Magin et al., 2011). As a point of reference for upward comparison, the ideal can contribute to the goal of clearer skin amongst those with acne (Rooy et al., 2014). In this regard, those with acne may consider flawless skin as something to work towards and an outcome of successful acne treatment; motivating them to seek out and adhere to dermatological treatment. Yet, those with acne can quickly become disheartened or develop greater appearance-related distress after “failing” to achieve completely unblemished skin as they see on social media (Magin et al., 2011).

The body-positive movement, which grew from the fat acceptance movement and other spaces of body liberation, is contributing to the greater social acceptance of body diversity. The movement has been very popular on Instagram, a platform that has been and still is largely beauty and perfection focused. The body-positive movement promotes bodily difference and diversity. Differences in body shapes and sizes, physical disabilities and bodily imperfections are embraced, which encourages greater self-confidence (Manning & Mulgrew, 2022). Manning and Mulgrew (2022) further suggest that the body-positive movement relates to the downward comparison seen in SCT, stating that body-positive imagery results in less negative self-other comparisons. In addition, by embracing differences, the movement discourages social comparisons in the first place. As a result, viewing body-positive content can strengthen body image and foster self-acceptance (Manning & Mulgrew, 2022). For social media users, viewing a more natural and wider range of imagery instills a broader perspective on beauty. Much of this can likely be applied to acne and viewing natural acne-related content and imagery on social media. To my knowledge, no research has been conducted on the link between body-positivity movement and acne.

Some SCT work has been undertaken through a feminist lens, highlighting why women with acne struggle more with comparison, body shame and appearance-related distress than men with acne (Myers et al., 2015). For example, women are more negatively psychologically affected by acne than men (Natsuaki & Yates, 2021). Feminist theory also suggests that body image disturbance, which women generally suffer more greatly from, is a gendered problem due to gender power dynamics and self-objectification among women and adolescent girls (Myers et al., 2012). Objectification theory explains how people, mostly women and girls, place a greater emphasis on their appearance than on their abilities (Dimas et al., 2021).

The theory suggests power differentials in society have contributed to the sexual objectification of women. The male gaze, for example, refers to the idea that women exist to be looked at and used by others so preserving the ideal that a woman's value is due to her appearance alone (Dimas et al., 2021). A preoccupation with one's appearance can lead to consequences like appearance monitoring, body shame and social anxiety (Dimas et al., 2021). Due to the internalisation of objectifying norms, women place greater pressure on themselves to meet beauty standards than men do and suffer more greatly when they cannot.

### **Stigma**

The dual-process model of stigma explains how people can have either negative stigma-based responses or sympathetic responses to those with acne, albeit occurring across two different cognitive pathways (Pryor et al., 2004). However, people most commonly respond to acne with adverse and subjective judgement. This is a stigma, which is when an individual's characteristics lead them to be devalued through the perceptions of others and or by social standards (Pryor et al., 2004). Acne stigma is a key issue that has negative effects on functioning, particularly socially, for those with the condition (Germain et al., 2021). The dual-process model of stigma explains how stigma responses happen across two cognitive pathways (Pryor et al., 2004). Firstly, the reflexive-automatic pathway happens quickly and produces emotional and negative thoughts when sudden feelings of disgust quickly manifest into avoidance. For example, those with acne may be quickly avoided by others due to the false belief that acne is contagious (Roosta et al., 2010). Additionally, research shows that those with acne struggle with interpersonal relationships and are less likely to be approached by others (Timms, 2013). Secondly, the rule-based pathway is more controlled in that people take time to think through their responses. In doing so, the rule-based pathway can inform more sympathetic reactions and reduce prejudice towards those that are stigmatised (Pryor et al., 2004). Thus, more thoughtful responses to those with acne could reduce the stigmatisation towards the condition.

Germain et al. (2021) investigate how self-stigma is produced by those with acne. In considering the skin condition, the researcher's macro-overview model best describes the relationship between external (or public) stigma and self-stigma as being *indirect* (Germain et al., 2021). The model proposes that socio-demographic

characteristics, disease or condition characteristics, and the coping mechanisms an individual has are mediators between the stigma types (Germain et al., 2021). With effective coping strategies then, those with acne may better moderate or control their self-stigma when faced with significant external stigma and in doing so, prevent the negative impacts of self-stigma. To elaborate on self-stigma impacts, Corrigan et al., (2016) propose a four-stage model. The model illustrates how the impact of self-stigma causes the “why try” effect, defined as the psychological state or belief that one is undeserving of achieving their ambitions and so creates a belief system of hopelessness (Corrigan et al., 2016). In the self-stigma context, this “why try” effect might explain why those with acne often lose motivation or withdraw from academic, social, or occupational functioning (Bowe et al., 2007). To my knowledge, the model has not been applied to acne self-stigma, so this may be a new research opportunity.

### **E-health and Acne Content Online**

As discussed, research illustrates that beauty expectations in the media and acne’s psychosocial impacts are closely linked. Following on from this, the next section explores how acne lived experiences should be considered in relation to e-health and Instagram. E-health benefits, online acne content, and social media behaviours on Instagram are discussed below. Fundamentally, e-health means managing, communicating about, and promoting one's health through technology and can involve medical professionals or peers (Lupton, 2012). Research has consistently found that acne forums and social media sites are popular for seeking treatment information. E-health also enables peer support through virtual networks (Ziebland & Wyke, 2012). In this section, I argue that the motivations for those with acne to engage with and participate in e-health remains understudied, particularly concerning Instagram and qualitative or lived-experience research.

### ***Virtual Community and Empowerment***

E-health can facilitate a sense of community for those who have chronic or ongoing health conditions like acne. More broadly speaking, e-health technologies can contribute to how people view and manage their health and illness. This has the power to alter the narrative of a given condition for an individual (Ziebland & Wyke, 2012). Affordance theory conceptualises the interaction between an e-health user, an

e-health object like a health monitoring smartwatch, and outcomes called affordances (Coulson, 2017). User-perceived properties of online support communities and user engagement within them can contribute to therapeutic affordances like social connection (Coulson, 2017). E-health users often connect to online health forums to feel connected to a community. Within the online context, community refers to virtual togetherness and group collaboration that tends to foster social belonging (Abdullah & Zakaria, 2010). Engaging with e-health can, for example, help prevent loneliness among the elderly by strengthening their existing network and helping them to develop new social connections (Jarvis et al., 2019). People can generally become less socially isolated and gain more social support through e-health technologies (Fullwood et al., 2019; Ziebland & Wyke, 2012). Future research could explore how online socialising might help those with acne since social anxiety and social withdrawal are common within this population (Salman et al., 2016).

Self-empowerment could be experienced by those with acne as a positive outcome of engaging in e-health. Those who engage with online acne forums often times feel more motivated to act towards treating the condition (Santer et al., 2017). Patient empowerment also positively impacts on intentions to continue engaging with online health communities (OHCs) (Sharma & Khadka, 2019). E-health users also benefit more from active participation rather than “lurking,” meaning to passively read through and observe conversations by others (Zhou & Wang, 2020). Furthermore, feeling in control is an important aspect to patient empowerment (Sharma & Khadka, 2019). Empowerment refers to feeling confident and in control of one’s life decisions and in this situation, an individual’s goals, efforts, and achievements are strongly aligned (Sharma & Khadka, 2019). By gaining support, knowledge, and resources online, patients can experience a greater level of control over their health, promoting greater agency and health literacy (Sharma & Khadka, 2019). Those with acne commonly perceive the condition as uncontrollable, so engaging with beneficial acne content online may help them to regain a sense of control over their condition (Santer et al., 2017). E-health users are also empowered by knowing that their lived-experience contribution has positively helped others in the same situation (Ziebland & Wyke, 2012).

Originating from social psychology, *collective empowerment* can explain how people collaboratively make sense of health and illness and create positive change

in and for a OHC. Procedurally, collective empowerment begins with individuals that are empowered through actively participating in an OHC (Fayn et al., 2021). These individuals then share health-related knowledge like information about effective treatment options or remedies. In doing so, they can help improve other people's health literacy or perspectives concerning a condition. Hinson and Sword (2019) investigated illness narratives in OHCs on Facebook. The researchers identified that those who actively tell their unique story with like-minded others, help them to make sense of and foster acceptance over their illness experience. Overall, initial collective empowerment originates from peer interaction and mutual assistance at the individual level. Virtual community and shared values in an OHC are indeed crucial for successful collaboration and collective action towards a common goal (Atanasova & Petric, 2019).

Collective empowerment can explain the social action and change created within and from OHCs (Fayn et al., 2021). Active collaboration efforts by OHC members help to dispel misconceptions or stigma at the wider societal level, referred to as social advocacy (Atanasova & Petric, 2019; Fayn et al., 2021). As an OHC grows, members' illness experiences accumulate and produce new illness narratives. Narrative shifts are largely positive having contributed to illness-experience legitimisation (Hinson & Sword, 2019). OHC's can therefore be powerful enough to uplift disadvantaged members, including those vulnerable due to health inequalities or harsh illness stigma. Large OHCs can assert significant social influence and trigger major transformations in how society views and perceives an illness and those with it (Fayn et al., 2021). To my knowledge, collective empowerment in acne related OHCs has not been researched before, so this represents a significant research opportunity.

### ***Acne-Related Content Online***

A recent study by Kayiran et al. (2021) investigated the use of social media to seek out acne information. Participants completed a survey and the Cardiff Acne Disability Index (CADI) Questionnaire. Both measures were quantitative in nature; this could be considered a study limitation. The researchers found Google and Instagram are the most utilised platforms for seeking and accessing acne-related health information like treatment options. However, acne content on the social media platform Instagram remains somewhat understudied. Reddy et al. (2021) identified

Instagram's utility as a potential site for further research on patient behaviours when it comes to acne experiences.

Having been tagged over 1.6 million times by 2017, the hashtag *#acne* is the most frequently used dermatological hashtag on Instagram (Braunberger et al., 2017). Hashtags are used on social media to create links to information categories, affording good accessibility to users. Clicking *#acne* on Instagram, for example, generates access to information labelled as acne-related content like treatment advice. A cross-sectional study conducted by Braunberger et al. (2017) explored content related to the acne hashtag. The research revealed there was little to no input from medical professionals across a lack of evidence-based information. Acne misinformation related to home-based care and/or treatment is indeed prolific online, and can further complicate acne experiences (Nickles et al., 2022). Despite acne information online being popular, some research found those with the condition still view their general practitioner as the most trusted source for acne information (Kayiran et al., 2021). Nonetheless, Braunberger et al. (2017) found that Instagram accounts sharing patient acne experiences accounted for the largest proportion of acne-related accounts assessed in their study. 65.6% of acne-related videos on YouTube were from patient perspectives and advice from bloggers rather than qualified individuals like dermatologists (Nickles et al., 2022). Then overall, most acne-related content online is user-generated and from lay-person knowledge or lived experiences.

Acne experiences have been gaining visibility on social media, particularly so on the popular application called TikTok. As a predominantly video-focused platform, TikTok provides users with the opportunity to engage with content and/or create their own short-form videos; these can belong to various genres. Acne advice, for example, is common on TikTok and typically generated from patients' lived experiences and testimonials (Villa Ruiz et al., 2020). Short-form videos from user perspectives are a key reason for TikTok's popularity and success. Indeed, the application's algorithm presents a highly tailored 'for you page' to users based on what they create, like or tend to engage with (Zheng et al., 2021). Yet the purpose of disseminating acne-related content on the platform remains unclear. A recent cross-sectional study by Zheng et al. (2021) identified that TikTok is primarily perceived as an entertainment source for sharing organic content rather than a platform for educational purposes. The researchers also evaluated acne content on the platform,

finding the information to be superficial and misleading since most content creators failed to cite empirical evidence and the risks related to acne treatments (Zheng et al., 2021). The focus on TikTok alone may have been a limitation of their study as results would not be generalisable to other social media sites.

Despite acne-related information online sometimes being of poor empirical quality, online acne forums can still be considered a valuable source of patient-generated acne information that provides beneficial insight into the condition's lived experience (Santer et al., 2017). Collaborative acne forums on acne.org encourage users to contribute on topics related to products, regimes, treatment options and general lifestyle advice (acne.org, 2022). Okon et al. (2020) note that acne forums on Reddit, a public discussion-based website, are a rich data source for patient perspectives on preferred treatment options and views on seeking out dermatological care. Importantly, these acne forums can potentially distribute misinformation or disinformation that can contribute to altered acne-related health beliefs and subsequent flow-on effects. Negative views about oral antibiotic efficacy, for instance, can contribute to issues with treatment adherence (Santer et al., 2017).

Forums also impact how those with acne choose to seek out information and navigate medical or dermatological services (Santer et al., 2017). Dermatology is indeed a changing field because rather than attending accredited dermatologists, some people with acne seek out and learn from online sources like forums (Reddy et al., 2021). Dermatologists have been encouraged to understand the portrayal of acne treatments online to overcome health misconceptions held by their patients (Reddy et al., 2021). Similarly, in a bid to decrease inaccurate information and promote acne-related health literacy online, some researchers recommend that dermatologists increase their presence on social media sites (Aslan Kayiran et al., 202; Reddy et al., 2021; Yousaf et al., 2020).

Women seek out treatment recommendations online more often than people of other genders, so gender may mediate how those with acne engage with acne forums (Reddy et al., 2021). Indeed, the study by Okon et al. (2020) was limited in that a larger proportion of Reddit's user base are men and therefore findings were not generalisable to women. Nonetheless, people with various characteristics and opinions contribute to these public acne forums so they offer a diverse range of perspectives (Santer et al., 2017). These can either positively or negatively influence acne-related health behaviours among other users. The extent to which people's

negative acne-related health behaviours stem from online acne forums remains understudied within the available literature. A considerable proportion of the research on online acne content and acne-related forums has been through a dermatological research lens (Reddy et al., 2021). This research has tended to focus on physical acne outcomes and treatment expectations only so available acne-related literature is lacking a psychological perspective on how and why people create and engage with acne content online; my research will contribute to the effort to understand these experiences.

Rather than primarily seek advice, some individuals engage in acne forums to vent their health-related frustrations and connect with others (Santer et al., 2017). Typically, they bond over shared experiences of acne-related distress and their hopes for unblemished skin. E-health benefits are relevant here, such as gaining patient empowerment and a sense of community. Both these factors motivate people to choose to and continue engaging in OHCs and support groups (Sharma & Khadka, 2019), although patient empowerment and a sense of community created within acne-related forums are relatively understudied (Ziebland & Wyke, 2012). Patients with rosacea, another dermatological condition similar to acne, ask questions in private online forums to seek out peer support and overcome patient-practitioner power imbalances (Alinia et al., 2016). Those with acne might participate in online forums for similar reasons, but further qualitative research could investigate this. More qualitative research is needed into why those with acne post and engage with acne content online, as these types of patient perspectives are often underutilised and undervalued in healthcare and treatment settings (Ziebland & Wyke, 2012). Then there is room for more research on patient perspectives, particularly concerning why those with acne actively participate in OHCs on Instagram.

### ***Social Media Behaviours on Instagram***

Available acne literature has drawn some links between acne experiences and social media advertising. Instagram advertising, marketing strategies and campaigns are notably relevant to people's experiences with the platform. Given that women with acne are frequent Instagram users, they are consistently exposed to acne-related or skincare advertisements and influencers (Zheng et al., 2021). Indeed, Instagram influencers often promote products to their followers for financial

gain and in doing so capitalise on their own social identity (Horan, 2021). Acne-product companies may undermine individuals' acne experiences by focusing on profit and disregarding social well-being. Commercial intention is, therefore, a key e-health consideration which warrants attention for research conducted on Instagram (Ziebland & Wyke, 2012).

Social media behaviours like selfie-taking and editing are associated with acne experiences. In a recent study, 63.6% of participants disclosed having edited out skin blemishes before posting their images on Instagram (Martel et al., 2020). Creating a desirable appearance online is a key reason why people are motivated to engage in selfie-taking and editing behaviour, and this is exemplified on Instagram (Chae, 2017). Instagram is an appearance-focused platform that in many ways encourages appearance-based social comparison. Individuals position themselves as a potential comparison source when they post selfies, despite generally creating selfies that fit into the status quo. Social media selfies typically include posing, good lighting and or make-up in attempt to be favourably perceived as attractive, happy, and healthy by others (Fardouly & Rapee, 2019). Due to self-objectification, women seem more inclined to capture and share such imagery (Tiggemann et al., 2020). Unsurprisingly then, those social media behaviours are associated with body dissatisfaction, facial appearance concerns and negative body image (Fardouly & Rapee, 2019, Tiggemann et al., 2020). A positive relationship between social media use, selfie editing and undergoing cosmetic procedures also exists (Chen et al., 2020 cited in Martel et al., 2020). In contrast, frequent selfie editing could prove helpful in recognising the extent of acne. In Martel et al.'s (2020) study, participants with acne were more likely to seek out professional or dermatological care since selfie editing meant blemish severity was more salient.

No-makeup selfies juxtapose traditional selfie behaviour on Instagram and are due to trends regarding being *natural* gaining popularity. No-makeup selfies by popular makeup artists on Instagram have been positively received by their followers (Fardouly & Rapee, 2019). A reason for this could be that viewing unfiltered and unedited images online has a positive impact on body image (Tiggemann et al., 2020). A cross-sectional study by Fardouly and Rapee (2019) found viewing no-makeup selfies can facilitate downward or neutral social comparison as described in SCT. Seeing no-makeup selfies on social media may thus buffer against the negative impacts of idealised images seen in online advertising. As a result, beauty-related

perceptions could be positively altered, giving people the impression that natural beauty is *attainable* (Fardouly & Rapee, 2019). To my knowledge, most research on no-makeup selfies has been quantitative, so a qualitative research opportunity exists to explore why some people with acne post unfiltered selfies on social media.

### **Summary and Study Rationale**

Findings from the literature have consistently demonstrated that distress, including mental health disorders, is commonly experienced in association with having acne (Bowe et al., 2007; Gallinat et al., 2021; Salman et al., 2016; Tan et al., 2022). The literature mostly attributes acne-related distress to societal acne stigma, social relationship issues, unrealistic beauty standards and treatment issues like negative side effects. Indeed, young adults with acne, especially women, typically face challenging age-related acne stereotypes, unattainable beauty standards like the *perfect skin ideal*, and experience significant social functioning impairments (Murray & Rhodes, 2005; Natsuaki & Yates, 2021; Timms, 2013). As the research shows that young adult women are adversely impacted by acne and are avid Instagram users, this study focuses on this cohort.

To a large extent, the mentioned psychosocial factors are not accounted for within acne models and theories regarding the condition's development and maintenance. Instead, cognitive psychology-based models may overcome their limitations. SCT, for example, does well to explain why women often compare themselves to superior targets, and how this can lead to increased body shame and a poor body image (Myers et al., 2015). E-health, particularly actively participating in content online, might facilitate a means to overcome acne's psychosocial challenges. Sense of community and collective empowerment are indeed positive affordances stemming from OHCs (Fayn et al., 2021; Ziebland & Wyke, 2012). However, more qualitative, and acne-specific e-health research is warranted since most studies have been quantitative and/or through a dermatological lens; the motivations as to why some women with acne currently contribute to acne content online have thus remained unattended to. The present study may prove socially beneficial for furthering our understanding of acne-related distress, using e-health for dermatological conditions, and encouraging a more patient-centred approach. In this research, I engaged with young adult women with acne in order to explore how and why they construct and navigate their experiences on Instagram.

## **Methodology**

In this research, I used reflexive thematic analysis to explore the lived experiences of young adult women with acne online. The literature review discusses the approaches that others have taken to explore people's acne experiences. Existing acne research has largely been quantitative or viewed through a dermatological lens and therefore has not fully attended to people's stories about acne.

The following method section outlines how my research was conducted and the research framework used. The section will first reiterate the research aims and questions, followed by discussing the critical realist paradigm, and its suitability. The theories and discourse I have drawn into my analysis most were social comparison theory, positivity imperatives, and collective empowerment/action. The ethical considerations are then outlined, followed by the procedural steps that were taken to conduct the research, such as participant recruitment, data generation, and data analysis.

### **Research Aim and Questions**

In this research, I asked how and why young adult women with acne are constructing and navigating their experiences on Instagram (and these questions are summarised below). Firstly, I aimed to illustrate, in terms of the content shared, captions, and imagery used, how young women with acne are sharing their acne experiences online and reshaping what it means to have acne. Secondly, I aimed to interpret their motivations for sharing their lived experiences online with others.

Q1. How are young adult women constructing their experiences of acne online?

Q2. What are young adult women's key motivations for navigating their experiences online?

## Theoretical Perspective

The following section outlines this study's theoretical positioning, which is important for understanding how the research was conducted and the conclusions that were drawn. I took a critical realist approach, using the philosophical research framework as described by Bhasker (as cited in Yucel, 2018). The framework aligned best with the research aims to explore lived experiences of acne and people's experiences with navigating online spaces related to the condition. To address the key research questions—how young adult women are constructing their experiences and what their key motivations for navigating their experiences of acne on Instagram were — I considered acne to be a real skin condition (ontological frame) and the experience of having acne and sharing it online — and my interpretation of this — to be subjective (epistemological approach). This positioning is discussed in greater detail below.

In framing objectivity and subjectivity as co-existing, critical realism contrasts other frameworks like positivism that focus on primarily establishing objective “truths” and positioning the researcher as an unbiased observer (Yucel, 2018). According to critical realism, an objective reality exists independent of the mind, meaning there is a reality separate (or prior) to human thought or interpretation. Critical realism equally suggests no absolute truth exists about that reality because knowledge is mediated by factors like social contexts (Yucel, 2018). In this research, I considered acne to be real because it *physically* exists, meaning there is something *real* about people's acne experiences. At the same time, our acne understandings are highly influenced by social narratives; what people typically consider acne to be, how each person *individually* experiences the condition (and the severity level they perceive) and how the condition is socially regarded are for example, affected by health misconceptions, beauty standards, acne stigma, and age-related beliefs.

The idea that knowledge is acquired subjectively is a key epistemological value underpinning critical realism (Yucel, 2018). Two forms of subjective interpretation were required in this research. Firstly, participants interpreted their own acne experiences related to their Instagram use. Secondly, I (the researcher) interpreted participants' interpretations through *reflexive thematic analysis*. Critical realism states that knowledge produced about an independent reality is always dependent on the person perceiving it (Yucel, 2018). My positionality as a woman who has also had acne and as a researcher, therefore, mediated my understanding

of participants' acne experiences. Qualitative, open-ended survey responses and acne-related Instagram screenshots were interpreted from my unique point of view. The approach resulted in the collection of a diverse range of acne experiences, interpreted through my own lens and in relation to theory.

### **Key Theoretical Frameworks**

In the present study, three key theoretical frameworks were employed together to analyse the screenshot and survey data. These were used to be able to fully explore young adult women's acne experiences online. Firstly, Social Comparison Theory (SCT) by Festinger was used (1954, as cited in Rooy et al., 2014). As a cognitive model, SCT explains how people compare themselves to others in an attempt to understand their own social standing (Magin et al., 2011). Throughout the analysis process I was attuned to SCT by exploring how participants perceived themselves in relation to others and beauty standards.

Considering the condition's physical visibility, for those with acne, the 'perfect skin ideal' is a pervasive comparison source associated with body shame and a poor self-esteem (Magin et al., 2011). SCT proved useful in highlighting how participants' acne experiences were shaped by societal norms about the skin and women's appearances. Furthermore, because the theory identifies behaviour and attitude patterns that form social groups (Van Rooy et al., 2016), SCT also allowed me to fully explore group assimilation, belonging and other social dynamics within Instagram's acne-focused community. Overall, by connecting participants' psychological experiences with the external world, SCT foregrounded the connection between individual-level acne experiences and broader societal influences (or psychosocial factors).

Secondly, I drew from positivity discourse to analyse the data. Specifically, I found critical feminist work by Calder-Dawe et al. (2021) to be particularly helpful. These researchers examined the impacts of positivity imperatives among women aged 18 to 35 from various occupations. This was a similar cohort to the present study, and so this literature was used to frame and understand participants' acne experiences online. Calder-Dawe et al. (2021) identified two repertoires for constructing positivity, and I considered these throughout data analysis. The first repertoire, positivity as *attractive relationality*, helped me to understand how participants constructed and experienced positivity relative to others. For example, they embodied positivity in

their Instagram posts addressing an audience, and that seemed to attract positive responses. The second repertoire, positivity as an *agentic cognitive style*, helped identify participants' internal and personal agency to positively reappraise their negative acne experiences. Overall, prior research on positivity imperatives provided context for participants' acne experiences pertaining to ideas about acne positivity. Most importantly, this allowed for a critical approach to participants stories about acne positivity by viewing them within a wider social context of gendered differences in emotion regulation and feeling positions (Calder-Dawe et al., 2021).

Thirdly, I used collective empowerment to contextualise and comprehend participants' experiences within their broader online health community (OHC); this being the *acne community* on Instagram. Originating from social psychology, collective empowerment illustrates how people collaborate to promote positive change in their social environment (Atanasova & Petric, 2019). This in turn, fosters significant collective identities based on shared goals. By actively participating in their community, individuals share and mobilise resources together (Fayn et al., 2021). Collective empowerment helped me identify and explain patterns of acne-related resources like educational information that was evident across the data.

Information dissemination at large scale within OHCs can cumulatively contribute to social change (Fayn et al., 2021). Large OHC's consequently possess significant social influence, triggering profound transformations in societal attitudes towards a particular illness or those affected by it. Indeed, being attuned to collective empowerment helped me to gain a deeper understanding of how participants' acne experiences were shaped by peer interaction in Instagram's acne focused community, and why the phenomenon and/or their personal participation was meaningful to them. Overall, collective empowerment helped to effectively explain the social action and change participants' saw and contributed to within the acne community, so served as a third focal point for this research.

## **Ethics**

This research project required a full ethics application as it carried some risk. I prepared an ethics application and submitted this through Massey University's Southern B Human Ethics Committee in March of 2022. After being conditionally approved and then amended, the project was reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/07 in June

2022 (see approval granted via email in appendix A). I received approval for an amendment request on the 11<sup>th</sup> of August 2022 that asked for the participant age criteria, 18 to 24, be widened to 18 to 30 years old (see approval granted via email in appendix B). Furthermore, on the 30<sup>th</sup> of June 2022, I also received approval from Massey University's IT Services 2022 to use Qualtrics for data collection.

### ***Risks and Benefits***

The following section describes what risks and benefits were considered in relation to ethics. Acne is often misunderstood, stigmatised and pathologised so I recognised the potential for some upset or emotional distress among participants when sharing their experiences with acne. Those with acne can experience significant distress so I considered participants with acne as potentially vulnerable. To do no harm (by exacerbating any existing distress caused by acne), participants were informed that they could exit the survey at any point if they felt upset. Additionally, the information sheet listed free mental health support resources. Furthermore, I (the researcher) work full-time in the mental health sector and have completed various trainings. Consequently, I am trained in and competent at responding to mental health distress in others. No participants disclosed any distress during recruitment or participation, though before choosing to participate, a few people had shared their apprehension. I reassured them that there was no pressure to participate, and they could do so if they wanted and felt comfortable to. Providing them with all the necessary information and what to expect during the survey seemed to help ease their concerns.

### ***Informed Consent***

Potential participants were sent the information sheet and consent form initially as email attachments along with the survey link. If they went ahead with the survey, they were deciding to participate. The forms were again presented at the beginning of the survey (if they opted to follow the survey link). If they agreed to participate, the consent form then electronically captured participants' informed consent.

The information sheet (see Appendix C) communicated the research purpose and procedure in detail to minimise the risk of deception. Contact details were provided so participants could ask any questions about the study or seek

clarification. To respect participant autonomy, participants were informed via the information sheet that participation is voluntary, and about their right to withdraw from the study up until data analysis (in September 2022). Lastly, to manage potential risk and harm, the information sheet included various support services' details that participants could contact if they became distressed while participating. These included New Zealand and International based mental health support services and helplines.

At the survey's outset, the consent form (see Appendix D) included several components. Firstly, I invited participants to share their email addresses in confidence for the honoraria gift card. Additionally, participants were asked if they agreed or disagreed with sharing their Instagram handles for screenshots to be taken from their acne-related content on their Instagram accounts. Lastly, participants were asked if they wished for their survey responses and or a summary of the study's findings to be sent to them once the study was finished. Participants did *not* need to agree to all the options to be able to participate; if they wished to, they could consent to and complete the survey only.

### ***Privacy and Data Management***

In the information sheet, participants were informed that their responses could be anonymous, to retain their privacy. If participants chose to share their Instagram handle, neither their handle nor the screenshots would have been published in the thesis. Only I (the researcher) knew the names of the participants, their contact details and Instagram handles.

All data was securely stored to uphold the participant's privacy and confidentiality. Firstly, the consent forms were securely stored in the online survey software Qualtrics, and then downloaded. The survey responses and Instagram screenshots were downloaded and organised into folders. All the research data alongside any other information that the participants had provided, was stored on a password-protected Microsoft OneDrive folder owned by the lead researcher. Lastly, participants' data will be retained for 5 years and then securely destroyed at the end of this time period.

### ***Cultural Consultation/Response***

I discussed cultural safety with my supervisor, who offered guidance based on prior cultural consultation for similar studies—this included stating my positionality and ethnicity (as Pākehā) in the information sheet. We have also discussed ways to generate cultural safety across multiple cultural groups as much as possible in an online survey. The survey questions went through several revisions to make them open to various experiences.

I read Te Ara Tika guidelines for conducting research with Māori. While this research is not directly focused on Māori, Māori participants were welcome to participate. Māori participants may have unique experiences with having acne, acne treatment accessibility and sharing their experience of acne on social media (Instagram). As with all research in Aotearoa New Zealand, this research and its outcomes may impact Māori, particularly as it speaks to health experiences given the health disparities that Māori experience. If the research did recruit Māori participants, the plan was to consult with a Māori colleague in the School of Psychology with whom my supervisor had an existing relationship to work toward a culturally sensitive analysis. Based on the demographic questions, no participants identified as Māori.

### ***Procedure***

This section outlines the practical steps taken and considerations needed to conduct the research.

### ***Design***

To explore the research questions, I used a qualitative design that included an open-ended survey and screenshots of acne-related Instagram posts. This allowed me to capture a diverse range of acne experiences online. A reflexive thematic analysis was used to analyse both types of data. Taking a qualitative approach enabled me to actively interpret meaningful patterns I noticed in the data and connect these to the theories and frameworks noted above. Reflexive thematic analysis is also particularly useful when researching people's experiences (Braun & Clarke, 2021). This was also the case for exploring lived experiences of acne online.

## **Participants**

Young adult women between 18 and 30 years old who post about their experience of acne on Instagram were invited to participate. In total, I recruited 17 participants in this space. The focus on women was because women are greatly impacted by acne due to societal pressures and female beauty standards. Additionally, based on a preliminary scan of Instagram posts using the hashtags acne blogging, acne journey, acne community and acne positivity, it appeared that most Instagrammers in this space were women.

The main inclusion criterion was that participants have regularly posted acne content including imagery on their Instagram accounts within the three months before participating. Their amount of Instagram followers (often considered as a mark of popularity) was not used as an inclusion or exclusion criterion. Everyone, including those considered to be Instagram influencers and those with private Instagram accounts, were free to participate in this research. Those that agreed to the account screenshots but had Instagram accounts set to private were naturally excluded from the screenshot component of data collection because I could not access or view their posts. Participants were asked to respond in English, so a key inclusion criterion was that participants needed to be able to read and write in English. There was no specific country requirement because social media is international.

## **The Online Survey**

In constructing the study, I drew on suggestions from Braun et al (2021)'s work on online surveys. This was particularly useful for thinking through length and structure, and how to develop effective open-ended questions to elicit rich responses. Alongside this methodological article, I also generated questions based on insight gained through reviewing the literature on acne experiences and online health communities.

The online survey included a set of demographic questions. Here, using open-ended demographic questions meant that participants could respond in a way that was truer to themselves, and this often provides diversity and depth in responses (Braun et al., 2021). In adopting this idea, the main demographic question asked, "*How would you describe yourself?*" with prompts such as age, ethnicity, gender, and country of residence included. The motivation behind using these prompts was to

encourage participants to share something about their context to better situate their lived experiences of acne online.

In accordance with our two research questions, the main survey included two sections (please see Appendix E for the survey). Firstly, 6 questions related to how participants posted and engaged with acne-related content online, and what doing so meant for their acne experience. For example, one question in this section asked, “*Do you find representations of acne on social media relatable?*”. Secondly, 5 questions related to the participant’s motivations for navigating their experience of acne online and the pros and cons of doing so. For example, one question in this section asked, “*Why do you share your experience of acne online?*”.

Braun et al (2021) recommended a 'catch-all' question that allows participants to share what else they believe is important, resulting in unexpected data and new ideas. For that reason, our last survey question asked participants to mention anything else that they believed was relevant to sharing their experience of having acne on Instagram. By including this question in our survey, the research created space for participants to share additional perspectives.

After I had completed a survey draft, my research supervisor provided feedback that was integrated into the final version. In this way, I worked toward generating a survey that was targeted to the research purpose. This process also minimised potential emotional triggers and or the chances of participant distress.

The final survey was then uploaded to the survey software called Qualtrics. The appropriate question format was used for each question, page breaks were included, and the text boxes for answering were made larger to encourage longer responses. I also opted into having a mobile phone adaptation of the survey via Qualtrics to enhance accessibility for potential participants. The uploaded survey was shared with the research supervisor who approved the final survey formatting.

### **Research Site**

Recruitment and the qualitative survey were conducted online, so the research site was *virtual*. Because a core focus of this research was how people use Instagram to share acne-related content, it was logical to use Instagram in recruitment and to conduct an online survey. The virtual research site minimised research costs as everything was for free, and any risks associated with in-person

participation like that of the Covid-19 pandemic.

### ***Honorarium***

A \$40 (NZD) online gift card for Amazon (if based internationally) or MightyApe (if based in New Zealand) was used as honoraria for those that participated. The honorarium was approved and funded by Massey University's Postgraduate Research Fund (see Appendix F). Participants could choose to opt into this by providing their email address during survey completion. All 17 participants opted for the honorarium. I used the retailers' websites to email the gift cards with a thank you message to participants as soon as possible after they had participated – and kept track of the order numbers in an excel spreadsheet.

### ***Recruitment***

To initially recruit potential participants, I generated an advertisement (see Appendix G) using picmonkey.com. I designed the advertisement to be both aesthetically pleasing and to contain important information about what participation involved, research contact details, the \$40 honorarium, and the ethical approval number.

To advertise the research, I first posted the research advertisement to a research-related Instagram account (with the handle/name being daniclarkresearch) in July of 2022. The advertisement invited participants to reach out and participate in their initiative. Participants were informed about the research objective and potential research benefits in the caption of the Instagram post (and on the information sheet that came later) as some apprehension about online surveys was expected.

On the same research Instagram account, I shared a personal post about myself – mainly to put a face and name to the research, as well as to share my positionality concerning the research. To foster trust and rapport with participants, I emphasised myself as someone who has a lived experience of acne. Furthermore, to maximize Instagram user engagement with the advertisement, acne-related hashtags were included in the caption of both Instagram posts and included hashtags acne blogging, acne journey, acne community and acne positivity. I followed acne bloggers in the acne space on Instagram to promote engagement with the research Instagram page and from doing so received some direct message inquiries.

The initial Instagram post alone did not result in adequate engagement or participation to satisfy the participatory goal of this research. To overcome this, I adopted additional recruitment methods. Since doing a broad call on Instagram was not effective, I changed the Instagram account type to business and paid for a small amount of Instagram advertising for a few days. The post was therefore shown as an advertisement to an intended audience that I could assign the post to, and that aligned with our participant criteria. According to Instagram's business insight tools, this helped to foster a significantly higher level of engagement. However, advertising like this still did not result in enough direct interest in participating.

Another recruitment strategy was to actively reach out to members of the acne community on Instagram and this proved the most effective. Acne-related account users were found at random via acne-blogging-related hashtags. Essentially, I politely messaged, explained the research purpose and asked the acne-related Instagram account users if they would share the research advertisement on their own Instagram or Instagram story. These included some larger 'skinfluencers' and acne bloggers. Several times, these messages were met with a positive response and a willingness to help, and most importantly led to a greater amount of participation inquiries. In these messages, I worked to ensure that I did not put pressure on anyone to participate but if these same users showed an interest, I provided them with further information on how to participate and answered their questions via direct message on the Instagram application.

Many of the resulting inquiries about participating came through as direct messages on Instagram, so Instagram became a significant site for how I communicated with participants. I believe that this made the research more accessible to those that met the participation criteria.

### **Data Collection**

There were two methods of qualitative data collection. These were an open-ended online survey and Instagram post screenshots.

### ***Qualitative Survey Link***

If potential participants came across the advertisement (and or research-related Instagram) and wanted to participate, then they could email any questions or

ask to participate. For example, one potential participant emailed and asked about what would happen to their data and where the research findings would be published. I replied as quickly as possible to these emails but for times that I was unavailable, I had an automatic reply set up to acknowledge them. Those wishing to participate were provided with a copy of the information sheet and consent form attached to an email, which also included the survey link to Qualtrics. The survey links were created as personal links, meaning that people could save their responses, and return to and finish the survey in their own time. I also sent out the honoraria gift cards as recruitment progressed.

The qualitative online survey was designed to gather data on the participants' lived experiences of acne online. The open-ended nature of the survey meant that participants could share their stories in-depth or to the extent that they were comfortable with. The survey had 15 questions and was this short to encourage participation and aim for high completion rates.

### ***Instagram Screenshots***

The survey also asked participants if they were comfortable consenting to the screenshots from their Instagram accounts being analysed. To do this, they needed to share their Instagram handle in the survey. Instagram handles were not published in this thesis to maintain the privacy and confidentiality of participants but were used for data retrieval purposes only. The most recent two acne-related posts by the participant were chosen and screenshotted to include as data in the research. All 17 participants consented to Instagram post screenshots, but 15 participants had their account on public view so accessible to the research. I screenshotted two acne-related posts per participant, which came to a total of 30 screenshots.

### **Data Analysis – Reflexive Thematic Analysis**

I used Reflexive Thematic Analysis (RTA) (Braun & Clarke 2006; 2012; 2021) to analyse each qualitative data set separately. RTA is a qualitative method for establishing patterns of meaning from a data set, and the approach is considered as meticulous and accessible (Braun & Clarke 2021). The following section discusses how the six systematic RTA stages were employed in this research. RTA was used to develop several meaning-based patterns called themes, and organise these

around a central idea or concept (Braun & Clarke, 2012); in this case, young adult women's acne experiences online. Themes from RTA can help researchers comprehend phenomena and provide rich insight into people's experiences (Braun & Clarke, 2021), making RTA a suitable choice for the research.

The decision to use RTA in this research also had several advantages. Firstly, RTA embraces *researcher subjectivity* (Byrne, 2021) and so I was positioned as an active component in the analysis process. I was therefore responsible for making analytical interpretations from my unique point of view, particularly in leveraging my lived experience of acne to interpret participant's experiences. In doing so, I uncovered valuable, new, and analytically rich ideas. Secondly, RTA worked in harmony with our research approach. RTA was successfully used in conjunction with the collection methods, being online surveying and screenshots, and within the critical realist paradigm. This combination was possible because RTA is not bound to a specific theory, data collection method or theoretical perspective (Braun & Clarke, 2012).

I initially became accustomed to the raw data during the first RTA stage (Braun & Clarke, 2012). I set about familiarising myself with the screenshot data by first looking through the data set, and gaining an initial understanding regarding what was typically included in acne-related Instagram posts. Then I looked at each screenshot electronically and made notes on paper about what I saw and felt. Active engagement is very important during the first stage of RTA (Byrne, 2021), and so I thoroughly considered the finer details of each screenshot such as image composition, the caption, the use of hashtags, the number of likes, and comments from others. Information was collated and used to type descriptions of each screenshot into a Word document for later use.

Then separately, to familiarise myself with the survey data, I printed the (de-identified) survey responses of each participant and read through them several times. Reading and re-reading are encouraged to facilitate a high degree of immersion in and familiarity with the data (Byrne, 2021). I regularly made notes regarding what initially stood out as important and relevant to the research question(s) (Byrne, 2021). I highlighted rich participant commentary and wrote down my initial thoughts and interpretations about what participants were conveying. I also kept the data's context in mind.

The second RTA stage refers to working systematically through and labelling data features relevant to the research question(s) (Braun and Clarke, 2012). These labels are called codes and were succinct and descriptive. In this study, I used the analysis software called NVivo to code both data sets, but each data set was uploaded and coded separately. During each coding phase, everything was coded inductively, meaning that code names were created explicitly according to the data. Codes therefore directly reflected the participants' language. For example, participants used the term acne positivity so naturally as a result 'acne positivity' became an NVivo code. Certain data categories also quickly became evident during the coding process, and this led to sub-codes, meaning codes that fit within broader categories but were somewhat distinct.

During the third RTA stage, I shifted the emphasis towards initial theme development (Byrne, 2021). Theme generation was completed the same way but separately and at different times for each data set, and below I explain the process once but in effect, this process was conducted twice (once for each data set). The most prominent codes in NVivo acted as the primary sources for theme development to draw upon and for instance included '*acne community*', '*acne journey*' and '*educational*'. I, therefore, began developing themes by reviewing such codes and making sense of broad topics, key connections, overlapping ideas and discrepancies (Braun & Clarke, 2012). I read through each primary code and further collated any associated data to make sure that data fit cohesively within a code's parameters. The data that fit with more than one code was identified and particularly in a way that created a link between the codes. I also noted contrasting ideas and the data that did not fit anywhere but seemed interesting was kept in a miscellaneous category.

The brainstorming process led to several meaningfully linked and analytical ideas that depicted initial themes. Each initial theme started to capture something significant about the data in relation to the two-research question; in particular how the data spoke to how and why our participants were engaging in and with acne-related content online (Braun & Clarke, 2006). For each of the initial main themes, I began to develop sub-themes according to associated data that represented important aspects of participants' experiences. Throughout this process, I used a considerable amount of active decision-making, interpretation, and construction, and this led to the start of strong analytical and multifaceted themes (Byrne, 2021).

During stages four and five of the RTA process, I further developed the initial themes and practised reflexivity. Recommendations by Braun and Clarke (2006) were used as a guide during this time, and I discussed the thematic structure with my supervisor. I reviewed the fit of the codes and associated data within the theme or sub-theme. Upon further evaluation, items were moved around to create better groupings and some themes were also collapsed or folded into sub-themes.

The boundaries of each initial theme were defined by deciding on natural inclusion or exclusion criteria, or the pieces of data that logically made sense to a theme or not. I double-checked there was a suitable amount of meaningful data pieces to evidence each theme, and this appropriately represented the themes scope (Braun & Clarke, 2012). I made sure that all themes were unique and specific, well defined, and able to be described, and conveyed and contributed something important to the overall analysis.

Visual thematic mapping was used to make sure initial themes were logically connected and then were further refined (please see Appendix H and I). This illustrated the bigger picture, and most importantly explicated the relationship between the themes and distinctiveness (Braun & Clarke, 2006). In stage 5, themes were given working and concise titles that communicated what the theme was about (Braun & Clarke, 2006). After revising, re-defining, thematic mapping and talking with my supervisor, the final themes were then settled on. I reviewed the final themes against the codes in NVivo and associated data to ensure consistency and that the final themes contributed to answering the two research questions.

The final 6th RTA stage produced a comprehensive report detailing my findings in relation to relevant literature (Braun & Clarke, 2012). Appropriate data extracts for each theme were selected and integrated to illustrate key points (Byrne, 2021). The report separated the screenshot and survey analysis – so importantly, aspects of participants' Instagram posts and direct written quotes were inserted and analysed independently. Extracts were meticulously analysed within the overarching theme or sub-theme while considering the research questions, ensuring an in-depth analysis and theme cohesion (Byrne, 2021). Then the report was repeatedly refined and edited to ensure clarity and consistency (Braun & Clarke, 2012). The report resulted in a cohesive account of the data whilst respecting diversity in participants' experiences with acne.

## **Reflexivity in Qualitative Research**

### ***Researcher Information***

I am a 26-year-old female born in South Africa and am now a New Zealand citizen. I lived in Wellington before moving to Auckland. I currently work full-time as an employment consultant in the mental health sector: supporting a wide range of people who experience various forms of distress to find and retain suitable employment. In addition, I am a part-time Master's thesis student at Massey University. I am an insider to this research because I experience acne and acne treatments. However, I am also an outsider because I do not identify with extreme acne or have ever posted about my acne experience online.

### ***Reflexivity***

Reflexivity is important for research rigour (Berger, 2015) and working toward quality, trustworthy and valuable research outcomes. To successfully practice reflexivity, a qualitative researcher must recognise their involvement in the research as active and how this impacts the findings and conclusions (Berger, 2015). Reflexivity also aligns with the critical realist framework used in this research, which positioned me as a subjective and active interpreter within the research (Yucel, 2018). Throughout conducting the research, I recognised my role in creating new knowledge about acne and practiced on-going reflexivity (Berger, 2015).

As an example of initial reflexivity, one of the pertinent matters I thought about most was my assumptions about acne. I recognised my initial assumption that all acne experiences are similar in that they are negative or difficult. I practised being open to different embodied experiences of acne, including positive ones. Also, to not view acne-related screenshots negatively or in a way that made me analyse them from a place of judgement, I actively controlled my responses to acne-related content. For example, when participants discussed acne products and or methods that I personally disagree with, I remained respectful of the participant's choice. Therefore, I remained compassionate, professional, and respectful that participants' acne experiences differ from each other and my own.

The ethics amendment request illustrates how I remained reflexive during the recruitment process. It quickly became evident that the initial age criteria were too restrictive. People outside of this (who identified as young adult women) were

inquiring about participating and engaging in and with acne-related content online in the same way that people within our original age criteria were. This led me to request broadening the age criteria for the research. Then at the analysis stage, my pre-existing knowledge and understanding of acne may have also influenced NVivo coding during the analysis process. However, using a bottom-up inductive approach helped overcome presumptions because codes were a better and more direct reflection of the data and participants' language.

Reflexivity also requires researchers to put intentional effort into thinking about how their characteristics influence the research (Dodgson, 2019). These include but are not limited to a researcher's experiences, gender, age, beliefs, and biases. In considering these, I critically evaluated my positionality concerning the research. Like the research participants, I experience acne and identify as a young adult woman. Participants perceive researchers with similar experiences as more understanding and sympathetic, and as a result, are more willing to share (Berger, 2015). On reflection, I successfully fostered trust and rapport with potential participants by sharing a bit about myself and my acne in a self-introductory Instagram. Importantly this meant that the acne community was welcoming of the research. On the other hand, I am also an outsider because I do not identify as a part of the acne community. Being both an insider and an outsider was advantageous. I could simultaneously remain deeply interested and committed to studying participants' acne experiences, and stay at a professional distance (Dwyer & Buckle., 2009).

I also reflected on using Instagram as a virtual research site, and how virtual features affected how data was collected and thus understood. In this context, I considered Instagram a form of e-health – to investigate the intentional use of Instagram to construct and navigate experiences of acne. I reflected on my assumptions about Instagram, such as the notion that Instagram is purely aesthetic. Further, there are pros and cons to using social media in qualitative research. Firstly, social media is an ever-changing context so determining the social context can be difficult (Pousti et al., 2021). Secondly, relationships between observed data on social media sites are hard to pinpoint because posts are fragmented and distanced by time and space (Pousti et al., 2021). I tried to overcome these challenges by considering Instagram's characteristics at the theoretical, design and practical levels. Employment of a triangulation process (which refers to the use of multiple data

sources) during data collection and analysis led to a more comprehensive understanding of acne online (Dodgson, 2019). Collecting survey responses alongside Instagram screenshots meant less reliance on only observable social media data.

The research changed how I viewed aspects of my acne experience. From reading through the literature, I gained a new perspective on the extent to which acne can impact social functioning. I was previously unaware the condition was associated with significant struggles in interpersonal relationships, but this was helpful as it gave me greater insight into acne and its effects. Additionally, my views surrounding acne treatment called Isotretinoin shifted. Seeing screenshots of participants' treatment journeys and reading their experiences in the survey responses, particularly about how they overcame their medication apprehension, makes the treatment seem like an accessible option.

## **Screenshot Analysis and Findings**

In the following section, I discuss the screenshot analysis results. This analysis engages with what participants have posted about their acne experience on Instagram. Three key themes were developed from the screenshot data set: (1) engaging with others; (2) the implicit pursuit of the clear skin goal; (3) pressures of the acne positive imperative. Each theme contributes to understanding how and why young adult women with acne are constructing their health experience online. In this section, I primarily discuss what was depicted in an amalgamation of the screenshots rather than specific and individual screenshots unless this was necessary to evidence a particular point; names are also anonymised to protect participant privacy.

### **Typical Acne-related Instagram Posts**

The following summarises the typical Instagram posts shared by participants before moving into the themes. The posts shared similarities in imagery, composition, captions, and hashtags though the content varied. Static images were predominant but occasionally participants posted Instagram reels (short-form videos under a minute in length). In both imagery forms, participants appeared to wear no makeup, so their acne and acne scarring were visible, most commonly located on their facial cheek area. Alternatively, other posts included images of participants' acne-related skincare products – often arranged aesthetically and/or ordered to share their routine or demonstrate product recommendations.

Participants then captioned the image or reel. Captions typically went beyond simple descriptions to convey participants' interpretations of their acne and acne experiences. These captions were often three to five sentences, yet some were more concise, and these included only a single word, phrase, or hashtag. The latter was popular throughout all posts and included hashtags like #AcneCommunity, #AcneJourney, #AcneSkin, and #AcneBlogger. Together these aspects demonstrate participants' active production of their acne-related content. It also exemplifies how participants deliberately used Instagram features to construct and navigate their acne experiences online.

## **Theme 1: Engaging with Others**

Participants seemed to engage in outreach efforts to connect with others through their posts. The following theme consequently refers to how participants appeared to actively seek out social connections and help others in the acne-related community on Instagram. Participant's work towards social engagement is evidenced by their posts reflecting an awareness that their content has an audience – which is discussed below.

The theme 'engaging with others' is notably dependent on Instagram's acne-focused community. The screenshots indicated that the acne community is a well-established virtual/online health community (OHC). Participants appeared to identify as community members because they shared their acne-related experience/s and directly addressed their community. For example, Participant 12 wrote, *"I'd love to know how long you have been following me, and why?"*. The hashtags #AcneCommunity, #SkinCareCommunity and #AccutaneCommunity were significantly evident across the screenshots. Participants appeared to be intentionally addressing their respective online communities as an intended audience.

Participants tended to externalise efforts to receive social engagement too. Within the captions of their Instagram posts, they greeted, spoke to, and acknowledged those viewing their post/s. Participants also sought out advice by asking questions. For example, they asked for recommendations regarding remedies for acne scarring or other people's favourite skincare products. Such content is *relational* because participants demonstrated attempts to connect with others, and these attempts appeared to be successful.

### ***Subtheme: Generating Social Support on Instagram***

Participants seemed to use their acne-related Instagram posts as opportunities to foster social support from peers with acne. Participants appeared to be successful at their attempts at social engagement because their posts frequently had several comments and likes from others. The comments on their Instagram posts were mainly positive, supportive, and encouraging. Those comments included wording and phrasing such as "nice review", "good luck", "love it", and "proud of you". Interestingly, some comments from others referred to being excited and happy for participants undertaking acne treatments. These people seemed to be vicariously happy in viewing their content. Overall, these forms of positive feedback could be

interpreted as sources of *social support* and *external validation*. Then by sharing on Instagram, the participants may have felt less socially alone or isolated in their acne-experience. In this regard, positive online feedback may prove beneficial because those with acne struggle interpersonally and are often socially isolated (Roosta et al., 2010; Timms, 2013).

The Instagram posts appeared to provide a means to both receive social engagement and support others. Indeed, there is a strong sense of peer support expressed in the screenshots. The Instagram posts had, for example, a clear, caring, inspiring and motivational undertone. Participants commonly used words and phrases like “*take care*” and “*embrace*” in their captions and frequently wished others well. They encouraged others to be confident and live their life to the fullest regardless of the condition's negative effects or other people's negative perceptions. That finding is noteworthy because acne stigma and stigma-laden responses from others have detrimental effects on those with acne, including reduced self-esteem and increased appearance-related distress (Germain et al., 2021; Timms, 2013). In considering that, participants' kind encouragement towards others via their Instagram posts could be perceived as their way of providing moral support to peers.

Participants appeared to use their lived experience to create their acne-related Instagram content. In doing so, they spoke from their unique viewpoint. There was a strong sense of self-reflection, particularly as some captions read like diary entries, and this was further evidenced by the hashtag #AccutaneDiary. Participants also spoke about having figured out what works best for their skin through trial and error. Using Instagram posts in this way meant participants' lived acne experience was on public display, giving the impression that participants wanted to share their knowledge with others. These posts could be considered as having provided beneficial insight into the condition for their peers with acne, aligning with research that suggests online acne forums are a valuable source of patient-generated acne information (Santer et al., 2017).

Participants' acne-related content appeared to be an informative resource for others, as indicated by the hashtag #AcneEducation. Some participants also explicitly described their intention to help. For example, Participant 12 wanted to share their “honest thoughts” to provide information to others because “knowledge is power”. These posts gave the impression that participants were actively trying to assist and teach others with acne. In contrast, some participants took a cautious

approach in advising others to patch-test their product recommendations before use. In that regard, participants seemed aware that products work differently for everyone. Patient empowerment and satisfaction are well-researched benefits of contributing to online health communities (Sharma & Khadka, 2019; Zhou & Wang, 2020). As such, the participants may have become more socially fulfilled by sharing aspects of their acne experience/s to help others.

## **Theme 2: The Implicit Pursuit of The Clear Skin Goal**

Across the screenshots, participants appeared to be actively working towards and/or celebrating clearer skin. Much of this is evidenced by participants' emphasis on their skin improvement-related progress over time and their highly positive skincare reviews. These were magnified by an overall focus on their skin's aesthetic appearance. Together, these sub-themes create the impression that participants largely framed acne as needing to be worked upon and made better. In doing so, the screenshots presented acne as inherently bad and unattractive. In contrast, however, several participants did consistently and often confidently portray their acne as a key pillar in their online identity. Posts were thus characterised by a tension: despite generally expressing an acceptance of blemishes, the content in the participant's Instagram posts gave the impression that they were implicitly endorsing a goal of clearer skin. The latter aligns with the context of Instagram being a highly appearance-based platform known for perpetuating societal beauty standards (Martel et al., 2020). Participants could be perceived as comparing themselves to or trying to align with these standards, especially the 'perfect skin ideal' that sells the notion of flawless skin (Magin et al., 2011).

### ***Subtheme 1: Self-Reflecting on Acne Progress Over Time***

Participants seemed to self-reflect on and document their experiences with acne, which had implications for the condition's portrayal. Notably, participants appeared to journal their acne-related distress and share skin-appearance updates in their Instagram posts. These contributed to acne being portrayed as a cause for an upset and an appearance-based problem to be addressed.

In their journal-like posts, participants discussed their psychological experience with acne. They appeared to do so mainly to offload their acne-related

distress. This included a focus on appearance concerns. Instagram posts might thus be interpreted as an outlet that could help participants cope with the negative aspects of their acne experiences. Participants shared their inner thoughts in these posts, including those that seemed vulnerable like their disclosure of appearance-related distress.

Participant's captions commonly referred to how they felt about the state of their acne-prone skin. In particular, several participants emphasised that acne breakouts (an unexpected increase in acne pimples or cysts) caused upset or bothered them the most. In their caption, Participant 5 wrote about being unhappy as her skin broke out at the 5-month mark post-Accutane treatment. Overall, when referring to their skin as *bad*, participants commonly expressed feeling sad, concerned, stressed, or frustrated. Participants thus portrayed a sense of hopelessness and lack of control over their skin's current condition. Participants also used sad or cry face emojis to convey their negative feelings towards their acne and acne experience. Appearance-related distress is typical for those with acne and can be as severe and detrimental as body dysmorphic distress (Bowe et al., 2007; Lafrance & Carey, 2018). Using emojis and emotive language may have enabled participants to communicate and offload this distress.

Participants' Instagram photos and reels also included updates regarding their appearance. In these, participants showed their bare-faced selfies and so commonly shared their visible acne and acne scarring. These images documented the state of their skin at different points in time. They demonstrated how acne experiences are fluid and ever-changing. Several participants also used side-by-side images in their Instagram posts that compared their skin at two specific time points to highlight any differences and improvements in acne severity. Participant 5, for example, shared a side-by-side comparison image. The first image showed visible acne and acne scars on their forehead, cheek, and chin. In contrast, the second image showed a happier expression with clearer and more unblemished skin. This example could illustrate social comparison theory. The participant may have used their earlier photo with severe acne for downward comparison (so something worse off) to recognise and celebrate that their skin had since improved (Rooy et al., 2014).

Participants also used Instagram reels to depict their skin change/s over time, which they often referred to as *progress*. Participant 1 posted an Instagram reel sharing their '2021 skin journey'. They reflected on the changes that occurred in their

skin's appearance over the past year. In their captions, participants also used the hashtags #AcneJourney and #AcneProgress. These implied that moving from acne to more unblemished skin occurs in stages, but this also emphasised clear skin as an end goal. Then by focusing on the progression towards clearer skin participants may have, albeit unintentionally, reinforced the perfect skin ideal. Whilst considered unrealistic, the ideal can facilitate upward comparison, where clear skin is considered superior and thus desirable (Magin et al., 2011). Overall, participant's progress-related posts gave the impression that they strongly desired clear skin. Therefore, the perfect skin ideal may have acted as a source of inspiration (Rooy et al., 2014).

### ***Subtheme 2: Highly Positive Skincare Reviews***

The screenshots were highly saturated with positive skincare reviews; these post-types were commonly labelled as commercial content. In these posts, skincare products were framed as potentially leading to quick-fix improvements in appearance. These positive skincare reviews could further be considered as participants indirectly reinforcing to themselves and their audience a goal of clearer skin.

Participants' reviews of acne-related skincare products were generally favourable. These posts tended to frame using skincare products as an act of self-care rather than through a medicalised frame. This would, for instance, consider acne treatment/s as medical care. Therefore, participants skincare use seemed to be a form of acne *self-management* considered controllable, relaxing, and also aesthetically pleasing. Participants used positive language in their captions; writing that they 'loved' and were 'obsessed' with the product(s). Often, they included a typically high review rating such as 10 out of 10. A few negative product comments were present; one critiqued plastic packaging as excessive and unnecessary. Skincare posts reviewed moisturisers, sunscreens, cleansers, face masks and pimple patch products. Participants shared that their use and review of such products were generally enjoyable. Testimonials based on personal experience can be a powerful method for advertising products (Ziebland & Wyke, 2012), perhaps explaining why participants were selected to trial and review products.

In the (often lengthy) captions, participants tended to focus on a product's anti-blemish properties. For example, they commonly wrote about AHA/BHA

(chemical skin exfoliants) and salicylic acid. A smaller subset of posts was focused on *skin health* (and used #SkinHealth) rather than appearance. These emphasised a need for sun protection and/or products to promote a healthier skin barrier. The dominance of anti-blemish-oriented products highlights the importance placed on aesthetics. Arguably, this commodifies experiences of acne and skin care; in a way, they sell the idea of clearer-looking skin. Those with acne experience considerable appearance-related distress and are often hyper-conscious of blemishes (Cooper & Harris, 2017). Therefore, they are likely motivated to improve the look of their skin. Participants' emphasis on improving blemishes is therefore unsurprising as they are a part of the group most vulnerable to such marketing.

The positive skincare reviews were largely results-driven, too. After integrating the skincare product/s they reviewed, the participants commonly framed their skin as less blemished and thus better. Participant 14 reviewed an acne oil-control product and wrote that their skin had improved with fewer acne marks and texture. They seemed happy and satisfied with how the product performed. By sharing that their skin had improved since using those skincare products, participants may have perpetuated a notion that acne should be worked upon. Intriguingly, participants seemed to have trialled skincare products over a brief period (e.g., one week) and still referred to positive changes in their skin. In doing so, skin care products were positioned as quick-fix solutions to acne, which is unlikely given that the condition has complex causes making treatment difficult and slow (Bhate & Williams, 2013).

The positive skincare reviews were commonly labelled or tagged as sponsored, advertisement or gifted content. The use of 'AD' or hashtags (#Advertisement or #Gifted) indicated sponsored posts. The images depicted products in an aesthetically pleasing way making the products look desirable. For example, participants held up the product and smiled in some photos. Furthermore, some participants may be categorised as acne bloggers in their promotion of those products evidenced by their use of #AcneBlogger or #SkincareBlogger.

Participants often tagged the skincare companies in their posts. These companies may have a vested interest in selling their products by advertising on Instagram, and/or through sponsoring influencers. This may include some participants in this study who could be considered acne-related influencers. In one post, the company commented: "Wow! We are so glad you are happy with the results!". This kind of marketing is increasingly important for brands; exploitation of

unique health experiences is commonplace across forms of e-health, and can positively or negatively affect health behaviours (Entwistle et al., 2011 as cited in Ziebland & Wyke, 2011).

This effect seemed true for several participants who stated an intention to continue using the products beyond the trial and review period. Consequently, they appeared to integrate those products as a new means for managing their acne. Likewise, participant 8 encouraged others to continue using a topical retinol product as their skin purges (when a newly introduced product causes initial irritation and/or breakouts before the skin becomes accustomed to it). This suggests that participants' positive skincare reviews could reinforce or change their or others' acne-related care behaviours, which could be a real-world implication of sharing acne-related Instagram posts.

### ***Subtheme 3: Unblemished Skin is an Accomplishment***

Participants who posted about having obtained clear skin described how they experienced a sense of achievement and accomplishment in overcoming acne. These participants conveyed that they were happy due to successful acne treatments like Roaccutane (also called Isotretinoin). Participants used hashtags like #Results and #AccutaneResults to convey that the treatment had improved their skin. These participants discussed their efforts to clear their skin, like having tried supplements and various treatments, and visited dermatologists for professional advice. This suggests that the participant/s recalled and appreciated the skin care and treatment process. This also extended to the negative or challenging aspects of treating acne. Participant 2, for instance, reflected on the negative side effects of Lymecline (an antibiotic acne treatment) and said it was "worth going through for clear skin". Overall, posts included self-reflective commentary alongside an appreciation of the effort put into achieving unblemished skin.

Other Instagram users made significant appearance-based comments in response to participants' posts that revealed their unblemished skin. These comments referred to participants as being "gorgeous" and "pretty" and that their "skin is looking glowy". Some commented on participants' skincare reviews that they were glad they had seen results. Together, these external comments seemed to celebrate the participants having achieved clear skin and so appeared to reinforce the idea that clear skin is a desirable accomplishment.

Furthermore, participants wrote about how they hoped that their skin remained unblemished. Since their acne had cleared, the participants seemed to have shifted their worries from the presence of acne to fearing that blemishes would return. Participant 5 wrote about using tretinoin (retinol) as “insurance” or a backup if her skin began to deteriorate and/or broke out (despite having finished a Roaccutane treatment course). This may reflect anxieties that blemishes may return.

Participants’ worries also extended to concerns over acne scarring, positioning this as the next step to work on their appearance. Participants wrote things like “now to get rid of these scars!” (Participant 2). They also asked for recommendations from others on how to treat their ice-pick acne scars. Acne scarring can be a source of significant appearance-related distress that can lead to social avoidance and unfavourable judgements from others (Dreno et al., 2016; Tan et al., 2022). Therefore, it is understandable that acne scarring became a new concern for participants and something appearance-based to care for and manage.

Perhaps because of their acne scarring, the participants' appearance-related distress continued despite achieving unblemished skin. This distress can be understood through the negative psychological effects of acne, like social anxiety or skin-picking, which can remain long after the condition has cleared (Gallinat et al., 2021). Appearance-related concerns amongst those with acne often become habitual over a long period leading to persistent appearance anxiety even after acne subsides (Hanstock & O’Mahony, 2002). Participant 10 posted about their skin-picking disorder diagnosis at an early age; they not only picked blemishes but dry skin and hair too. The participant wrote that skin-picking was characterised by obsessive-compulsive anxiety. For them, this anxiety manifested as a focus on wanting smooth feeling and looking skin.

### **Theme 3: Pressures of The Acne Positivity Imperative**

Participants' posts can be interpreted as promoting acne positivity whilst being transparent about negative acne-related experiences. This tension suggests that these concepts do not need to be understood as mutually exclusive; participants appeared to reflect on their acne experience while feeling a need to be positive. Screenshot analysis does open up questions about the acne positive imperative. Firstly, whether certain negative acne-related experiences detract from participants'

acne positive approach in their Instagram posts. Secondly, whether participants may feel pressure to be positive despite their negative experiences.

### ***Subtheme 1: Promoting Acne Positivity***

The participants seemed to emphasise acne positivity in their Instagram posts. In this emphasis, participants primarily expressed themselves using a positive tone. Several posts were oriented towards raising mental health awareness and normalising acne. Both these posts can be interpreted as reframing what it means to have acne. Participants portrayed their acne positive stance in several ways. They used hashtags in their captions, including #AcnePositive, #SkinPositive and #BodyPositivity. The term “*acne positivity*” also appeared as a catchphrase within Instagram's acne-focused community. This was evidenced by how frequently the phrase appeared across Instagram posts also hashtagged with #AcneCommunity.

Participants appeared to embody acne positivity on Instagram through their body language, upbeat and kind wording, and image composition. In several acne positive posts, the images included participants smiling and situated in a well-lit area. Participants also used encouraging language in their captions like “the only love you need is the love for yourself. This will make you the happiest” (Participant 9). These posts commonly included emojis like love hearts, stars, smiley faces, and hashtags like #LovingYourself and #Empowerment. Furthermore, positive posts seemed to attract positive comments. These comments said they love their post, are proud of the participant and referred to it as “such a motivational message!”. Much of this could be explained by the idea of positivity as *attractive relationality*, whereby positivity is understood as a relational practice between people (Calder-Dawe et al., 2021). Embodying acne positivity in this way seemingly led to commenters engaging in similarly positive ways with the posts and with acne in general.

Normalising acne experiences seemed to be one way participants enacted acne-positivity in their posts. This idea is evidenced by the hashtags #NormaliseAcne, #AcneAcceptance and #BodyNeutrality alongside #Confidence. Participants described their acceptance of their acne in their captions. For instance, participant 8 wrote and declared in bold letters that “ACNE IS NORMAL”. Participant 15 was bold in her acceptance of her skin; she framed her acne experience in a positive light. Other participants had written that acne is a part of them and that they accept that they will never be perfect. A strong sense of self-awareness and self-

acceptance existed throughout these posts, and participants may have felt better and more in control by stating and affirming their acne positive stance.

Writing about mental health appeared to be another way for participants to foster acne positivity in their acne-related Instagram posts. That idea is reflected in the captions that used the typical acne-related hashtags alongside #MentalHealth and #MentalHealthAwareness. Participants outwardly stated that acne would no longer bring them down nor affect their mental health. This could be considered acne positivity because participants appeared to be talking about the mental health impacts of acne to help others. For example, Participant 10 posted about Skin Picking Disorder (SPD) and wrote that they were sharing their personal experience to raise awareness for SPD and lessen the associated stigma. Other Instagram posts also referred to anxiety, depression, and OCD. Participant 11 encouraged others to be careful with their words and more sensitive towards those with skin conditions.

### ***Subtheme 2: Using Instagram as an Outlet***

A sense of rawness and vulnerability were present across the screenshots, and this was despite potential online pressure to remain acne positive. Participants shared their negative psychosocial acne-experiences in these posts, strongly suggesting they used Instagram as an emotional outlet. The screenshots evidence this idea in several ways. Participants shared their negative experiences of acne treatment/s. They also referenced fear of judgement and having received unsolicited advice from others. These posts may have detracted from participants' ability to maintain an acne positive imperative on their acne-related Instagram accounts.

Despite having posted highly positive skincare reviews, participants seemed to consider their experiences of acne treatment/s in a negative light. In their Instagram post captions, participants commonly referred to the adverse or painful side effects of acne treatment/s. The side effects and efficacy of Roaccutane treatment were a frequent focus as indicated by the hashtag #AccutaneTreatment. Participants referenced dry skin, skin flaking, wounds, and dry and watery eyes. They seemed to use Instagram to offload their negative experiences concerning acne treatment/s side effects. However, doing so appeared to contrast with their display or framing of acne positivity.

Overall, there is a sense of frustration alongside disappointment across participants' posts about negative treatment experiences. Participants conveyed that the acne treatment/s that were supposed to better their skin had initially worsened their acne's severity. For example, participants described how their skin had broken out in the initial stages of the acne treatment/s (like Roaccutane or topical retinoids). In their posts, participants referred to this stage of adjusting to acne treatment as *purging*. Consequently, participants seemed to have a heightened concern over their appearance. Much of this is unsurprising, given that Roaccutane's physical side effects can exacerbate appearance-related distress for those with acne (Cooper & Harris, 2017).

In their Instagram post/s about their negative treatment experiences, participants tended to reflect on their initial treatment apprehension and hesitation. Participant 8 reflected on her treatment experience. She explained topical Retinol as being intimidating for new users. Participants also referred to courses of various treatments as lengthy and thus time-consuming. Much of this thinking appeared to contribute to participants' saying that in hindsight they were unprepared for the physical and psychological effects of treatment/s. Some participants expressed that they had felt stressed and sad during their treatment which is consistent with research that shows negative mental health impacts are commonly associated with acne treatment/s like Roaccutane (Hanna et al., 2016).

Participants seemed to communicate fear of judgement in several Instagram screenshots and accompanying captions. Many of these posts included vulnerable imagery of visible acne and scarring. Yet, in their caption, participants described fearing judgement across different social contexts. For example, Participant 10 noted worrying that other people (in real life and on Instagram) might think skin picking disorder is "strange". Participants wrote that fearing judgement had made them feel self-conscious, and their concerns appeared to hold them back from accessing support and/or treatment. To evidence this, Participant 1 pondered the potential for her doctor to judge her. She described worrying that the doctor may perceive her recent breakout as her having been inconsistent with their prescription. Her fears seemed to prevent her from booking an appointment. Research similarly suggests those with acne actively avoid putting themselves in situations that may lead to criticism (Timms, 2013).

Participants seemed to validate their fear of judgement by referencing unsolicited questions and advice from others. They also wrote about how this can potentially trigger negative emotions within themselves and/or others with acne. They seemed to consider these comments judgemental, insensitive, and "meddling in giving opinions about other people's skin" (Participant 11). Research indicates that those with acne are highly aware of the social stigma of the condition (Roosta et al., 2010), so it is unsurprising that participants considered other people's comments about acne as "intrusive" and "offensive". Participant 11 wrote, "that very word [normal] was the trigger of an insecurity", which highlighted how unsolicited opinions could be triggering to pre-existing appearance concerns. Yet participants acknowledged that those comments and questions might come from ignorance or curiosity.

Overall, it seemed that in an attempt to feel better, the participants had used Instagram to offload their distress, particularly about potential judgement and/or criticism from others. Participant 1 acknowledged that their Instagram post provided her with an emotional outlet after having been "frustrated for several weeks". Then she concluded that she would book a doctor's appointment. As such, her Instagram post seemed to encourage *self-accountability*.

That example may further demonstrate the positive and negative dialectic within participants' posts about fear of judgement. Several posts seemed highly negative but still used the hashtag #AcnePositive. This may suggest that participants were attempting to be more positive about a negative acne-related experience. In that regard, negative acne-related experiences and acne positivity may not be mutually exclusive. These results suggest that external pressures act on the acne-positive imperative, making acne positivity potentially challenging to sustain on an ongoing basis or live up to.

## Survey Analysis and Findings

In the following section, I discuss the survey analysis results. This analysis engages with participants' responses as to why and what they have posted on Instagram about their acne experience. Three key themes developed from the survey data set: (1) social connection in the acne community; (2) navigating the pressures and potential of acne online; (3) reconstructing the typical acne experience. In the following section, therefore, I present my interpretation of participants' described motivations for navigating their acne-health experience on Instagram. Findings from across the survey data are discussed and all names are pseudonyms.

### Theme 1: Social Connection in the Acne Community

Gaining social connection/s seemed to be an important motivating factor for why participants shared their acne experience on Instagram. The participants shared their appreciation for online interaction/s with other community members. Most participants appeared to identify with them due to having mutually experienced acne-related struggles. For the most part, participants noted that they regarded those social exchanges highly; they often described the acne community as *welcoming*. For instance, Participant 10 shared:

“I would describe the acne community to be very caring to others. I feel like everybody lifts each other up and encourages each other to make them feel loved and beautiful.... I see a community of people coming together and spreading positivity and comfort to people that are going through the same skin condition... so people going through the same struggle, they are brought to a safe and welcoming place” (Participant 10)

Participant 10 discussed how they hold the acne community in high regard. They explained how the acne community seeks to support its members through connection, collaboration, and a positive approach. Mutual assistance between members could exemplify collective empowerment. Indeed, Participant 10 framed the acne community's collective effort as powerful enough to make those with acne

feel *better* about themselves including an improved self-image. Collective empowerment within online health communities can also help members to better understand and accept their health or illness experience (Atanasova & Petric, 2019). A strong sense of community is important to collective empowerment and was evident across the survey responses.

Group membership in the acne community is framed by Participant 10 as beneficial yet also easy to achieve. The participant noted that they considered the community to be *hospitable*, and encouraging social connection between those with acne. Virtual togetherness and collaboration can reduce feelings of social isolation often experienced by those with ongoing conditions like acne (Santer et al., 2017). Participants' affiliation with Instagram's acne-focused community illustrates the value of virtual health communities. Participant 12 also commented on the nature of this community:

“I describe it as a very empathetic and calm community. I have never received any comments out of place, harassment, etc. Since I started, I have always had a very nice and pleasant community. It shows that they really like what I do and feel identified in some way point. I feel grateful” (Participant 12).

Participant 12 and other participants primarily described the community using positive adjectives, noting that negative acne-related interactions were uncommon. In the quote above, Participant 12 briefly mentioned having not personally experienced negativity from others. This does not mean that the Instagram space never has any negativity; other participants, for example, had seen or experienced hurtful online comments, trolls, and unsolicited advice. For instance, Participant 5 shared:

“There is also a negative side to it. I've seen some users post hurtful comments to other users on the platform along the lines of why you would post that photo without makeup, no one wants to see your acne, etc.” (Participant 5).

Participant 5 referenced having seen other people receive negative and unkind responses to sharing acne photos. These appearance-based comments

could be explained by body shame reactions. Individuals can quickly feel disgusted due to being conditioned by acne-related stigma or societal beauty standards to view acne negatively (Pryor et al., 2004). Such responses are common for facial disfigurement/s because these stray from Western norms (Hawkesworth, 2001). Yet most participants referred to the acne community as helping them to overcome these stigma-laden responses by promoting *acne positivity*. They shared:

“The community is very welcoming and is open to all people regardless of who they are... as they include people of all ethnicities posting their stories of their struggles with acne. This has definitely changed over time because it used to be just white women with barely any acne but now it is people of all genders and races and mostly those with a significant amount of acne.”  
(Participant 11).

Participant 11 described Instagram’s acne community as diverse and inclusive. They explained this to be a recent shift since early acne representations were more limited. Acne severity, ethnicity, and location in the world did not seem to affect participants’ ability to create and post acne-related content on Instagram. Social connection, therefore, was not limited to certain acne-related experiences nor only for larger content creators. How Instagram affords diversity was also discussed by participants who shared:

“...it seems to me a quite practical social network to contact other people. It is a very popular application where today it is rare that someone does not have an Instagram account, which means that it can reach more people.”  
(Participant 12).

In the above quote, Participant 12 referred to Instagram’s popularity and accessibility as creating opportunities for greater social reach. Instagram features seemed essential for effortless connection with several people at one time. Perhaps this is a key reason for the community’s constant and successful collaboration efforts. Participants considered how Instagram lives invite connections in *real-time*. In contrast, other participants intentionally created privacy around their acne-related content, giving the impression that participants had the choice between a public or

more private social connection. For example, Participant 17 explained how her Instagram stories were laden with personal opinions, and so set to be viewed only by her close friends. In doing so, these participants purposefully made vulnerable content available to their self-perceived *trustworthy* social circle.

### ***Subtheme 1: Feeling Understood and Not Alone***

Participants found other people's Instagram posts relatable, which was a key reason for them feeling understood and less alone in their acne experience. They appreciated seeing the good and bad sides of acne experiences. Participants thus valued relatable acne representations. Some, for instance, highlighted their interest in authentic and realistic daily acne routines, finding them exciting and relevant to themselves. Participant 1 shared:

“Upon viewing their accounts, I feel less alone because I realize that there are also people struggling the same way that I do which made me think that having acne is a normal thing and should not be viewed in a negative way.”  
(Participant 1).

In the above quote, Participant 1 explained that relatable representations had made them realise other people are going through similar struggles. Responses like these illustrated an intense sense of belonging. Socially comparing oneself to others that are similar (so a neutral comparison source) can increase feelings of belonging and social acceptance (Myers et al., 2012). Relatable representations are therefore pertinent since those with adult acne tend to struggle with social anxiety (Salman et al., 2016) because the condition is often portrayed as a coming-of-age issue only. Exposure to relatable content, created by like-minded individuals thus helped Participant 1 to feel more socially connected and view her acne experience more positively. Others shared:

“Posting my acne journey on Instagram ultimately surrounded me with people going through the same thing which is important when so much of social media is people with flawless and 'perfect' looking skin.” (Participant 14).

In this extract, Participant 14 explained that the acne community connected her to others with acne. Participant 14 seemed to value Instagram as a peer-based platform, perhaps because they were connected to those similarly aged who also had acne. An emphasis on the peer aspect across the survey responses is unsurprising. Those twenty to thirty years of age make up the highest proportion of Instagram users (Martel et al., 2020), and this overlaps with this study's participant age criteria. Accordingly, older family members in participants' personal lives often did not use Instagram. Participant 7 shared:

“Most family in terms of older adults don't use Instagram so it feels like a more private place to share – It is a platform that you can curate, so you can make it private and pick and choose who follows you which is a positive for using Instagram to post about something so vulnerable.” (Participant 7).

Participant 7 described the benefits of real-life family members not accessing her Instagram account. They felt that those outside their online communities could not relate to their acne experience/s like those in the acne community could. Despite Instagram's public nature then, the participant described Instagram's peer-user base as enabling them the freedom to be *vulnerable*.

“People supporting and being kind to each other is the best way to deal with acne which can only be seen in a community” (Participant 9).

Across the survey responses, participants appeared grateful for the social support provisions from their acne-related communities. Participant 12 said she felt grateful for the acne community, and Participant 5 said she felt lucky for the “overwhelming support”. Many participants had also developed strong social networks to the point that they considered other Instagram users to be their friends. Online health communities can help individuals to overcome feelings of isolation associated with conditions like acne (Ziebland & Wyke, 2012). Having this social support seemed to help participants feel more positive about their acne-related experience/s. A participant shared:

“[social support] helps the physical management of acne but there is also help for the psychological management because you see that you are not alone.” (Participant 3).

Participant 3 exhibited an awareness that online social support is beneficial. Generally, the participants described peer/social support as important and noted that they often received *empathetic* and *kind* responses when they shared their struggles with acne. Much of this came through as commentary on their Instagram posts or through direct messages. Participants also referenced having received offers of support, acne-related advice, and motivational and encouraging words from others. Consequently, participants, like Participant 3, gave the impression that they considered social support to be an acne-related *coping mechanism*. Participant 6, for example, described how social support from the acne community had helped her during times of heightened appearance-related distress. The participant wrote:

“I feel supported by the people of the acne community. If my skin is acting out and I feel self-conscious it is very comforting to hear some encouraging words from people who are dealing with (or have dealt with) the same issues. It makes me feel like I’m not the only adult battling acne :)” (Participant 6).

Virtual support can reduce feelings of stigma and embarrassment related to an illness (Ziebland & Wyke, 2012). Above, Participant 6 reflected on how community support in this space enabled her to move through her self-consciousness. Again, this support was particularly salient due to shared experiences. It may be more difficult for participants to access people with shared experiences to lean on for support offline, so the virtual community can become particularly important.

### ***Subtheme 2: Active Participation***

Participants seemed motivated to be a source of inspiration and share knowledge with others with acne. They did so by sharing acne-related content on Instagram, which exemplifies participants’ active participation within their respective acne-related communities. Actively participating in online health communities can be

rewarding and promote self-empowerment (Zhou & Wang, 2020). Participant 12 shared:

“And obviously as an inspiration it helps me a lot and that's why I want to give everything back in the same way, helping and inspiring. I share my experience through posts as images.... and at the end leave a reflection or point of view/opinion of motivation.” (Participant 12).

Participant 12 explained her intention behind contributing to the acne community as wanting to inspire others. To do so, she favoured using self-reflection and motivational messages in her posts, illustrating active participation. Similarly, there was a strong sense of reciprocity across all the survey responses, meaning that participants, like Participant 12, seemed compelled to give back to the acne community that had previously helped them. Several participants noted larger Instagram accounts had inspired them to post acne-related content. They referenced creators having inspired “*thousands of people to post, feel better, and share [their] experiences with acne*” (Participant 15). Another participant noted:

“At first, I was just lurking and reading around Instagram about other acne positivity accounts but then I realized, if I felt less alone, I felt heard and understood just by reading from these accounts why don't I try to make my own? I mean, those accounts helped me, If I can make just one person feel less alone in this battle then why not?” (Participant 1).

The above quote from Participant 1 illustrates an inspiration feedback loop; participants were inspired by others and then wanted to inspire their audience/s. Participants seemed to have learnt from and replicated other's approaches as they did this. This finding may contribute to understanding why acne-related accounts have become a popular and compelling phenomenon on Instagram. In a way, participants were *collaborating* with other members of the acne community – creating patterns of online behaviour that successfully distributed patient-generated information about the condition. Indeed, this seemed important to participants, having shared:

“I think it's important for those willing and able to share their acne experiences online. It can be a very lonely struggle, so finding people who understand what you're going through can have a huge positive impact” (Participant 5).

Several participants described feeling a responsibility to help others in an authentic way. They wanted to be real and honest alongside being true to themselves. Participant 5 stressed how acne lived-experience perspectives can have positive effects on those with acne, including feeling understood and reducing social isolation. Lived-experience perspectives in acne forums create patient-generated information, facilitating a means for those with acne to overcome barriers associated with medical care like accessibility or cost (Santer et al., 2017). Participant 5 implied those in a position to share their acne experience had a *social duty* to contribute. Though this seemed to have challenges. Participant 7 shared:

“I was being true to myself sharing my painful journey and creating a safe place for others to do so, inviting talk about acne and discussions about how I overcame it.” (Participant 7).

In describing her journey as “painful” and highlighting her desire to create a safe place for others, Participant 7 illustrates the dynamics of difficulty and desire to help that shone through many participants' responses. Participants seemed to intend on being positive role models for others and particularly for younger people, inspiring greater self-confidence in others and presenting “*a light at the end of the tunnel*” (Participant 6). Several participants emphasised inspiring younger people including their “younger self” (Participant 3); suggesting that younger generations may be the intended audience for their content because participants feel empathetic towards their experiences.

“I definitely see all this as very positive, since in this way they also manage to be an inspiration for many people, and thus be the referents and activists that they did not have at the time and that the new generations will have.” (Participant 12).

Participant 12 described acne influencers as being activists; these people are helping to reduce acne stigma for future generations. Much of this can be related to social comparison theory (Rooy et al., 2014). By positioning themselves as acne role models and/or activists on Instagram, participants actively encouraged social comparison, creating helpful upward and/or neutral comparison source/s for others. These do not trigger negative psychological effects like low self-esteem and can offer protection against the effects of superior comparison sources. Therefore, participants realistic acne representations could potentially buffer against the negative impacts of pervasive idealised imagery like the unattainable 'perfect skin ideal' (Magin et al., 2011). Overall, however, participants found it rewarding to inspire others in those ways, saying:

“I want to make myself more comfortable with showing the world my acne. And also, I want to contribute to make it easier for other people who struggle with acne to embrace it” (Participant 4).

Creating acne-related content could serve a dual purpose by having positive personal *and* interpersonal effects on participants. As described by participant 4, by challenging themselves to put their acne out into the world online, they became more comfortable showing their natural skin. This in turn, they said, served to encourage others with acne to embrace the experience too. Thus, Participant 4 explained simultaneously helping themselves and others. This could be explained through *emotional empowerment*; those who actively participate in online health communities feel good when recognised for their contribution to information exchange (Uden-Kraan et al., 2008 as cited in Ziebland & Wyke, 2012).

“I share my acne experience based on education. I am also in school to get my aesthetician license, so I am educating people on all the different skin types of people have and explain why they would need to use different products and treatments. I create fun facts and education.... sharing my own acne journey and eventually transformation will help build my clientele for later on.” (Participant 10).

Participant 10 described her motivation to educate others as her primary reason for sharing her acne experience online. She explained having leveraged her aesthetician studies to create acne-related content. The above quote portrayed the participant's studies and content as *legitimate knowledge sources*, and this is noteworthy since most dermatological content on social media, such as Tik Tok, is not evidence-based and thus of poor quality (Zheng et al., 2021). Perhaps, Participant 10 understood the prevailing issues with acne dis/misinformation online like misleading claims, and wanted to promote and increase other's accessibility to better acne-education online.

The participant shared her acne journey for greater social connection too; seeing that as an opportunity to generate potential clients for her future aesthetician services. Nonetheless, participants seemed to genuinely desire to make a positive difference through knowledge-sharing to help others make more informed decisions about their acne, so they demonstrated active participation. Another participant wrote:

“I also love to share about the products that work for me with real results so that they can also have a reference to buy something that is affordable and not just heavily influenced by celebrities without any realistic review”  
(Participant 9).

In the above quote, Participant 9 explained having shared their skincare experiences to inform others. Across the surveys, skincare products were referred to as either leading to desirable or undesirable results, so *product efficacy* seemed an important education piece. Participant 9 gave the impression that skincare products are a teachable form of acne self-management. They also seemed aware that product affordability matters to successfully educating others about skincare, and thus creating behaviour change. Consequently, Participant 9 challenged unattainable acne recommendations often sold by celebrities and unrealistic beauty standards.

“I feel like with certain hashtags you can find content easier. For example, when I look for the hashtag #acutane, I see more posts of people who use this drug. YouTube, for example doesn't have this feature (less online visibility).”  
(Participant 6).

Participants described their intentions to provide greater visibility and accessibility to acne information which has historically been hard to find. In the above extract, Participant 6 highlighted Instagram's hashtag feature as creating information visibility concerning acne treatment. As they explained, these hashtags make it easier to find information related to, for example, Roaccutane. Similarly, other participants illustrated how Instagram affords information accessibility. Educational reels (so short-form videos) were also a popular method amongst participants, used to share information, product reviews, and nutritional advice. Much of which further enhanced visibility for acne-related information.

“Yes, sharing my experience and engaging with others have changed the way I treat and manage my own acne because it motivates me to use the best skin care products and it keeps me up to date with all the latest trends and education to help manage acne.” (Participant 10).

Participants learnt how to better care for their skin by engaging with acne-related content on Instagram. Engaging with others appeared to motivate them to “*learn and inform*” themselves. This appeared to motivate them to keep learning but also to teach others in the same way. In the above quote, Participant 10 explained that partaking in the acne community helped her stay informed, considering acne content on Instagram as an *up-to-date* educational source. Most notably, engaging with such content led to improvements in acne self-management. Social media education spaces are known to be drivers of behaviour change (Coulson, 2017). Exposure to educational acne-related content online can, therefore, promote more effective acne-care, and can also encourage engagement with acne treatment/s as participant 7 described:

“I didn't know that the [Roaccutane] treatment I had was available for years into my acne journey and if I had known sooner, I would have started the medication sooner.” (Participant 7).

In this quote, Participant 7 suggested that poor information visibility was a long-term barrier to finding an acne treatment that worked for them, being

Roaccutane. Conversely, participants noted a desire to share their Roaccutane lived experience to be a resource for others considering the medication, writing: “I wanted to be a resource for others if they were considering Accutane” (Participant 5).

Other participants similarly wrote that exposure to such resources had motivated them to seek out Roaccutane treatment. This is another example of how and why the participants seemed motivated to actively participate in and give back to their acne community. Greater awareness about treatment options seemed to be the case for participants, aligning with how active participation in online health communities has been associated with greater health literacy (Zhou & Wang, 2019).

## **Theme 2: Navigating Online Pressure and Potential**

Despite being highly positive about the acne community and social connection, participants articulated having struggled with online pressures. Hence, they suggested that engaging with Instagram’s acne-related content had unique pros and cons. Posting about acne, for instance, was called an act of bravery and/or vulnerability that generated the potential for *acne negativity* like online judgement and/or criticism. These negative facets could demonstrate that acne positivity, a highly prevalent concept throughout the survey responses, might be difficult to achieve or sustain. Consequently, the following theme illustrates how participants seemed to *carefully* navigate their acne experience on Instagram with specific and well-thought-out intentions.

Acne positivity appeared to be pervasive and ubiquitous across the acne-related content and the acne community on Instagram. The concept is noteworthy here as the current theme relates to positivity imperatives putting pressure on people or leaving little to no room for challenging emotions (Calder-Dawe et al., 2021). Participants acknowledged acne positivity was highly prevalent on Instagram, raising questions about the concept's purpose. They wrote that acne was overwhelmingly portrayed positively on Instagram. Participant 1 noted:

“For acne positivity accounts I see it as something portrayed positively....”  
(Participant 1).

However, most considered positive acne portrayals to be a recent phenomenon. Participant 9, for example, suggested that acne negativity had been

around for a long time, and was worth addressing. She shared:

“I saw a lot of creators being real and showing the world how acne looks like without any filters and why is okay to have acne. Acne is portrayed very positively on social media now because its high time, all of us deal with it some point of our life whether young or adult. It's all with our body, it's not something we purposely create so we have to just accept it and work on it.” (Participant 9).

Participant 9 noted that unedited and makeup-free images can be a way to portray acne positively. The participant explained that sharing real and raw acne imagery demonstrated that the condition was being embraced, suggesting that accepting and normalising acne are two major elements important to an acne positive approach. Similarly, the body positivity movement uses enhancement-free imagery to promote an appreciation and acceptance of bodily features including unique differences (Manning & Mulgrew, 2022).

Participant 9 also emphasised the potential for acne positivity to enhance people's autonomy within their acne experience. Several participants explained how acne positivity held the potential to make those with the condition feel better. At the individual level, acne positivity seemed to refer to intentionally and actively viewing their acne and associated experience via a *positive mental mindset*. Doing so provided participants with a way to reframe their bad acne experiences into good (nicer appraisals) – perhaps, acne positivity provided them with more control over the condition's psychological aspect. This orientation may demonstrate positivity as an agentic cognitive style, meaning the ability to change how we view a challenging situation or experience for the better (Calder-Dawe et al., 2021). Acne positivity, however, was not the only experience participants may have been exposed to; for instance, Participant 13 shared:

“I think the “algorithms” on Instagram point people in one direction or the other. Whilst I have a really positive experience, I know of friends who feel Instagram still portrays “perfect skin” (Participant 13).

Some participants explained the way Instagram is experienced depends on

the platform's "*algorithm*". In the above quote, Participant 13 explained that Instagram features either draw people towards positive acne content or to 'perfect skin' imagery. Relating to acne positivity then could be mediated by exposure to contrasting idealised content that negatively effects various self-esteem facets like body image (Magin et al., 2011), and this might be why some could not relate to the imperative, like Participant 5 who noted:

"The accounts I follow show acne in a pretty positive light. While I appreciate the acne-positive community, I couldn't relate to it very well because I never felt positively about my acne... I don't find looking at acne in a positive way relatable. I always wanted my acne gone and I didn't find anything positive about the experience of acne." (Participant 5).

Acne positivity seemed to dominate the survey responses and acne-related Instagram space. Nonetheless, despite exposure to positive acne-related content, Participant 5 personally struggled to identify with acne positivity. Participant 5 found acne positivity unrelatable because she still desired unblemished skin; this made it difficult to accept, in part or full, the skin condition. Frequent comparison to often unattainable flawless skin ideals can worsen existing appearance-related distress for those with acne, and their distress can become as severe as within body dysmorphic disorder (Bowe et al., 2007, Dimas et al., 2021). Unsurprisingly, then, Participant 5 could not see anything positive about her acne experience.

Similarly, other participants stressed feeling a need "to be active and positive all the time" (Participant 3). These findings illustrate a possible tension; acne positivity can make people feel good but possibly emotionally and socially pressured too. Positivity imperatives like acne positivity, may leave little room for negativity and subsequently, people might suppress their distress (Calder-Dawe et al., 2021). Radical acne acceptance may have been difficult for some participants who instead seemed to be grappling with the acne positive imperative while feeling a range of things about their acne and having different embodied experiences. An overreliance on acne positivity in Instagram's acne community can prove constraining, rigid and/or exclusionary towards those that cannot relate. Participant 1 shared:

“I realized that even in person I'm slowly gaining confidence and not caring about what other people think of my skin. Although, this is not always the case. I still have my downs where I still feel really bad and just want to hide in my room, but I believe I improved a lot.” (Participant 1).

In her more optimistic mood, Participant 1 related to acne positivity and embodied self-confidence. In contrast, when she felt upset about her acne, she made room for negativity by isolating herself. Participant 1 recognised her ability to experience both emotions, albeit at different points in time. Similarly, Participant 17 found comfort in letting herself feel down or sad, writing: “it’s okay to feel down looking at yourself sometimes” (Participant 17). Emotional responses to acne could be considered fluid, moving through and between positive and negative affective states. Positivity discourse, in contrast, describes triumphant positivity as a solution to the struggles that women face and so completely rejects negativity (Calder-Dawe et al., 2021). This can be constraining, as noted above, in the way in which it restricts the opportunity to express negativity. Several participants suggested acne positivity and negativity are not mutually exclusive, illustrating how, potentially, acne communities may at times allow for the expression of multiple and conflicting emotions *within* “positivity”. These experiences are discussed further below.

### ***Subtheme 1: Publicised Vulnerability***

Participants considered sharing acne experiences on Instagram to be a vulnerable practice because acne being on public display is a new phenomenon. Acne has often been regarded as difficult and personal to deal with, especially from a medical perspective of health and illness (Bhate & Williams, 2013). Yet participants wrote about starting discussions about acne and putting their lived experiences in Instagram’s public domain. They shared:

“I always think about how brave they are to share something so vulnerable.... Acne is a negative thing but on Instagram it can be positive as people grow comfortable with it and in themselves despite it” (Participant 7).

Participant 7 considered sharing acne online to be an act of bravery. A negative-positive dialectic is illustrated here. Acne was deemed a vulnerability due to

the condition typically being considered inherently negative. Still, Participant 7 reflected on how Instagram can help people to view their acne experience/s more positively. In terms of the negative side, the participant may have been referring to acne in the physical sense, where acne could be considered inherently negative due to the pain the condition causes. Similar framing was noted by several other participants, including Participant 5, who emphasised acne as physically uncomfortable due to “swollen cysts”.

Overall, the survey responses suggested that acne-related content online could support participants to look beyond their physical imperfection/s and grow more confident in themselves. Participants seemed to think that people have a *choice* in adopting acne positivity. Making this choice was done with an awareness of the potential consequences:

“The only con that I think is that some people don't respect u and post mean comments. I experienced this just about 3 times.” (Participant 1).

Several participants similarly highlighted how sharing acne-related content had made them publicly vulnerable and open to potential criticism. Participant 1 explained having received negative comments she regarded as disrespectful and unkind. This may explain why several participants felt it was “scary to share”. Online hate had negative effects on participants – and possibly positioned them as more vulnerable to such commentary. Acne itself can take an emotional toll and these comments could exacerbate this. Referring to how acne-related challenges are represented online, Participant 12 noted:

“When I see the accounts, I see pain and at the same time love. I really see pain because I know that many people have suffered and cried in silence, who have surely experienced many consequences in terms of their image, low self-esteem, anxiety, depression, etc. And that they have had a hard time...” (Participant 12).

Participant 12 interpreted acne-related Instagram accounts as depicting the condition's negative mental health effects and recognised acne as a challenging experience. Participant 12 seemed highly attuned to others' psychological distress,

demonstrating empathy for others in this position. Those with acne commonly experience social anxiety and social isolation in relation to their appearance-related distress (Salman et al., 2016). As a result, it appeared that participants wanted to raise acne-related mental health awareness with regard to the condition's negative psychological impact/s. Participant 11, for example, shared:

“I post photos showing what it is like living with acne and dermatillomania (skin picking disorder [SPD]). I use informative captions to teach people about it and show them how acne affects people.” (Participant 11).

Participant 11 posted about skin picking disorder (SPD) to inform others and raise awareness for the lesser-known disorder. Skin-picking is a self-soothing and obsessive-compulsive behaviour often resulting in physical harm like lesions or scarring (Gallinat et al., 2021). These negative effects are visible to others, and therefore contribute to those with SPD socially isolating themselves in fearing judgement from others. Consequently, making SPD and the associated compulsions a highly personal and private experience. In contrast, Participant 11 publicly disclosed her diagnosis online by sharing her SPD lived experience through imagery and Instagram captions. Indeed, this finding strongly exemplifies *publicised vulnerability*.

Overall, mental health awareness was a common theme across the survey responses. Participants wished to share their mental health struggles and coping strategies because seeing others struggle made them “sad and want to help” (Participant 8). Engaging with relatable acne-related content and the acne community appeared to be a key coping strategy for their acne-related distress. Mental health awareness could be considered a form of acne positivity – participants were intentionally doing a positive thing in response to their acne and negative psychological experiences, and the struggle they saw among their peers.

### ***Subtheme 2: Coping with Societal Pressure***

Societal pressure/s impacted how participants constructed and navigated their acne experience online. Social media, for example, created unique virtual pressures. Instagram was typically called an aesthetic platform focused on people's appearance and looks. Participants considered their acne-related content as purposely

contrasting such imagery by deliberately being *not aesthetic*. In this way, they positioned their acne online as outlying conventional content. A tension between what they saw and posted on Instagram thus existed. Participant 12 explained:

“But at the same time, being very honest, it is a very aesthetic and superficial social network, so I decided to use this application with all the more reason.” (Participant 12).

Participant 12 shed light on Instagram being a social media platform concerned with surface-level beauty. Similarly, several participants seemed to critique Instagram’s focus on appearance, writing about how content on social media is oftentimes “*fake*”. The above quote gave the impression that the participant had strong intentions to challenge or disrupt aesthetic idealised content. Participants appeared to do so by sharing acne-related imagery, reels, or stories on Instagram. No-makeup selfies are becoming more popular online and can facilitate positive social comparison that is protective against idealised imagery (Fardouly & Rapee, 2019). Overall, participants appeared to be differentiating and distancing themselves from typical Instagram content creators.

Despite seeing ‘aesthetic’ content then, participants seemed to *actively choose* to produce authentic and natural acne-related content instead, which may be explained by social comparison. People are less inclined to assimilate with others when the difference between their beliefs and attitudes grows too large or distinct and instead actively *distinguish* themselves (Rooy et al., 2014). Perhaps, participants assimilated with acne positivity for those reasons, and because the concept aligned with their own beliefs, helping them to cope with and/or avoid societal pressure/s. Yet some participants still found factors like acne stigma challenging. They shared:

“... It is scary to share because there is stigma on having acne. People often believe acne is caused by bad diet, or other unhealthy habits when that is often not true. I was scared people would judge me for having acne and sharing that publicly.” (Participant 7).

Stigma was an important topic in the surveys. In the above quote, Participant 7 noted her fear of judgement. She considered how it was scary to share her acne on Instagram due to acne-related stigma. Acne is a highly stigmatised condition

linked to health misconceptions which have created prejudice against those with the condition (Timms, 2013). The notion that acne is due to poor hygiene or unhealthy habits (such as diet) seemed to negatively affect participants. Participants said that having acne during young adulthood was considered “*taboo*” and consequently, acne caused them embarrassment and shame. Participants shared how pervasive beauty standards contributed to the issue, writing:

“There is always going to be someone that thinks we are just wanting attention and that no one really cares about what we are posting because social media is portrayed for people to look good and be flawless but showing raw and unfiltered version of yourself can make it easier for people to make fun of you or bully you.” (Participant 10).

Participant 10 believed others might question or disregard their acne-related posts due to contrasting against typical and/or ‘nicer’ Instagram imagery. For these reasons, they contemplated why others may struggle to receive their acne-related content and/or will have negative reactions. Participant 10 highlighted that Instagram portrays people as looking attractive. Participants equally shared their awareness and concerns about editing behaviours, writing:

“There are really 2 sides to Instagram. There are people who openly share their skin and mental health struggles and there are some who edit and hide their skin conditions.” (Participant 3).

Participant 3 considered how those with acne either choose to raise mental health awareness or *hide* their acne in the online space, suggesting these are mutually exclusive activities. The participant seemed to consider the former as a way to be acne positive whereas photo manipulation meant people had intentionally concealed their condition. Editing out acne was therefore framed as deception, bad and/or seemed morally wrong according to participants. Instagram is fraught with selfie-taking and editing behaviour, and these are associated with body dissatisfaction and poor mental health (Martel et al., 2020; Fardouly & Rapee, 2019). Photo editing could be explained by the beauty standards which proved challenging for participants to navigate. They shared:

“After having clearer skin, I shared my feelings about how acne scars are normal and how the media tries to promote false and unrealistic beauty. Beauty standards are unrealistic to reach that’s why I stopped trying to reach them and shared my thoughts on social media”. (Participant 15).

Beauty standards were often referred to as unattainable. Participants generally considered the ‘perfect skin ideal,’ for example, to be superficial and outdated. Participant 15 felt similarly, even after her skin had become unblemished or acne-free. She seemed to emphasise how acne-free skin does not necessarily equate to having achieved society’s predominant view of beauty.

The above quote highlights the media’s role in perpetuating unrealistic beauty standards. The participant opted to raise awareness about the matter on Instagram. Subsequently, she actively avoided trying to achieve those social pressure/s; this strongly aligns with the body-positive movement’s rejection of beauty standards too (Manning & Mulgrew, 2022). Instead, this movement promotes an appreciation of body diversity. Yet, participants frequently faced unrealistic beauty standards in product advertisements and recognised a need for more authentic portrayals of women’s bodies, sharing:

“On the accounts that I follow; yes, definitely! I see people with real skin, for me that means: visible pores, lines, wrinkle’s, body hair, redness etc. Which most humans have. When I look at commercial accounts that sell acne remedies (cleansers, masks etc.) the models often already have clear skin or the skin is not realistically portrayed.” (Participant 6).

In the above quote, Participant 6 compared the Instagram accounts she followed to commercial accounts. The former depicted *realistic* and diverse bodily features. Exposing herself to such imagery seemed important and intentional. Commercial accounts, in contrast, were said to depict *unrealistic* skin and so were negatively positioned as being misleading. Participant 6 articulated a mismatch between advertisements using models with clear skin to sell acne products. Several other participants also similarly criticised skincare brands as unrealistically portraying acne-prone skin - attributing these actions to “false marketing” (Participant 9).

Participant 15, however, identified an increase in beauty brands and advertisements using “real beauty and acne skin to promote their content”. She further elaborated, sharing:

“Recently a brand reached out to me to share my experience with their new products focused on oily and acne skin marks. I think you can really see who is being real and honest versus the people that are being paid for saying and promoting stuff.” (Participant 15).

Heightened awareness existed around the difference between authentic and inauthentic content on Instagram. Participant 15, for example, identified distinct differences between content made by those being honest versus those promoting products. Overall, participants critiqued bigger brands for not being transparent and caring “about the money they can earn from the business” (Participant 9). Unique health experiences, like acne, can be open to commercial exploitation online so it is unsurprising that participants relayed their concerns (Ziebland & Wyke, 2012).

Smaller brands and influencers were cited as being better influences because they primarily shared honest and realistic acne portrayals – something participants seemed to identify with and had done themselves. Participant 9, for instance, referenced having accepted sponsorships and/or purchased products from brands she vetted and deemed genuine. This nuanced point could indicate that distinguishing unrealistic acne portrayals or products from the opposite may create additional pressure or emotional labour for young adult women with acne.

### **Theme 3 – Reconstructing the Typical Acne Experience**

Participants articulated how societal acne views have changed for the better over recent years. One participant noted how acne was portrayed more positively on social media now than “a decade ago” (Participant 14). Participants generally attributed the change to collective empowerment and/or action fostered by Instagram’s acne-focused community. Typical acne narratives, meaning how those with acne commonly experience the condition, seemed to have improved too as participants noted a reduction in acne-related stigma. Prejudice against those with acne has existed because the condition historically contradicted social norms about how people should look or present (Timms, 2013). Unsurprisingly, then, participants

considered greater acne awareness, increased acne-related discussions online, and normalising acne to be very meaningful activities. Participant 7 shared:

“There are more and more people posting about acne and opening up discussions on acne and reducing the negative stigma. I believe it has changed over time. It used to be taboo but now is openly talked about and represented by real people.” (Participant 7).

Positive change/s in how society viewed acne was commonly referred to across the survey responses. Participant 7 compared the past to the present stating that acne is now viewed less negatively because the condition is more openly talked about. Participants considered these kinds of discussions to be *collective action or empowerment*. People connect with others in online health communities through shared beliefs and values, and activities associated with raising awareness about a condition at a large scale can enact social change, improving societal perceptions around a chronic illness or condition (Atanasova & Petric, 2019). Participants noted, for example, how online collaboration efforts within the acne community appeared to reduce acne-related stigma online. Participant 9 considered how this had contributed to greater *acne acceptance* at the societal and individual levels. She shared:

“I have been dealing with acne for over 3 years now, initially I was insecure because nobody in our society talked about acne freely so even on Instagram it was difficult to find creators who showcase that acne is normal. Over time, I started to notice, people are accepting acne in a positive way. I saw a lot of creators being real and showing the world how acne looks like without any filters and why is okay to have acne.” (Participant 9).

Participant 9 experienced difficulties in finding helpful acne-related content when her acne began; so, attributing her initial insecurities to the absence of acne-related conversation/s in society at the time. After progressively seeing more positive acne portrayals on Instagram, Participant 9 grew to view acne as a condition worth acceptance.

Participant 9 further noted that online acne-related content “*creators*” promote acne normalisation by distributing information related to the condition. In showing

their acne to the “world”, participants wrote that acne influencers helped them to see many others also have acne and realised “nobody has to have perfect skin” (Participant 10). Perhaps these creators mobilised their resources to foster collective action, so improving the psychosocial aspects of the condition (Atanasova & Petric, 2019). Several participants considered how normalising acne meant more people felt comfortable sharing their acne-lived experiences on Instagram. As articulated by Participant 9, normalising acne was interlinked with natural acne imagery, meaning images without make-up or digital enhancement like filters. They elaborated:

“Yes definitely, it has changed a lot. People are accepting acne and they are being as raw as possible, they have stopped using filters, they accept it’s a part of us because in the past, it was all hidden by makeup and filters.”  
(Participant 9).

Unfiltered “*real skin*” images were noted as essential to normalising acne, especially regarding the condition’s physical aspect and typical presentation. Participants viewed these images as trustworthy, and so depicting some *truth* about acne experiences. Participant 9, for example, emphasised the importance of natural images, likely because the condition is highly visible and digital enhancement would hide acne. Perhaps, the implication and nuance here relate to how digital enhancement has the potential to deceive audiences/users and perpetuate the idea that acne is inherently bad. Other participants explained that “seeing unedited pictures of textured and acne-prone skin [was] reassuring” (Participant 2). Overall, natural acne imagery increased visibility and public exposure for the condition. Others related natural acne imagery to the idea of self-love. They shared:

“.... I think I’ve been seeing a lot of self-love posts lately around acne. Maybe because it’s been trendy to be natural, and not wear a lot of makeup.”  
(Participant 17).

The action of being self-loving was prominent across the survey responses, and several participants related this concept to normalising acne. Participant 17 noted how self-love-related Instagram posts were characterised by natural imagery, attributing a recent increase in these posts to contemporary trends like the viral

wellness trend called *'that girl'*. Similarly, wearing little to no makeup was synonymous with being self-loving. Having been exposed to these posts, participants seemed to believe they could actively choose to “work on [their] self-love” (Participant 12), again framing extreme positivity as an attainable choice.

### ***Subtheme 1: Adopting Acne Neutrality***

Acne normalisation at the wider societal level seemed to feed into participants' openness to personally adopt *acne neutrality*. Importantly, Participant 17 explained how normalising acne and acne neutrality can leave room for negative feelings associated with the condition, contrasting earlier results related to positivity imperatives. The survey responses, overall, demonstrated participants regard for the condition as a regular and everyday aspect of their lives. Participants shared:

“I have become more accepting of my face - there's no overnight cure and millions of people across the world are facing the same struggle. This has not necessarily made me more confident, but I feel less depressed about my appearance and willingness to accept my acne.” (Participant 2).

Seeing acne-related content had not increased self-confidence for Participant 2, but contributed to an *openness* towards accepting her acne and appearance. Acne acceptance was consequently framed as being beneficial. For some individuals, loving their appearance-based ‘imperfections’ entirely is difficult to achieve, making struggles with confidence and/or appearance continue (Cohen et al., 2021). Viewing bodily features through a neutral lens, in contrast, can eliminate an emphasis on appearance and lead to a neutral body image – or one that focuses on functionality rather than presentation. A strongly negative body image is detrimental to a person's well-being whereas a neutral body image is more conducive to feeling at ease with oneself (Darwin & Miller, 2021). Embracing acne neutrality appeared to promote healthier acne care behaviour/s by supporting participants to shift their attention towards *skin health*. Participants shared:

“I feel like acne is normal and I had a healthy view of how to treat my acne... Instead of looking for miracle solutions that can damage my skin in the long

run, I learned to be patient because having a pimple or two is okay. Slow progress is okay. Progress is still progress and healing is not linear, that's what I realized. It's better to treat your acne in a healthy manner.” (Participant 1).

Normalising acne extended to a focus on *skin health*. Viewing acne as normal meant Participant 1 treated and/or managed the condition in a better and healthier way. When pimples were present, she actively avoided damaging skincare products despite these promising to clear skin. Instead, she fully leaned into her acne experience, aligning with body neutrality discourse because she discouraged an emphasis on appearance and chose adaptive self-care (Cohen et al., 2021). Participant 1 does however talk about progress towards treating her acne, yet she highlighted *slow progress* as being enough. By eliminating any remaining desire for fast progress, like problematic beauty ideals or false marketing would promote, Participant 1 seemed relaxed. Overall, participants shared an awareness that using ‘miracle treatments’ could be detrimental to their skin’s health.

Several participants similarly emphasised skin health as more important than aesthetics. Participants wrote about a need to understand their skin. Some wished to focus on the right ingredients and considered “less is more” (Participant 9). This aligns with how body neutrality has been associated with the promotion of healthier behaviours (Darwin & Miller, 2021). Across the surveys, participants referenced acne product and treatment overconsumption as pertinent issues. Participants wished to own fewer beauty products because they felt guilty about the amount they owned, calling it “excessive”. Nonetheless, participants noted having learnt from Instagram how to better care for their skin and as a result, they felt healthier overall. A focus on skin health rather than appearance suggested a shift in how acne is viewed and treated.

### ***Subtheme 2: Embodying Confidence***

Confidence was a commonly referred to feeling participants strived for despite acne ‘blemishes’ and/or scarring. Producing acne-related content for Instagram acted as a means to foster and embody greater self-confidence. In this framing, participants’ abilities to be confident could be *strengthened*; showing their true self and natural appearance virtually made them feel empowered and more self-assured

in their realities. Participant 2 considered how confidence is entwined with being true to oneself, explaining Instagram as a space that “gives me somewhere to feel like I can be me”. Using Instagram-specific features like imagery and captions as a way to embody confidence further demonstrates how participants *actively* constructed their acne experience online. Active construction of their experience could be linked to *illness narratives*. These help individuals to explain, understand and/or transform their illness experience or identity (Lyons & Chamberlain, 2013). Participants shared:

“I was more confident with myself. The account was one way to practice being okay with my skin, eventually, I realized that even in person I'm slowly gaining confidence and not caring about what other people think of my skin.”  
(Participant 1).

Having an acne-related Instagram account meant Participant 1 fostered self-acceptance over the condition. Confidence was recognised as a beneficial outcome of Instagram's ‘acne blogging’. Participant 1 further noted a seemingly causal link between her increased self-confidence and a reduction in her fear of judgement from others. Engaging with acne-related Instagram content was therefore framed as advantageous, having challenged, and subsequently reduced her self-perceived stigma. Effective coping mechanisms can reduce the extent to which external stigma negatively impacts self-perceived stigma, which acne has a strong relationship with (Germain et al., 2021; Roosta et al., 2010). Engaging in or with acne-related content online was perhaps a coping strategy for self-perceived stigma among participants. Others shared:

“I started talking in my Instagram stories after covid about how stress had impacted in my skin and how acne lowered my self-esteem. After months of treatment, I finally had better skin, but I had acne scars. I learned to accept them and started to gain my confidence back little by little and started posting again”. (Participant 15).

Acne acceptance, confidence, and posting Instagram acne-related content were *interdependent* concepts according to several participants. Participant 15 shared her experience with how acne scars became more salient as her acne

diminished, and accepting this scarring increased in small increments as she started posting on Instagram. Instagram stories were a specific Instagram feature giving her a valuable outlet for her troubles with self-esteem. Instagram-specific features were generally very important to participants to successfully construct and navigate their acne experiences online. Participant 15 further elaborated on how she “felt good about posting unfiltered pictures”. These natural images appeared to be crucial to participants’ successfully building their confidence. Participant 1 shared:

“Additionally, I was trying to build my confidence by posting unfiltered and raw photos of my skin. Trying to make myself comfortable in my own skin”  
(Participant 1).

Having intentionally posted without makeup to reveal their visible acne and scarring appeared to promote self-confidence for participants. Participant 1 highlighted her efforts towards being secure in and accepting towards herself. These are important findings since acne is typically associated with hopelessness, appearance-related distress, and lowered self-esteem (Murray & Rhodes, 2005). Other participants wrote about showing their visible acne through “*fun*” Instagram reels, stories and images with accompanying captions describing to followers what it was like to be *all-natural*. In these ways, participants regarded acne-related self-exposure in the public domain of Instagram as a means to embody confidence.

Across the survey responses, participants considered Instagram a “platform you can curate” (Participant 7), easy and convenient to use. Instagram allowed for good user agency, affording greater control over their acne experiences. For example, Participant 10 considered that posting on Instagram had an extremely positive effect on her overall health. Others considered Instagram as a way to practice self-accountability and keep consistent with their skincare routines. Greater health-related agency is known to be a positive affordance of e-health technologies like online health communities, and is associated with better self-care practices (Sharma & Khadka, 2019). These findings demonstrate patient/individual empowerment and help to explain why participants were motivated to navigate their acne experience online.

## Discussion

The following section merges the key findings of the screenshot and survey analysis. These findings collectively help to answer my research questions, which centre around how and why young adult women with acne constructed and navigated their experiences online. Participants demonstrated how acne experiences are diverse, individual, subjective, and uniquely situated within wider psychosocial contexts. Each participant's experience was unique, but I noticed shared understandings regarding what it means to have acne, share acne-related content online, and be an Instagram acne community member. I also explored Instagram's role in encouraging and perpetuating unattainable beauty standards, misinformation and or acne-related stigma; how these had the potential to place pressure on participants or heighten their acne-related distress was also considered. The findings, overall, build upon the existing qualitative literature by highlighting social comparison, positivity imperatives, and collective empowerment/action as highly relevant to modern acne experiences among young adult women. Additionally, the findings suggest a link between acne experiences online and social connection, being appearance-focused, the relationship between the acne positivity imperative and acne neutrality, and collective empowerment or action. These key conceptual findings and conclusions are discussed below in relation to previous literature.

### Social Connection

Participants constructed and navigated their acne experience/s online primarily to gain social connectedness, meaning to feel close and connected to other people. Social connection was notably contextualised by the acne community, indicated by the hashtag #acnecommunity. The term was consistent across the screenshots and survey responses so acted as a central and organising concept for understanding participants' engagement with Instagram. The acne community alongside Instagram-specific features, like stories and live streams, helped participants reach or engage with others. These findings are strongly related to the e-health affordance theory since participants' survey responses described a sense of community and belonging; both could be considered a therapeutic affordance. Therapeutic affordances are generated between an e-health user and an e-health

object (Coulson, 2017) — respectively, the participants as Instagram users and Instagram’s acne community as an online health community (OHC). Acne forums certainly are popular among those with acne to seek advice and offload frustrations by connecting with like-minded people to gain social/peer support (Santer et al., 2017). Participants in the present study engaged with the acne community for similar reasons.

Intentions to socially connect were consistent across all results. Participants had actively engaged in outreach efforts via their Instagram posts and directly articulated wanting to connect with others in their survey responses. These findings are noteworthy because acne is often stigmatised, and hence viewed as undesirable by others (Timms, 2013). People with acne and scarring can subsequently experience inhospitably from others, leading to heightened social anxiety and poor self-confidence (Natsuaki & Yates, 2021; Tan et al., 2022). In turn, these experiences of acne-related distress typically lead to social withdrawal and avoidance tendencies (Salman et al., 2016). Despite these prior findings, participants in the present study actively publicised themselves on Instagram. This was mainly through outreach efforts in attempts to foster social support. The screenshots largely depicted *relational* content wherein participants addressed an audience and asked questions within their Instagram posts. In the surveys, participants wrote about their positive engagements with others. Participants’ posts characterised by acne positivity too were met with positive commentary, illustrating positivity as *attractive relationality*. Positive affective states can act as a relational practice between people in the way it causes mutual attraction and inspiration (Calder-Dawe et al., 2021). Indeed, the survey analysis suggested acne positivity was a shared belief, attitude and/or value bringing together members of the acne community.

Participants attributed being able to vulnerably publicise themselves online to feeling socially supported, and as a way to embody greater self-confidence. Their outreach efforts certainly appeared fruitful; relational Instagram posts were responded to with positive comments and likes. In their survey responses, participants referenced a significant reduction in their social anxiety and feelings of isolation since connected to peers. Unsurprisingly then, researchers have found OHCs can help individuals with dermatological conditions overcome barriers or issues associated with in-person socialising (Santer et al., 2017). Such issues may include fearing others’ judgement for their visible facial or skin difference/s. In my

research, participants' survey responses illustrated how some overcame social anxiety and gained social support by engaging in virtual health communities (or OHCs).

Social support was characterised by having seen or shared relatable acne content on Instagram – and was another strong motivator for why participants navigated their acne experience online. The surveys indicated how exposure to other people's lived experiences had helped participants feel seen and understood. Equally, participants' Instagram posts depicted their own lived experiences. Overall, participants described how their acne experience aligned with the acne depictions they saw on Instagram. Natural acne imagery was notably considered as representing the condition authentically and accurately, which participants wished to contribute to. Similarly, in the screenshots, several participants shared organic imagery showing their visible acne pimples and scarring. An emphasis on natural acne imagery across the screenshot and survey data can be considered in relation to existing literature. Fardouly and Rapee (2019) found that viewing makeup or idealised imagery was associated with lowered facial appearance satisfaction meaning these forms of imagery have a negative effect. Viewing no-makeup images, in contrast, produced no negative impacts on body image. Natural no-makeup imagery was consequently proposed as a buffer against the harmful effects of idealised imagery. In the present study, relatable acne posts were means to facilitate peer connection and support and act as a neutral comparison source for participants. Exposure to natural acne imagery thus appeared to enhance self-esteem for most participants. Neutral comparisons like this create room for assimilation and contribute to feelings of belonging too (Rooy et al., 2014). Overall, participants' survey responses referenced belonging to the acne community, and they greatly attributed this feeling to exposure to relatable acne representations.

Role modelling to others was another motivator for participants. Participants actively encouraged social comparison by posting their own acne-lived experiences and imagery on Instagram. These were commonly observed in the screenshot analysis, and in their survey responses, participants described how these were posted in an attempt to help and inspire others. In this regard, participants' Instagram posts acted as sources for social comparison specifically catered towards peers with acne, and particularly for the younger generation. Participants found role models among other acne content creators and acted as role models for their own

followers/audience so a strong social feedback loop existed here. Viewing someone else as positive and influential can contribute to adopting their attitudes, beliefs, and behaviours (Rooy et al., 2014). Individuals also choose to act towards achieving similar results to the person they are influenced, and so this type of social comparison can be motivational (Rooy et al., 2014). In role-modelling a typical acne experience, others might have sought guidance and gained neutral or positive social comparison from participants' acne experiences. Indeed, participants articulated that their active participation in the acne community meant they had taught and learnt from others. Role-modelled acne experiences, and people learning from these depictions at a large scale, might then explain why sharing acne content on Instagram has become a popular phenomenon.

### **A Simultaneous Focus on Appearance and Skin-Health**

An emphasis on personal and physical appearance existed in the screenshots while an aversion to or active rejection of an aesthetic focus was demonstrated in the surveys. This conclusion illustrates a noteworthy discrepancy between the two data sets. In the survey responses, for example, acne acceptance and skin health were stressed as important. In their Instagram posts, several participants placed attention to how their facial acne looked. Some of this discrepancy could be explained by the medium's focus on images. However, focusing on the look of acne was more prominent in some kinds of posts. Many screenshots depicted skincare reviews that tended to be highly positive and results-driven by framing products as remedies and quick fixes for "blemishes". Several participants positioned these as bettering their skin and tagged those posts as sponsored or gifted content. These posts demonstrated how a few participants used their social media presence to market goods related to the intersection between acne-prone skin and beauty standards. Online product promotion often leverages social media identities and draws upon audience emotions too (Horan, 2021). Those with acne can experience significant appearance-related distress, making them more vulnerable and susceptible to misleading marketing related to appearance (Magin et al., 2011).

In the survey responses, some participants noted having struggled to adopt acne positivity due to their desire for clear skin – and their appearance-related concerns remained after the condition subsided. To contextualise these conclusions,

it is important to note how unique health experiences can be subject to problematic commercialisation that disregards genuine health advocacy (Ziebland & Wyke, 2012). Survey responses revealed participants' criticisms of various online skincare brands for false marketing and unrealistic acne portrayals. These have the potential to contribute to unhealthy acne-related care behaviours. On the other hand, participants praised companies considered genuine in promoting skin health and being body diversity inclusive. Despite some focus on appearance in their Instagram posts then, participants shared an awareness that inaccurate acne-related information was being distributed through e-health commercialisation.

Participants placed a significant emphasis on appearance in their Instagram posts, although they tended to criticise pervasive beauty standards like the perfect skin ideal in their survey responses. The screenshots, for example, largely depicted acne as undesirable - exemplifying a focus on appearance and a goal to obtain clear skin. Progress-related imagery was common, and these types of posts have the potential to perpetuate notions that those with acne *should* work towards clear skin. However, in the survey responses, participants wrote about accepting their skin, focusing on skin health, and moving towards neutral thinking about their acne. Interestingly, they referred to natural acne imagery as a way to normalise acne rather than to track progress as the screenshots depicted. Some participants also wished to disrupt aesthetic Instagram content by posting natural acne imagery, suggesting that young adult women can be critical and active content creators and consumers. Responses typically scrutinised beauty standards by acknowledging these conventions as superficial and unattainable. Respondents with various skin conditions in another study were similarly influenced by the perfect skin ideal despite them reporting it as unrealistic and artificial (Magin et al., 2011). Even though participants in the present study appeared conscious of beauty standards' negative influence/s, according to the screenshots, they remained interested in the idea of clear, or perhaps more simply, acne-free skin.

The reason for an apparent focus on their appearance in the screenshots might be because beauty standards are a pervasive societal expectation for how women '*should*' look. Social comparison theory (SCT) posits societal standards are important to how people evaluate or position themselves in relation to others (Rooy et al., 2014). Such thinking might explain why some participants held clear skin as a goal – especially situated within the appearance-focused nature of Instagram.

Constant social comparison to superior targets has been associated with negative self-evaluation and lowered self-esteem (Rooy et al., 2014), both of which participants noted having grappled with. SCT also suggests that heightened appearance monitoring is associated with increased body shame and anxiety (Dimas et al., 2021). Women, too, tend to have a greater preoccupation with appearance than men, stemming from self-objectification (Dimas et al., 2021). Unsurprisingly then, some participants in the present study struggled with accepting their appearance or blemishes and remained concerned with their appearance even after their acne had cleared.

### **The Acne Positive Imperative**

Most participants were motivated to construct their acne experience online using acne positivity because the concept helped them to reappraise their negative experiences – albeit within and through their Instagram posts. The term seemed to be used to celebrate acne, drawing strong parallels with the body-positive movement. Popularised on Instagram too, the body-positive movement has challenged mainstream beauty standards by promoting bodily diversity with an emphasis on self-love (Manning & Mulgrew, 2022). Having contributed to more diverse perspectives regarding beauty, the movement concurrently discourages social comparison.

According to the survey responses, however, some participants struggled to relate, achieve, or sustain acne positivity and be self-loving towards the condition. Being able to wholeheartedly embrace positivity in relation to their acne experience placed undue pressure on some participants. Positivity imperatives can be beneficial in several ways but problematically silence complaints or hinder one's ability to offload distress (Calder-Dawe et al., 2021). Some survey responses shed light on participants' negative experiences, yet most screenshots were tagged as acne positive content. The latter indicated possible tensions *within* posts too: some posts labelled as acne positive content, on the contrary, depicted appearance-related distress like concerns over breakouts or scarring and/or fearing judgement from others or unsolicited opinions. In some capacity, then, participants used Instagram as an outlet or diary for their negative acne-related emotions while simultaneously promoting acne positivity. A strong positive-negative dialectic existed across the screenshots and surveys; therefore, consideration for both aspects was necessary to

fully understand and properly explore participants' experiences. The analysis also found that participants expressed a range of feelings about their acne, so each individual had a unique embodied experience.

Participants seemed to embody acne positivity by sharing posts/content using upbeat language and encouraging words, which is typically how they constructed their experience online. Similarly, acne positivity was referenced in the surveys as a solution to feeling down about acne and a means to embody greater self-confidence. Upbeat emotional management has been presented in society as an answer to women's struggles, and this is despite relentless positivity being a narrow or extreme emotion (Calder-Dawe et al., 2021). Positivity has nevertheless been considered a coping strategy, and to some extent, this thinking aligned with survey responses. Some participants largely framed acne positivity as a wellness or self-care choice. Interestingly, the biopsychosocial model of acne posits that negative cognitions increase arousal and stress that feeds back into acne severity or the condition's continuation (Kellert & Gilbert, 2001); so perhaps, acne positivity reduces those negative cognitions, in turn, disrupting the cyclic loop and bettering or reducing acne severity.

Calder-Dawe et al. (2021) have explored positivity discourse among women from various backgrounds, finding that participants wanted to attain or practice idealised affective states. In light of this, perhaps participants in the present study emphasised and embodied acne positivity in their posts to demonstrate only socially appropriate emotions online and avoid being perceived as having a negative emotional orientation. Other researchers have found that certain online behaviours like taking, editing, and posting selfies can create a desirable online appearance to be favourably perceived by others (Chae, 2017; Fardouly & Rapee, 2019). Similarly, I found that despite being honest about their negative acne experiences in their Instagram posts, some participants wished to maintain an attractive self-image or brand on Instagram – as indicated by their unwavering use of *#acnepositivity*.

### **Acne Neutrality and Normalisation**

The issues raised by acne positivity may be remedied by the participants' focus on acne neutrality. At the individual level, participants' survey responses described how self-acceptance provided them 'emotional neutrality' towards their

skin. Body neutrality is considered an attainable psychological goal, particularly in contrast to radical positivity (Darwin & Miler, 2021). The screenshots simultaneously promoted or referenced acne positivity and neutrality as interchangeable, while the survey responses elucidated the distinction between the concepts. Acne positivity and neutrality were therefore framed as related but separate ideas. For example, the survey responses largely indicated that participants considered self-exposure via natural imagery to be a means to foster self-confidence and acceptance. Also, according to the surveys, acne neutrality encompassed education about skin health that led to better acne-related habits, and in taking this action, these participants lessened their focus on appearance. Body neutrality discourse argues that bodies are unique and not to be judged or compared (Darwin & Miller, 2021). Perhaps, then, acne neutrality discouraged social comparison for those engaging with it. Furthermore, body neutrality can reduce society's pathological view of bodily differences that leads to stigmatisation or discrimination against those with unique bodily characteristics such as dermatological conditions like acne (Darwin & Miller, 2021). Acne neutrality did indeed appear to be tied to the wider acne community and societal systems.

Acne normalisation occurred at the collective level, appearing to challenge or reduce prevailing acne stigma. Here, collective empowerment/action was contextualised by participants' feelings of belonging. Social comparison processes aid group assimilation where individuals match the values and attitudes of a given group in an attempt to fit in, consequently resulting in successful collaboration efforts (Rooy et al., 2014). This collective action within OHCs can be powerful enough to promote social change for marginalised or underrepresented health populations (Atanasova & Petric, 2019). The screenshots showed how participants used Instagram to raise awareness for acne experiences and the surveys indicated participants' interest in political and systemic change. Likewise, body neutrality has been linked to features of third and fourth-wave feminism like online or digital activism (Darwin & Miller, 2021). According to the surveys, some believed increased exposure and discussions about acne had resulted in positive societal change for acne in recent years. Taken together, the screenshots and surveys raised mental health awareness too. By sharing experiences of anxiety, depression, and skin-picking disorder, participants publicly acknowledged the negative effects and psychosocial factors surrounding the condition. Raising acne-related mental health

awareness was an intentional action done to help others. The focus on mental health specifically, contradicts the positivity imperative's narrow focus on the positive and rejection of the negative (Calder-Dawe et al., 2021). Acne normalisation could be a possible bridge or solution for the polarisation that acne positivity would otherwise encourage. Overall, partaking in the acne neutrality or acne normalisation movement/s as '*activists*' was a strong motivator for why and how participants constructed and navigated their acne experiences online.

### **Implications and Future Research**

This study has several possible implications. The role of social comparison was evident throughout the analysis, illustrating how young adult women with acne compare themselves to "ideal" beauty standards or to neutral sources like others' lived experiences. The former was associated with self-esteem and appearance struggles. However, the latter helped participants to feel represented and understood. Exposure to others' acne experiences online might therefore prove adaptive and beneficial to those with the condition. Virtual interpersonal interactions can generate shared beliefs and attitudes that create and maintain OHCs (Rooy et al., 2016; Sharma & Khadka, 2019), explaining how and why acne information is distributed and maintained on Instagram. Taken together, peer support helps those with acne to cope with the condition's negative effects like acne's association with social anxiety or isolation. This is noteworthy because acne has been implicated in interpersonal relationship issues as well as an impaired health-related quality of life (Davern & O'Donnell, 2018; Timms, 2013). A patient's level of peer/social support could be a biopsychosocial factor worth consideration among dermatologists serving those with acne (Gupta & Gupta, 2003).

Tackling or preventing acne misinformation on Instagram through acne education was important to participants and a way to improve their own and others' health literacy. Information from smaller acne-related influencers or Instagram accounts was typically considered accurate and genuine. Patient lived experiences make up the largest proportion of acne-related accounts on Instagram, although the information typically shared through acne hashtags is not evidence-based (Braunberger et al., 2017). Dermatological information found on TikTok mostly originated from patient experiences and was problematically, inaccurate and

misleading (Villa Ruiz et al., 2020; Zheng et al, 2021). Participants in the present study equally put their acne-lived experiences on Instagram but actively acknowledged beneficial versus potentially harmful information. Future research may like to further attend to the efficacy of acne information embedded in lived-experience accounts on Instagram. Additionally, some differences existed between what participants posted and *said* about what they posted. These discrepancies indicated that intentions behind social media content and what is posted can be incongruent so the intended message may not be captured. With this in mind, those with acne may wish to consume acne content online with some caution.

Overall, the present study shows that young adult women with acne are not passive social media recipients. Participants' embodiment of acne positivity, for instance, showed how some displayed self-agency to reappraise their difficult acne-related experiences. How acne positivity might reduce or lessen negative cognitions which contribute to stress and acne in a 'biopsychosocial' loop warrants further research (Kellet & Gilbert, 2001). Nevertheless, participants were publicly vulnerable, albeit in an intentional way, since they actively controlled their posts by maximising Instagram features for both social reach and privacy. Therefore, young adult women with acne who participated in this study demonstrated autonomy over their acne experiences, using Instagram as an aid to their achievements. Self-empowerment from engaging with OHCs can contribute to greater health literacy and motivate people to better care for their skin (Santer et al., 2017; Sharma & Khadka, 2019). Given that those with acne typically experience hopelessness, engaging with virtual acne communities intentionally and with critical self-awareness, may help them to feel more in control, fulfilled and practice healthier habits.

This study also provides evidence for e-health spaces contributing to behaviour change. Participants seemed to shift their focus to skin health rather than appearance, creating more positive, mindful, and intentional health behaviours. Acne has typically been dealt with from a medical perspective with a focus on treatments (Santer et al., 2017). Despite this, my study indicates the potential value of a shift towards self-care and more holistic ways to take care of acne-prone skin. Engagement with acne on Instagram has the potential to alter or affect how young adult women with acne engage with general or dermatological practitioners – and this could be an area future research builds upon. Furthermore, the findings indicate that normalising acne online is creating wider systematic change/s, and contributing

to society viewing and responding to those with acne with more understanding and kindness. To my awareness, however, acne neutrality has not been researched before, and creates a future research opportunity and new keyword for the literature.

### **Limitations**

The present study has provided considerable insight; however, there were potential limitations. The sample size could be considered as small given that 17 individuals participated who met very specific criteria. The intention behind this study was not to create generalisable findings, with the focus throughout being on participants' distinct and individual stories. Future research might investigate the phenomenon of acne on Instagram amongst a larger and/or more diversified group. For example, exploring the experiences of adult men with acne on Instagram as a large proportion of Reddit users are male, and this is a popular website for acne forums (Okon et al., 2020). Gender has also been found to mediate how those with acne engage with online acne forums (Reddy et al., 2021), so it would be interesting to see if there are parallels or novel ways in how different genders engage with acne on Instagram.

Other potential limitations should be considered. The survey gathered participants' perspectives on their Instagram use and posting more generally, and they did not speak about the specific posts included in my research. The reason was that two recent postings were screenshotted after participants had completed the survey (and consented) – and so they did not know which posts were included in the research. I consequently relied on my interpretation of their Instagram posts, which was constraining because the posts may not have truly reflected participants' thoughts on certain topics like appearance. This limitation may have contributed to the observed differences between the screenshot content and survey responses.

Open-ended surveys have the potential for response biases. This includes social desirability bias whereby respondents answer in a way they believe is good and right rather than truthfully. This scenario can be especially common when participants' identities are not anonymous (Braun et al., 2021). The latter of which may have been the case for the present study since participants shared their identity with me (the researcher). Social desirability bias, for example, may have contributed to participants' focus on the *positive* in their survey responses in the hope to share socially acceptable opinions. Furthermore, question wording also mattered since the

design was fixed so participants could not be asked probing or follow-up questions (Braun et al., 2021). Indeed, upon reflection, one survey question was unintentionally a leading question - reading “*Do you think acne is portrayed positively or negatively, or both?*”. The framing here is considerably binary and could have inadvertently discouraged prospective answers related to neutral portrayals, or notions regarding acne neutrality.

## **Conclusion**

In conclusion, the present study illustrated the undeniable complexities of having acne as a woman—and posting about it online. In this study, I explored how young adult women with acne construct and navigate their experiences on Instagram. Acne experiences are highly subjective and unique – participants’ different embodied experiences included a range of feelings towards their acne, showing how acne positivity and feelings of negativity towards the condition are not mutually exclusive. These experiences existed in relation to wider influences such as beauty standards, online commercialisation, and acne-related stigma. Navigating these online pressures and superior social comparison sources, resulted in a contest between a focus on appearance versus a focus on acne neutrality and skin health. Conclusions indicate participants’ critical awareness and intentional use of social media to understand and construct their experiences of acne and improve acne perceptions at large scale. Indeed, modern acne experiences among young adult women are entwined with body positivity and neutrality movements, characterised by third and fourth-wave digital feminism (Darwin & Miller, 2021). Motivations to engage in and expose themselves to acne-related content online are specific and deliberate; these pertained to greater social connection, altering or tracking appearance, healthier acne-related or skin-care behaviours, positive reappraisals for typically negative experiences, acceptance over the condition, and better societal opinions of acne and those with the condition. My research, overall, identified themes that demonstrate why and how Instagram is intentionally used to foster nicer acne experiences and help young adult women cope with the condition's negative effects.

## References

- Abdelrazik, Y. T., Ali, F. M., Salek, M. S., & Finlay, A. Y. (2021). Clinical experience and psychometric properties of the Cardiff Acne Disability Index (CADI). *The British Journal Of Dermatology*, 185(4), 711-724.  
<https://doi.org/10.1111/bjd.20391>
- Abdullah, N. A., & Zakaraia, N. (2010). Sociability aspects in e-health community: A review. *2010 International Symposium on Information Technology (ITSim) 2*, 972 – 976. <https://doi.org/10.1109/ITSIM.2010.5561576>
- Aslan Kayiran, M., Karadag, A. S., Alyamac, G., Cevirgen Cemil, B., Demirseren, D. D., Aksoy, H., Oguz Kilic, S., Tas Demircan, Y., Inan Yuksel, E., Kalkan, G., Yasar, G., Sikar Akturk, A., Kutlu, O., Altintas Kaksi, S., Elibuyuk Aksac, S., Kaya Erdogan, H., Kaya Ozden, H., Sarikaya Solak, S., Koska, M. C., Yazici, S. (2021). Social media use in patients with acne vulgaris: What do patients expect from social media? *Journal of Cosmetic Dermatology*, 20(8), 2556-2564.
- Atanasova, S., & Petric, G. (2019). Collective empowerment in online health communities: Scale development and empirical validation. *Journal of Medical Internet Research*, 21(11). <https://doi.org/10.2196/14392>
- Bach, M., & Bach, D. (1993). Psychiatric and psychometric issues in acné excoriée. *Psychotherapy and Psychosomatics*, 60(3/4), 207 – 210.  
<https://www.jstor.org/stable/45116031>
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219 – 234.  
<https://doi.org/10.1177/1468794112468475>
- Bhate, K., & Williams, H.C. (2013). Epidemiology of acne vulgaris. *British Journal of Dermatology*, 168(3): 474–485.

- Bort, N. L., & Bobonich, M. A. (2021). Updates in adult female acne. *Women's Healthcare: A Clinical Journal for NPs*, 9(1), 8-48.
- Bowe, W. P., Leyden, J. J., Crerand, C. E., Sarwer, D. B., & Margolis, D. J. (2007). Body dysmorphic disorder symptoms among patients with acne vulgaris. *Journal of the American Academy of Dermatology*, 57(2), 222–230. <https://doi.org/10.1016/j.jaad.2007.03.030>
- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, 24(6), 641 – 654. <https://doi.org/10.1080/13645579.2020.1805550>
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling & Psychotherapy Research*, 21(1), 32-47. <https://doi.org/10.1002/capr.1236>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101, DOI: 10.1191/1478088706qp063oa
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology*, 2, 57 – 71.
- Braunberger, T., Mounessa, J., Rudningen, K., Dunnick, C. A., Dellavale, R. P. (2017). Global skin diseases on Instagram hashtags. *Dermatology online journal*, 23(5).
- Bremner, J. D., Fani, N., Ashraf, A., Votaw, J. R., Brummer, M. E., Cummins, T., Vaccarino, V., Goodman, M. M., Reed, L., Siddiq, S., & Nemeroff, C. B. (2005). Functional brain imaging alterations in acne patients treated with Isotretinoin. *American Journal of Psychiatry*, 162(5), 983-991.

<https://doi.org/10.1176/appi.ajp.162.5.983>

Byrne, D. (2021). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity: International Journal of Methodology*, 1 – 22. <https://doi.org/10.1007/s11135-021-01182-y>

Calder-Dawe, O., Wetherell, M., Martinussen, M., & Tant, A. (2021). Looking on the bright side: Positivity discourse, affective practices, and new femininities. *Feminism & Psychology*, 31(4), 550-570. <https://doi.org/10.1177/09593535211030756>

Chae, J. (2017). Virtual makeover: Selfie-taking and social media use increase selfie-editing frequency through social comparison. *Computers in Human Behaviour*, 66, 370 – 376. <https://doi.org/10.1016/j.chb.2016.10.007>

Cohen, R., Newton-John, T., & Slater, A. (2021). The case for body positivity on social media, perspectives on current advances and future directions. *Journal of Health Psychology*, 26(13), 2365-2373. <https://doi.org/10.1177/1359105320912450>

Community Forums. (2022, April). Acne.org – The world's #1 acne resource since 1996, Retrieved April 2022, from <https://www.acne.org/forums/>.

Cooper, A. J., & Harris, V. R. (2017). Modern management of acne. *Medical Journal of Australia*, 206(1), 41-45.

Coulson, N. S. (2017). Affordance theory can help understanding of individuals' use of online support communities. *British Journal of Health Psychology*, 22(3), 379 – 383.

Corrigan, P. W., Bink, A. B., Schmidt, A., Jones, N., & Rusch, N. (2016). What is the impact of self-stigma? Loss of self-respect and the "why try" effect. *Journal of Mental Health*, 25(1), 10-15. <https://doi.org/10.3109/09638237.2015.1021902>

- Davern, J., & O'Donnell, A. T. (2018). Stigma predicts health-related quality of life impairment, psychological distress, and somatic symptoms in acne sufferers. *PLoS ONE*, *13*(9), 1–16.
- Darwin, H., & Miller, A. (2021). Factions, frames and postfeminism(s) in the body positive movement, *Feminist Media Studies*, *21*(6), 873-890.  
<https://doi.org/10.1080/14680777.2020.1736118>
- Dimas, M. A., Galway, S. C., & Gammage, K. L. (2021). Do you see what I see? The influence of self-objectification on appearance anxiety, intrinsic motivation, interoceptive awareness, and physical performance. *Body Image*, *39*, 53-61.  
<https://doi.org/10.1016/j.bodyim.2021.05.010>
- Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, *35*(2), 220–222. <https://doi.org/10.1177/0890334419830990>
- Dreno, B., Tan, J., Kang, S., Rueda, M. J., Torres Lozada, V., Bettoli, V., & Layton, A. M. (2016). How people with facial acne scars are perceived in society: An online survey. *Dermatology and Therapy: Research, Treatment & Aesthetic Interventions in Dermatology*, *6*(2), 207 – 218. <https://doi.org/10.1007/s13555-016-0113-x>
- Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54-63. <https://doi.org/10.1177/160940690900800105>
- Fayn, M. G., des Garets, V., & Reviere, A. (2021). Collective empowerment of an online patient community: conceptualizing process dynamics using a multimethod qualitative approach. *BMC Health Services Research*, *21*(1).  
<https://doi.org/10.1186/s12913-021-06988-y>
- Fardouly, J., & Rapee, R. M. (2019). The impact of no makeup selfies on young women's body image. *Body Image*, *28*, 128 – 134.  
<https://doi.org/10.1016/j.bodyim.2019.01.006>

- Ferguson, I. (2019). 'They may strike back at society in a vengeful manner': Preventing the psychological scars of acne in post-war America. *Preventing Mental Illness*, 3, 61 – 85, [https://doi.org/10.1007/978-3-319-98699-9\\_3](https://doi.org/10.1007/978-3-319-98699-9_3)
- Fullwood, C., Chadwick, D., Keep, M., Attrill-Smith, A., Asbury, T., & Kirwan, G. (2019). Lurking towards empowerment: Explaining propensity to engage with online health support groups and it's associated with positive outcomes. *Computers in Human Behavior*, 90, 131-140. <https://doi.org/10.1016/j.chb.2018.08.037>
- Gallinat, C., Sturminger, L. L., Schaber, S., & Bauer, S. (2021). Pathological skin picking: Phenomenology and associations with emotions, self-esteem, body image and subjective physical well-being. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.732717>
- Germain, N., Augustin, M., François, C., Legau, K., Bogoeva, N., Desroches, M., Toumi, M. and Sommer, R. (2021). Stigma in visible skin diseases – a literature review and development of a conceptual model. *Journal of the European Academy of Dermatology and Venereology*, 35, 1493-1504. <https://doi.org/10.1111/jdv.17110>
- Ghorpade, G., Kadam, K., Mahajan, S., Parkar, S., & Angane, A. (2018). A cross sectional study of perceived stress, self-esteem, body image disturbance and suicidal intent in patients of Acne Vulgaris. *Indian Journal of Psychiatry*, 60(5), 79.
- Gupta, M. A., & Gupta, A. K. (2003). Psychiatric and psychological co-morbidity in patients with dermatologic disorders. *American Journal of Clinical Dermatology*, 4(12), 833 – 842. <https://doi.org/10.2165/00128071-200304120-00003>
- Hanna, K.-J., Agnieszka, K.-P., Michal, D., Dariusz, J., Izabela, D., Agata, M., &

- Halina, D. S. (2016). Affective disorders as potential complication of anti-acne treatment with isotretinoin: A case series. *Journal of Affective Disorders, 204*, 154-158. <https://doi.org/10.1016/j.jad.2016.06.048>
- Hanstock, T. L., & O'Mahony, J. F. (2002). Perfectionism, acne and appearance concerns. *Personality and Individual Differences, 32*(8), 1317-1325. [https://doi.org/10.1016/S0191-8869\(01\)001209](https://doi.org/10.1016/S0191-8869(01)001209)
- Hawkesworth, M. (2001). Disabling spatialities and the regulation of a visible secret. *Urban Studies, 38*(2), 299-318.
- Hinson, K., & Sword, B. (2019). Illness narratives and Facebook: Living illness well. *Humanities, 8*(2), 106. <https://doi.org/10.3390/h8020106>
- Horan, T. (2021). Commercial limits to personality: Instagram influencers and commoditized content receptivity. *Societies, 11*(77). DOI:10.3390/soc11030077
- Jarvis, M. A., Chipps, J., & Padmanabhanunni, A. (2019). "This phone saved my life": Older person's experiences and appraisals of an mHealth intervention aimed at addressing loneliness. *Journal of Psychology in Africa, 29*(2), 159-166. <https://doi.org/10.1080/14330237.2019.1594650>
- Kellet, S., & Gilbert, P. (2001). Acne: A biopsychosocial and evolutionary perspective with a focus on shame. *British Journal of Health Psychology, 6*(1), 1. <https://doi.org/10.1348/135910701169025>
- Kumar, S., Singh, R., Kaur, S., & Mahajan, B., B. (2016). Psychosocial impact of acne on quality of life in North India: A hospital-based cross-sectional study. *Journal of Pakistan Association of Dermatologists, 26*(1), 35-40.
- Lafrance, M., & Carey, R. S. (2018). Skin Work: Understanding the embodied

experience of acne. *Body and Society*, 24(1–2), 55–87.

Lupton, D. (2012). M-health and health promotion: The digital cyborg and surveillance society. *Social Theory and Health*, 10(3), 229-244.

<https://doi.org/10.1057/sth.2012.6>

Lyons, A. C., & Chamberlain, K. (2013). Health psychology: A critical introduction. Griffin Press.

Magin, P., Adams, J., Heading, G., & Pond, D. (2011). 'Perfect skin', the media and patients with skin disease: A qualitative study of patients with acne, psoriasis and atopic eczema. *Australian Journal of Primary Health*, 17(2), 181 – 185.

<https://doi.org/10.1071/PY10047>

Magin, P., Heading, G., Adams, J., & Pond, D. (2010). Sex and the skin: A qualitative study of patients with acne psoriasis and atopic eczema.

*Psychology, Health & Medicine*, 15(4), 454-462.

<https://doi.org/10.1080/13548506.2010.484463>

McNiven, A. (2019). "Disease, illness, affliction? Don't know": Ambivalence and ambiguity in the narratives of young people about having acne. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine*, 23(3), 273–288. <https://doi.org/10.1177/1363459318762035>

Manning, T. M., & Mulgrew. (2022). Broad conceptualisations of beauty do not moderate women's responses to body positive content on Instagram. *Body Image*, vol 40, 12 – 18. <https://doi.org/10.1016/j.bodyim.2021.10.009>

Martel, J., Powell, E., & Murina, A. (2020). The effect of Instagram and photograph editing on seeking dermatologic care. *Journal of Cosmetic Dermatology*, 19(10), 2732 – 2735. <https://doi.org/10.1111/jocd.13456>

Murray, C. D., & Rhodes, K. (2005). "Nobody likes damaged goods": The experience of adult visible acne. *British Journal of Health Psychology*, 10(2), 183-202.

<https://doi.org/10.1348/135910705X26128>

- Natsuaki, M. N., & Yates, T. M. (2021). Adolescent acne and disparities in mental health. *Child Development Perspectives*, 15(1), 37 – 43.  
<https://doi.org/10.1111/cdep.12397>
- Nickles, M. A., Rustad, A. M., Ogbuefi, N., McKenney, J. E., & Stout, M. (2022). What's being recommended to patients on social media? A cross-sectional analysis of acne treatments on YouTube. *Journal of the American Academy of Dermatology*, 86(4), 920 – 923. <https://doi.org/10.1016/j.jaad.2021.03.053>
- Okon, E., Rachakonda, V., Jung Hong, H., Callison-burch, C., Lipoff, J. B. (2020). Natural language processing of Reddit data to evaluate dermatology patient experiences and therapeutics. *Journal of the American Academy of Dermatology*, 83(3) 803 – 808. <https://doi.org/10.1016/j.jaad.2019.07.014>
- Pousti, H., Urquhart, C., & Linger, H. (2021). Researching the virtual: A framework for reflexivity in qualitative social media research. *Information Systems Journal*, 31(3), 356 – 386. <https://doi.org/10.1111/isj.12314>
- Pryor, J. B., Reeder, G. D., Yeadon, C., & Hesson-McInnis, M. (2004). A dual process model of reactions to perceived stigma. *Journal of Personality and Social Psychology*, 87(4), 436 – 452. <https://doi.org/10.1037/0022-3514.87.4.436>
- Reddy, P. S., DeBord, L. C., Gupta, R., Kapadia, P., Mohanty, A., & Dao, H., Jr. (2021). Antibiotics for acne vulgaris: Using Instagram to seek insight into the patient perspective. *The Journal of Dermatological Treatment*, 32(2), 188-192.  
<https://doi.org/10.1080/09546634.2019.1631432>
- Roosta, N., Black, D. S., Peng, D., & Riley, L. W. (2010). Skin disease and stigma in emerging adulthood: Impact on healthy development. *Journal of Cutaneous Medicine and Surgery*, 14(6), 285–290.  
<https://doi.org/10.2310/7750.2010.09053>

- Salman A., Kurt, E., Topcuoglu, V., Demircay, Z. (2016). Social anxiety and quality of life in vitiligo and acne patients with facial involvement: A cross-sectional controlled study: *American Journal of Clinical Dermatology*, 17(3), 306-311. <https://doi.org/10.1007/s40257-016-0172-x>
- Santer, M., Chandler, D., Lown, M., Francis, N., & Muller, I. (2017). Views of oral antibiotics and advice seeking about acne: A qualitative study of online discussion forums. *British Journal of Dermatology*, 177, 751 – 757. <https://doi-org.ezproxy.massey.ac.nz/10.1111/bjd.15398>
- Sharma, S. & Khadka (2019). Role of empowerment and sense of community in online social health support group. *Information technology & people Journal*, 32(6), 1564 – 1590. <https://doi.org/10.1108/ITP-09-2018-0410>
- Shenoi, S. D., & Prabhu, S. (2013). Role of cultural factors in the biopsychosocial model of psychomatic skin diseases: An Indian perspective. *Clinics in Dermatology*, 31(1), 62 – 65. <https://doi.org/10.1016/j.clindermatol.2011.11.008>
- Tan, J., K. L., & Bhate, K. (2015). A global perspective on the epidemiology of acne. *British Journal of Dermatology*, 172(1), 3-12. <https://doi.org/10.1111/bjd.13462>
- Tan, J. K., Vasey, K., & Fung, K. Y. (2001). Attitudes of female patients regarding oral contraceptives for treatment of acne. *Journal of Cutaneous Medicine and Surgery*, 5(6), 471- 474 <https://doi.org/10.1007/s10227-001-0023-z>
- Tan, J., Beissert, S., Cook-Bolden, F., Chavda, R., Harper, J., Hebert, A., Lain, E., Layton, A., Rocha, M., Weiss, J., & Dreno, B. (2022). Evaluation of psychological well-being and social impact of atrophic acne scarring: A multinational, mixed-methods study. *JAAD International*, 6, 43-50. <https://doi.org/10.1016/j.jdin.2021.11.006>
- Tiggemann, M., Anderberg, I., & Brown, Z. (2020). Uploading your best self: Selfie

editing and body dissatisfaction. *Body Image*, 33, 175 – 182.

<https://doi.org/10.1016/j.bodyim.2020.03.002>

Timms, R. M. (2013). Moderate acne as a potential barrier to social relationships: Myth or reality? *Psychology, Health & Medicine*, 18(3), 310–320.

<https://doi.org/10.1080/13548506.2012.726363>

Trivedi, M. K., Shinkai, K., & Murase, J. E. (2017). A review of hormone-based therapies to treat adult acne vulgaris in women. *International Journal of Women's Dermatology*, 3(1), 44-52. <https://doi.org/10.1016/j.ijwd.2017.02.018>

Van Rooy, D., Wood, I., & Tran, E. (2016). Modelling the emergence of shared attitudes from group dynamics using an agent-based model of Social Comparison Theory. *Systems Research & Behavioral Science*, 33(1), 188 – 204. <https://doi.org/10.1002/sres.2321>

Villa-Ruiz, C., Kassamali, B., Mazori, D. D., Min, M., Cobos, G., LaChance, A. (2021). Overview of TikTok's most viewed dermatologic content and assessment of its reliability. *Journal of the American Academy of Dermatology*, 85(1), 273 – 274. <https://doi.org/10.1016/j.jaad.2020.12.028>

Yousaf, A., Hagen, R., Delaney, E., Davis, S., & Zinn, Z. (2020). The influence of social media on acne treatment: A cross-sectional survey. *Pediatric Dermatology*, 37(2), 301-304. <https://doi.org/10.1111/pde.14091>

Yucel, R. (2018). Scientists' ontological and epistemological views about science from the perspective of critical realism. *Science in Education*, 27(5-6), 407 – 433. <https://doi.org/10.1007/s11191-018-9983-x>

Zheng, D. X., Ning, A. Y., Levoska, M. A., Xiang, L., Wong, C., & Scott, J. F. (2021). Acne and social media: A cross-sectional study of content quality on TikTok. *Paediatric Dermatology*, 38(1), 336-338. <https://doi.org/10.1111/pde.14471>

Zheng, D. X., Mulligan, K. M., Scott, J. F. (2021). TikTok and dermatology: An

opportunity for public health engagement. *Journal of the American Academy of Dermatology*, 85(1), 25 – 26. <https://doi.org/10.1016/j.jaad.2021.02.050>

Zhou, J., & Wang, C. (2020). Improving cancer survivors' e-health literacy via online health communities (OHCs): A social support perspective. *Journal of Cancer Survivorship*, 14(2), 244 - 252. <https://doi.org/10.1007/s11764-019-00833-2>

Ziebland, S., & Wyke, S. (2012). Health and illness in a connected world: How might sharing experiences on the internet affect people's health? *The Milbank Quarterly*, 90(2), 219-249.

## Appendices

## Appendix A: Ethics Approval Letter

7/22/22, 5:52 PM

Mail - Danielle Clark - Outlook

### [HE014] - Human Ethics Application SOB 22/07 Approved

humanethics@massey.ac.nz <humanethics@massey.ac.nz>

Mon 20/06/2022 1:44 PM

To: Danielle.Clark.2@uni.massey.ac.nz <Danielle.Clark.2@uni.massey.ac.nz>

Cc: humanethics@massey.ac.nz <humanethics@massey.ac.nz>

[Link to the application](#)

HoU Review Group:

ReviewerGroup:

Dr Andrea LaMarre

Researcher: Danielle Clark

Title: Exploring the experiences of young adult women with acne online.

Dear Danielle,

Thank you for the above application that was considered by the Massey University Human Ethics Southern B Committee at their meeting held on 20/06/2022.

On behalf of the Committee I am pleased to advise you that ethical approval has been granted for your research.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested by contacting the Research Ethics Office at [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

If you wish to print an official copy of this letter:

1. Please login to the RIMS system (<https://rme.massey.ac.nz>).
2. In the Ethics menu, select Ethics Applications.
3. Using the Advanced search with appropriate criteria to find only this application.
4. With the application on the Results tab, select Reports from the toolbar.
5. Select the "Human Ethics - Full Application Letter" link, this will open the report viewer.
6. Select the application code from the Report Parameters dropdown and submit. You can then select an export option from the top toolbar (Print, Save).

Yours sincerely

Professor Craig Johnson

Chair, Human Ethics Chairs' Committee and

Director (Research Ethics)

## Appendix B: Ethics Amendment Request Approval

11/9/22, 3:00 PM

Mail - Danielle Clark - Outlook

### RE: Minor amendment request

Human Ethics <gmhumeth@massey.ac.nz>

Thu 11/08/2022 6:32 PM

To: Danielle Clark <DaniClark@hotmail.co.nz>; Human Ethics <gmhumeth@massey.ac.nz>

Kia ora Danielle

The amendment has been approved.

Ngā mihi

Patsy

**Patsy Broad** | Team Leader, Research Ethics | Research and Enterprise

Massey University | Private Bag 11 222 | Palmerston North 4442 | New Zealand | DDI 06 951 6840 or ext 83840

Web: [http://www.massey.ac.nz/massey/research/research-ethics/research-ethics\\_home.cfm](http://www.massey.ac.nz/massey/research/research-ethics/research-ethics_home.cfm)

---

**From:** Danielle Clark <DaniClark@hotmail.co.nz>

**Sent:** Wednesday, 10 August 2022 10:00 AM

**To:** Human Ethics <gmhumeth@massey.ac.nz>

**Subject:** Minor amendment request

**Importance:** High

Hi there,

I want to follow up on this amendment request, please. Can you provide an update?

The wider age bracket is necessary for recruitment (happening now), and the timeline for my thesis.

Kind regards,

Danielle

---

**From:** Danielle Clark

**Sent:** Friday, 22 July 2022 6:01 pm

**To:** [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz) <[humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)>

**Cc:** LaMarre, Andrea <[A.LaMarre@massey.ac.nz](mailto:A.LaMarre@massey.ac.nz)>

**Subject:** [HE014] - Human Ethics Application SOB 22/07 - minor amendment request

Hi there,

Please see attached a minor amendment request for my research,

Kind regards,

## Appendix C: Information Sheet



### **INFORMATION SHEET - Exploring the experiences of young adult women with acne online**

Greetings from our research team, Danielle Clark, and supervisor Dr Andrea LaMarre.

My name is Danielle Clark (lead researcher), and I am completing my master's by thesis in psychology at Massey University in New Zealand. I am Pākehā (New Zealander of European descent) and in addition to being a student I work in the mental health sector supporting those who experience mental illness into meaningful employment. I also studied media studies as part of my undergraduate degree so have an interest in social media.

For my thesis, I am conducting a study on how and why young adult women with acne are sharing their experiences of acne online, specifically on Instagram. This research will create more knowledge about acne, how it can impact on a person and how people can use social media to cope or manage their condition. Such knowledge can be used to better treat acne and understand the stress that can be experienced by those with the condition.

We would like survey responses from young women (inclusive of ages 18-30 years) who actively share their experience of acne on Instagram and have been doing so for several months or more.

#### **What will participation look like?**

If you decide to participate, you will be emailed or direct messaged a link, to complete an open-ended survey online. The survey should take no longer than one hour to complete. You can choose to do this at a time that suits you.

As part of the survey, you can choose for your Instagram posts of acne-related content (for example, treatment reviews, acne imagery) to be screenshotted and

included in the research to be analysed for themes. However, you may choose to complete the survey but not choose to have your Instagram posts included in this research. Please note that your Instagram handles and posts will not be published in the written thesis but used for data analysis purposes only.

The survey will start with an invitation to complete a consent form.

Please feel free to ask us any questions about the project and/or to consult with people you trust before you decide to participate.

Participation is ***completely voluntary*** – if you do not want to participate, you do not have to.

You can also choose to stop participating at any time before or during the survey/data collection phase and or withdraw your data up until two weeks after you've submitted your survey.

### **What are the benefits of participating?**

Benefits could include enjoying talking about your experiences. This project may help other young adults with acne manage, cope with, and treat the condition.

You will receive a \$40 (NZD) online gift card for either Amazon.com (if based internationally) or MightyApe.co.nz (if based in New Zealand). Let me have your email in confidence if you would like this.

### **What are the risks of participating and how are they being managed?**

Risks to participation are minimal; you are welcome to share as much or as little as you want in response to questions and to not answer questions that make you feel uncomfortable. There is the potential for you to feel upset discussing your experiences if they have been challenging for you. Should any distress arise for you, there is a list of free online resources at the end of this form.

### **What will be done with my information?**

Survey responses and Instagram post will be stored on password protected computers. If any identifiable data is shared within the research team, we will use secure (password protected) means to do this. If any printouts are made, they will be kept in a locked cabinet in my supervisor, Dr Andrea LaMarre's office on the Massey University Albany campus.

Survey responses and Instagram post screenshots will be securely deleted 5 years after the close of the research.

Analysed data may be used in any of the following ways:

- My Master's thesis
- Academic publications
- Academic and/or community presentations
- Policy briefings
- Knowledge translation outputs (e.g., blog posts, infographics, webinars, etc.)

You will be invited to share your Instagram name or leave that section blank if you would like your survey responses to be anonymous.

### **Participant's Rights**

You are under no obligation to accept this invitation. You have the right to decline to answer any question or to withdraw your data or any part thereof at any time until two weeks after you have submitted your survey for review.

**Project Contacts** If you have any questions about the research, please contact:

Student Investigator: Danielle Clark, [daniclarkresearch@outlook.com](mailto:daniclarkresearch@outlook.com)

Supervisor: Dr Andrea LaMarre, Lecturer, School of Psychology, College of Humanities & Social Sciences, Massey University, Albany Campus Phone +64 6 356-9099 ext. 43106 Email [a.lamarre@massey.ac.nz](mailto:a.lamarre@massey.ac.nz)

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/07.

If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email [humanethicsouthb@massey.ac.nz](mailto:humanethicsouthb@massey.ac.nz)

### **Support Resources**

If you feel distressed during or after completing the survey, please contact your general practitioner, doctor, or mental health support person (i.e., counsellor, psychologist et cetera.) for help and advice.

### **Free support resources**

If you feel distressed during or after completing the survey, please contact your

country's mental health helpline. Some of these can be found at <https://www.helpguide.org/find-help.htm>

If you feel distressed during or after completing the survey and you are based in New Zealand, please contact <https://depression.org.nz/contact-us/> or alternatively: <https://www.anxiety.org.nz/> - you can free call or text 1737 at any time for support from a trained counsellor.

Free online acne resources can be accessed at:

1. <https://www.acne.org/>
2. <https://www.stuffthatworks.health/acne>

## Appendix D: Consent Form



[Note: This consent form will be presented to participants in Qualtrics before the survey begins]

### CONSENT FORM

I have read and I understand the Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study up until September 2022 after I receive my survey responses for review.

I agree to the online survey being recorded and securely stored.  Agree  Disagree

I agree to share my Instagram handle for the researcher to take and analyse screenshots of my acne-related Instagram posts (handle and images will not be published in the thesis).  Agree  Disagree

I wish to have my survey responses returned to me.  Yes  No

I wish to receive a summary of the study findings  Yes  No

I agree to participate in this study under the conditions set out in the Information Sheet.  Yes  No

## Appendix E: Online Survey Questions

### Survey Questions

My overall research Questions:

*Q1. How are young adult women constructing their experiences of acne online?*

*Q2. What are young adult women's key motivations for navigating their experiences online?*

[Note: The consent form will be presented to participants in Qualtrics before the survey begins – see attached consent form for those questions]

---

**Survey instructions** [to be put on the first page of the survey – after the consent form]

Please answer what comes to mind for each question and to the best of your abilities. We welcome you to respond in detail using everyday language — this is not an essay question but an invitation to share your experiences in a way that works for you.

You can exit out of the survey at any point if you choose to end your participation or feel distressed in any way. If you have any questions about the survey as you go, please email me at: 19038140@massey.ac.nz.

We thank you and appreciate your time.

---

To help us understand something about the range of people taking part in this research, we would be grateful if you would answer the following questions about yourself.

#### Demographic questions

1. How would you describe yourself? Please explain in terms of age, ethnicity, gender, and country of residence.

2. If you are happy to have screenshots of your acne-related posts to be used in this research, please share your Instagram handle below. Please note Instagram handles and images will not be published in the thesis itself. Please also note that you are welcome to participate in the survey only, if you prefer. If you wish to only participate in the survey, please leave this question blank.
  3. If you would like your survey answers (once submitted) and then a summary of the research findings emailed to you once the research is completed (projected to be end of 2023) then please write your email address here. If not, please leave this question blank.
  4. For your time we would like to give you a \$40 (NZD) online gift card for either Amazon.com (if based internationally) or MightyApe.co.nz (if based in New Zealand). If you would like this, you will need to opt in by sharing your email address here.
- 

#### Open-ended survey questions

This part of the survey will ask you about how you share your experience of acne on Instagram, how you engage with other acne content and what both mean for your experience of acne.

1. When you are looking at people's accounts of acne on Instagram, what do you see, feel, and think? (For example, do you think acne is portrayed positively or negatively, or both? Why?)
2. Do you find representations of acne on social media relatable? If so, in what way(s)? If not, why not?
3. How do you share your own experience of acne on Instagram? (e.g., through posting photos, informative captions, storytelling, sponsorships, and/or engaging with an online acne community).
4. Has sharing your experience of acne and engaging with other acne-related content on Instagram changed the way you manage and or treat your own

acne? If so, how? If not, why not?

5. Do you use other social media platform/s other than Instagram to share your experience of acne? If so, which platforms are they and why do you use them?
6. Does Instagram have any specific features that make it preferable to other social media applications? If so, what are these features and why do you like them?

---

This part of the survey will ask you about your motivations for navigating your experience of acne online and the pros and cons of doing so.

1. Why do you share your experience of acne online? Please explain in detail (e.g., to track changes in your skin, engage with the acne community, share experiences of treatment and remedies and so on).
2. In what ways (*if any*) do you feel that you've benefited from sharing your experience of acne on Instagram?
3. In your opinion, what are some of the drawbacks or cons (*if any*) of sharing your experience of acne on Instagram?
4. How would you describe Instagram's acne-focused community? Has this changed over time? If so, how? If not, why not?

- 
1. Please mention anything else that you believe is relevant to sharing your experience of acne on Instagram.

## Appendix F: Postgraduate Research Fund Application Approval

### PGRF - Danielle Clark



Janet Mak <J.Mak@massey.ac.nz>

27/06/2022 11:09 am



To: [REDACTED] Cc: Andrea LaMarre



STUDENT APPLICATION FO...  
55.88 KB

Hello Danielle,

I am pleased to advise you that your PGRF application has been approved to the value of \$800.

Since you have online participants to recruit, the easiest way will be to pay you a stipend payment for you to organise surveys as required.

Please complete the attached Student Application for Scholarship Stipend Form and return that to me *signed* for processing. Please note that a **Bank account confirmation** showing you as the account holder is required as well.

Regards,

**Janet Mak**

Auckland Campus Secretary | School of Psychology

College of Humanities & Social Sciences | Massey University

Room 3.32, Level 3, North Shore Library Building, 229 Dairy Flat Highway, Albany, 0632 Auckland, New Zealand

## Appendix G: Recruitment Advertisement





# Sharing the experience of having acne online

Are you primarily using Instagram to talk about your experience of having acne vulgaris with others virtually?

I am conducting a research project on how and why young adult women (18 - 30 years old) are sharing their health experience of acne on Instagram.

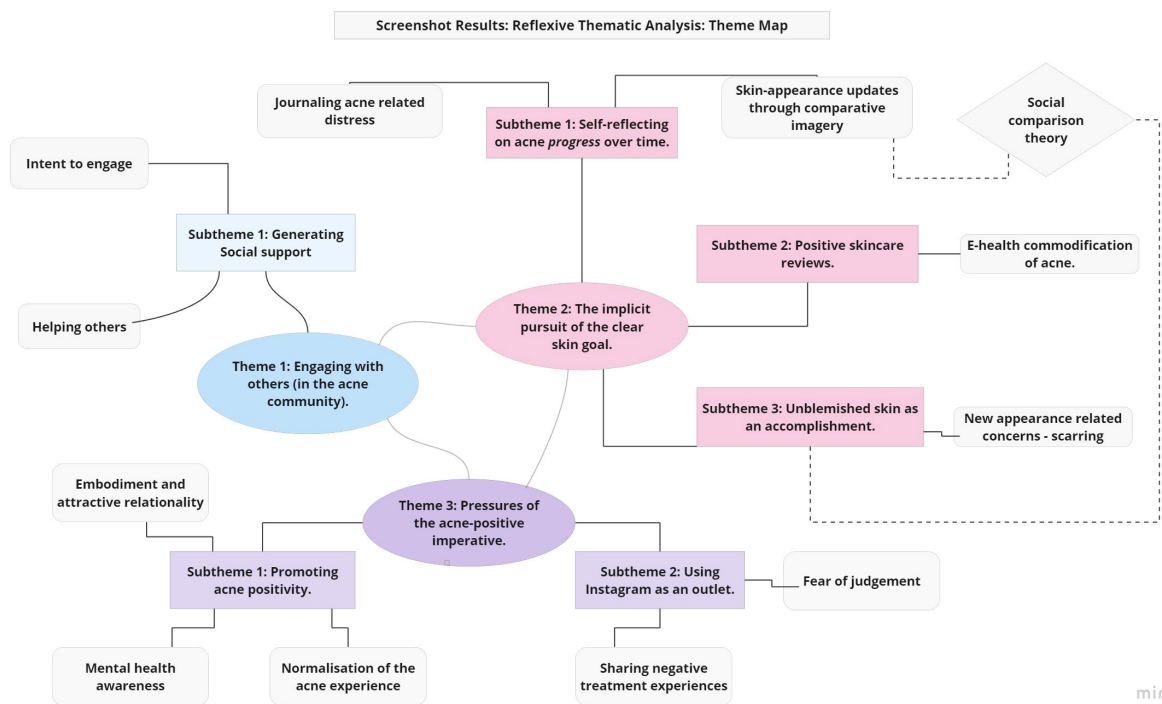
Participation would mainly involve completing a one hour online survey. Additionally, participants can consent (or not) to their acne-related Instagram posts being screenshotted and analysed in the research.

For participating you will receive a \$40 (NZD) online gift card for either Amazon.com (if based internationally) or MightyApe.co.nz (if based in New Zealand).

**For more information or to participate, please email Danielle Clark at [daniclarkresearch@outlook.com](mailto:daniclarkresearch@outlook.com)**

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/07. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email [humanethicsouthb@massey.ac.nz](mailto:humanethicsouthb@massey.ac.nz).

## Appendix H: Screenshot Results: RTA Map



### Appendix I: Survey Results: RTA Map

