Popping Up on Your Feed: What We are Learning from the Spread of Dermatological Information through Social Media

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Dr. Sandra Lee (also known as Dr. Pimple Popper) has built a social media empire that has expanded to a product line and a television series related to video clips from her dermatology practice. This article aims to investigate how the satisfaction people get from her video works to translate into a mistaken sense of authority from the limited decontextualized information from her social media posts. The context of Dr. Pimple Popper's videos is explored by defining and classifying misinformation, fake news, and decontextualized information. Information literacy is also defined and is debated related to the responsibility consumers and producers have within it. The psychological phenomenons and reasoning behind the mistaken sense of authority people surmise from her videos is researched. Hours of video content from her various social media standing and hundreds of comments from those posts were viewed. The biological-psychological reasoning behind the satisfaction and addictive qualities of her posts are further investigated within this article. The social media platforms utilized by Lee are analyzed and critiqued as educational tools while the way health education is taught through generations is examined. Lastly, future research and potential outcomes are discussed.

Introduction:

Pictures of a canvas cloth covering everything but a bump protruding from the skin move across the screen. Next, a picture of skin care products is broadcasted on the screen and the modulated voice of Sandra Lee, MD instructs us to "check out my full acne system at: www.slmdskincare.com/." As the video begins, two hands covered by latex gloves hold a medical knife and cut into the skin where a sharpie line is drawn on top of the bump as a

silvery voice teaches viewers that "it's a cyst that's a little deceiving" because "it's an iceberg cyst." The polished voice continues to explain that the name comes from the fact that "it's under there but it doesn't look as big as it does from just the look of it." After the incision is made the hands proceed to squeeze the cyst and greenish brown liquid puss with white flecks shoots out and hits the squeezer in the abdomen as the camera quickly zooms out to see Dr. Pimple Popper's puss covered scrubs. The video quickly cuts back and does two slow motion replays of the puss being projected out of the skin, through the air, and onto her scrubs. This video has a little less than 1.4 million views (Dr. Sandra Lee (aka Dr. Pimple Popper), n.d.). The video contains the same salesman-like persuasion and self-promotion as a commercial; the same informative nature as a college lecture course; and the engrossing, shocking, and captivating essence of an action movie. Here, on the social media platforms of Dr. Pimple Popper, dermatology is a field of study, a business, and entertainment, and Sandra Lee is an educator, a businesswoman, and an entertainer.

Likewise, health education has completely transformed over the past half century as health education has changed; this is in part due to health practices and information advancement. Health education has gone from the sole responsibility of the family to shifting to the responsibility to school educators (McDermott & Mayer, 2011, p. 3). However, when the internet became mainstream, the name of the game changed again and a multitude of information about health was available. The advent of social media has affected how people learn and are informed about personal health (Fielding, 2013, p. 516). Some, if not most, of the digital information is incorrect or can easily be misinterpreted and in turn, misused. Further, there have been few studies conducted to determine how social media has changed the way people learn about dermatology.

Dermatology demonstrated by Dr. Pimple Popper reflects an important unconscious possible result of watching these videos. Besides the satisfactory feeling

viewers seek out, de-contextualized and misleading perceptions of the field of dermatology are created. People learn from everything, from what is heard from our surroundings to what is seen on television and everything in between (Brown, 2000, p. 14). People blindly consume information in the age of social media as most assume that the photo or video provided is all the evidence they need to determine if the verbal and written assertions are true. There is plenty of misinformation spread throughout social media, and fake news is more readily spread than real information (Sommariva et al., 2018, p. 2). This demonstrates the need for information literacy, especially within the complex and overbearing field of health studies. Information about health is more than abundant online, yet there are very few people who have the proper training to confirm or deny the information online. Consumers are now responsible for the extremely important task of seeking out their own contextual information to verify the facts provided and assign meaning to the post. In an age where everyone is rushing and zipping around because no one has enough time, taking the time to properly analyze information has become a secondary concern ("Project Information Literacy," n.d.).

Dr. Pimple Popper is one of the top influencers on social media and is the leading account that publicizes on the 'satisfaction' of watching dermatological videos on social media (The Shorty Awards., 2018). Throughout all of her platforms, she has a substantial following but on her largest ones she has 2.9 million followers on her Instagram page (Lee, n.d.-a), her Facebook account has 2.2 million follower (Lee, n.d.-b), she has over 4.5 million subscribers on her YouTube channel (Lee, 2018b), and her new television show has been doing extremely well according to TLC and their decision to start filming a second season. Although her audience spans the entire globe it is more concentrated within the United States. Through Dr. Lee's growing popularity, she has launched an entire line of skin products, from pimple popping kits to lotions (Lee, 2018a), to a

children's toy (TTPM Toy Reviews, n.d.), and she has even published a book titled "Put Your Best Face Forward" ("@drpimplepopper," n.d.).

In this article, I examine the relationship between health education and social media, describe and analyze Dr. Pimple Popper's posts and how they educate viewers. I explore how viewers consume health information and the resulting mistaken sense of authority people get from the limited and misinformation online. The role of information literacy for consumers and producers is also examined in this article. My investigation is directed by the questions that follow: What is the purpose of Dr. Pimple Popper's Videos: ASMR, educational, or promotional? Are viewers able to learn from these videos and what exactly are they learning? Who is responsible for providing/seeking out context? What role does information literacy play today and is it being taught? These questions are important as we work to further challenge the way we learn health education and the quality of the information we seek out online as well as through social media.

I argue that Dr. Pimple Popper's videos demonstrate only small aspects of the field of dermatology and de-contextualize dermatological realities. This is in part due to the constricting nature of the social media platforms utilized by Dr. Pimple Popper that prevent her from going in depth and truly educating her viewers. It is impossible to fully learn any topic of interest, let alone field of study, from a fifteen second clip with a five word commentary. This means that when consumers view Dr. Sandra Lee's posts, they not only have a misconception of the limited information provided, they also obtain a mistaken sense of authority within the field of dermatology; the satisfaction most viewers get from watching her videos disguises our need for contextual information and causes viewers to speculate their own big picture ideas and draw their own conclusions on what different aspects of dermatology are.

Context Is Everything

Fake News, Misinformation, and De-Contextualized Information

There is plenty of false information about health care spread through the internet, and especially so through social media. Wu and McCormick address the growing problem of false health information on the internet. They claim that the problem in our society today is the "pervasive availability and consumption of false health information, which can cause individual and social harm by nurturing false beliefs about medicine, disease, and prevention" (Wu et al., 2018). Their point is further proven by the fact that "top links related to common diseases in 40% cases contained misinformation." If that isn't shocking enough, these same articles were shared 451,272 times within the last five years. Topics of these articles cover the entire medical spectrum of diagnoses: from vaccines to cardiovascular diseases (Przemyslaw et al., 2018).

However, there are many different types of false information within the realm of oversharing. When false information has malicious intent, designed to create hysteria, it is defined as fake news (Sommariva et al., 2018, p.5). The term 'fake news' has been thrown around a great deal throughout the media. However, most fail to understand what the term actually means; the developing definition of fake news is misinformation that has the intent to trick readers and spread false information. It doesn't matter if the information has intent or is malicious, because it is still damaging. This is an extremely dangerous phenomenon because of the disturbing fact that fake information is shared more on social media than verified stories. Fake news is just one type of misinformation; disinformation is defined as false or inaccurate information. Although this is less severe and malicious than fake news, it is still alarming. Misinformation has the potential to do a lot of harm, from simply teaching people the wrong thing to hindering disease prevention efforts (Sommariva et al., 2018, p. 9). There is plenty of false information

about health care spread through the internet, and especially so through social media (Wu et al., 2018).

For this reason, Dr. Pimple Popper videos can't be classified as misinformation. The videos she posts and the subsequent commentary in the video are not technically false, thus she is not technically spreading false information. Instead, I would say that the information Dr. Sandra Lee is spreading across her social media platforms is de-contextualized information; it's defined as information removed from context. Lee does this by showing only short clips of the dermatological process of blemish removal and in the process cuts out important contextual information that is essential to understanding the content presented in the video.

Information Literacy Is Whose Job?

For the past twenty years the Association of College & Research Libraries, a division of the American Library Association, has defined information literacy. When they first defined information literacy they set out a platform on how to teach information literacy: how to find and identify information. The original framework highlighted the tools and skill set that comes with conducting quality research. However, two years ago the association released a revision of the definition of information literacy - defining information literacy as a way of thinking - as well as a skill set. This new framework allows for the understanding of bigger concepts of lifelong learning. Within this framework lies multiple sub sections, one of which being "authority is constructed and contextual." "Information resources reflect their creators' expertise and credibility, and are evaluated based on the information need and the context in which the information will be used. Authority is constructed in that various communities may recognize different types of authority. It is contextual in that the information need may help to determine the level of authority required." This meaning that nobody has the ultimate

authority to say and do everything; only certain people have the authority to speak to certain topics (Association of College & Research Libraries).

When no contextual information is given, it falls on the reader to be responsible for finding their own context. However, how can readers know how to find the right contextual information and know which information is accurate? With misinformation as prevalent as it is, it is important to have information literacy. Information literacy is the ability to know when there is a need for information, to be able to identify, locate, evaluate, and effectively use that information for the issue or problem at hand according to the United States National Forum on Information Literacy. As Shyam Sundar put it, "today's consumer is not just active, but proactive," (Project Information Literacy, n.d.). However, as technologically savvy as young people are, their ability to reason about the information on the Internet is horrid. Despite their ability to navigate through social media platforms and communicate online with ease, when it comes to evaluation of information that comes from social media platforms, they are easily duped. In all age groups, people have trouble discerning verified and unverified sources, trustworthy and untrustworthy, as well as reliable and unreliable sources. It is only recently that schools and organizations have started taking the initiative to teach information literacy to students ("Evaluating Information Online" n.d, p. 3). Nevertheless, people simply don't look up the contextual information a large majority of the time. They see something and simply accept it as fact, not caring enough to research if it's correct or not. And when there is too little information presented, inferences are made by viewers that lead them to draw unfounded conclusions. Information literacy is when readers ask good questions about the source and doubt the reliability and authority of a source (Mconahan, 2018).

Wu and McCormick pose the subsequent question is: should the proliferation of health-related information on the internet be regulated? If so, by whom? (Wu et al., 2018).

Drawing Conclusions from Thin Air

When information is presented in such a way that provides little to no context (just as it is in Dr. Pimple Popper's social media accounts), it is left to the mind of the consumer to infer certain information in order for the facts presented to make sense. Thus, after some people see a lot of social media posts about a certain topic, they start to assume they are an expert in the field. The Association of College & Research Libraries (ACRL) states that "learners who are developing their information literate abilities" need to "develop awareness of the importance of assessing content with a skeptical stance and with a self-awareness of their own biases and worldview" (2019). In other words, viewers need to know and understand the limitations of the source, but also their own limitation. Take this Instagram comment for example. The user posted a question and received 103 varying responses. One account answered "they're not more common in any particular race. Perhaps it's just the main one's going for treatment on television are white, but it's common in all races" (roch.elle.22, 2018). This user has no medical degree, yet is giving medical information. Another answered "exactly the reptilian cyst is something blacks and Hispanics don't have," (richicons, 2018). This user is a self-proclaimed audio engineer and has no medical training; in fact, there is no such thing as a reptilian cyst. This one user, without a medical degree, attempted to give himself and his answer credibility by stating, "I have been watching videos of cyst drainages for over 15 years now" (jojo_8607, 2018).

Professor Mejas from SUNY Oswego Communication Studies Department researched this phenomenon and came to the conclusion that people "consume and distribute false information by interacting with old and new media, contributing to a social order where lies acquire increasing authority" (Mejias, 2017). This leads to the phenomenon proved in a study conducted by Cornell University and Tulane University titled Over Claiming. This phenomenon is defined as how "people overestimate their knowledge, at times claiming knowledge of concepts, events and people that do not exist and cannot be known" (Atir, 2015, p. 1295). Richicons comment on Dr. Pimple Popper's post is an example of over claiming because she made up a fake type of cyst, reptilian cyst, and thus claimed knowledge of something that does not exist.

This mistaken sense of authority viewers get from false or misleading information is extremely similar to people believing they have personal relationships and know everything about celebrities through their social media posts. It is a dangerous psychological disorder with varying degrees of severity (Massey, n.d.). One example of this is John Hinckley Jr.'s case of celebrity worship syndrome for Jodie Foster. Hinckley went as far to move to New Haven, Connecticut, to follow the actress to college in an attempt to establish a relationship with her. When that failed, he attempted to gain her attention and admiration through his attempt to assassinate President Ronald Reagan; in the process "he wounded President Reagan, a police officer, a Secret Service agent, and the Press Secretary" (Gerber, 2017).

Although the sense of authority viewers get from social media posts isn't a disorder like celebrity worship syndrome, it is extremely dangerous, especially so for health information. Viewers of Lee's videos may believe they have the ability to diagnose and medically treat people based on the information they attained from watching her videos while, in reality, they can very seriously injure themselves or others as well as

create panic with misdiagnosis. Take Colorado man Christopher Yocom, 28, who removed an epidermoid cyst located closely below his right nostril himself with rusty old pliers. The stomach-churning video went viral on Instagram with his demented response and gaping hole in his face (Stephen, 2018). There are also those who have become addicted to popping their own pimples due to Lee's videos and cause scars on their skin as a result of online influence (Nast, 2017). This is the danger behind Dr. Pimple Popper's videos, encouraging DIY attempts at dermatology and giving her "popaholics" (the name Lee gave her fans) a false sense of authority not only in the information they are presented, but by giving them confidence to remove their own dermatological blemishes from their skin.

There are extreme cases like Yocom that are severe for a smaller group of people who conduct these DIY dermatological removals, but there is also a larger scale danger that can arise from the misinformation and resulting false sense of authority. Homeland security has done a study on countering false information on social media in disaster and emergencies. In this study, one main aspects addressed is the spreading and differences between incorrect information, insufficient information, opportunistic disinformation and outdated information as it pertains to health information ("SMWG Homeland Security" n.d., p. 3). The wrong health information can inadvertently cause a negative human response, from something as simple as taking the wrong preventative measures to causing mass hysteria. Health risk information engagement and amplification on social media can be measured and analyzed, but generally it is dependent on the specific case (Strekalova, 2017, p. 333). Their point is further supported by the findings of Bannor and Asare who found that social media is an effective mode of spreading health messages in Ghana, and point out the concerns in traditional sources of how the communication of health information is losing its effectiveness (Bannor, Asare, & Bawole, 2017, p. 346). This shows the power social media has in the spread of health information to populations that

are almost solely reliant on free digital information. The effectiveness of the experiment demonstrates that any information, true or false, can be easily and readily spread across nations with little effort.

Method

In my research I examined both Lee's television show and social media accounts; however, I focused more on her social media accounts and how specifically these short clips have impacted health education as well as the potential of Lee's influence over consumer health information. I watched over sixty of her Instagram videos, read around forty of her Facebook posts, viewed thirty of her YouTube videos; I also watched an episode and a few clips from her television show. All in all this totaled several hours of video content. While there is more educational promise to her television show, it is far too dramatized and focuses too heavily on being captivating as well as having a good storyline for each patient. It does not focus or demonstrate enough factual and contextual information to be educational. The bulk of my research was on her social media standings; I dove into her Instagram page, scavenged through her Facebook timeline, scrolled through her twitter feed, and watched her endless YouTube videos. When watching these dermatological videos, I looked for and analyze certain aspects of these videos. I looked at the video effects that are chosen to highlight certain aspects of the video: if there were slow motion replays, if certain aspects of the video are sped up or slowed down. I listened to the commentary that was given by Dr. Sandra Lee in the video and analyzed them for educational components. I looked at what small clips were chosen to show in fifteen seconds in an Instagram post, which were highlighted in her longer clips, and what was dramatized on her television show.

Lee utilizes several platforms to broadcast her dermatology videos. Each of these platforms unknowingly works to educate viewers in different ways due to the contrasting constrictions of each social media platform. She has an Instagram page, a Snapchat account, a Twitter account, and even a Tumblr. These social media platforms have quick thirty second, or shorter, clips of the goriest aspects of the dermatological removal process or pictures of the most grotesque cases. Where Dr. Pimple Popper got her start and her main and largest platform is her YouTube channel. These videos range from ten to forty minutes long and demonstrate a larger portion of the dermatological removal process. Dr. Sandra Lee narrates the process as she conducts the procedure and we hear the commentary with patients. It is also made clear in her two second legal disclaimer that it is "only for medical education purposes" and that these videos are "allowing viewers to see a 'window into a dermatologist's world'" (Lee, 2018b). These same disclaimers are not shown within the video clips on social media platforms. Dr. Pimple Popper also recently began airing a show on TLC and a similar disclaimer is shown at the beginning of each episode. In the television show, the focus is on the patients and how having these borderline debilitating skin conditions removed, reshapes and improves their lives. It not only focuses on the dermatological removal process, it also illustrated all of the other steps involved in diagnosing and the impact on patients' lives (Decker, 2018).

Popping, Puss, and Pimples: Oh So Satisfying

Viewers post their reactions and feelings for each new post Lee adds to her account. Comments posted on her Instagram post from her December 3rd, 2018, head cyst removal video include: "It's nasty but soo damn satisfying," (iamlovekills1, 2018), "Sooooo satisfying!!!!" followed by four heart face emoji's (noeliazp86, 2018), " love this

page lol xx," (danielleeb_., 2018). After just one day, this post has nearly a thousand comments, most have the same general message of the comments above with the few exceptions of viewers being grossed out.

Popping pimples is a part of a new social media trend called ASMR, autonomous sensory meridian response; the majority of people who watch Lee's videos are seeking out a feeling of satisfaction (Sin, 2018). One main theme among the majority of sources was providing scientific reasoning, particularly a psycho-biological explanation, for the satisfactory response people receive from watching Dr. Pimple Popper's videos. British evolutionary psychologist Robin Dunbar proposed that there is a "special neural pathway between our skin and our brain," that was created as a result of social touching from thousands of years ago. Hence, we equate positive response to seeing and feeling our skin being touched and perfected by popping pimples (Cummins, 2017). Neuroscientist Heather Berlin also describes that it is "normal behavior" to feel the need to get rid of the bumps from one skin because those bumps could be unhealthy and thus evolutionary disadvantageous. Humankind has evolved to find pleasure in behavior of removing blemishes according to this hypothesis. Berlin goes a step further by demonstrating the physiological reasoning of this satisfactory response be explaining that the nucleus accumbens, the reward center of the brain, receives the neurotransmitter dopamine, which gives the sensation of pleasure, each time someone removes a blemish, or for some, when one watches someone else pop a pimple (Bever, 2018).

While I understand why people find these videos satisfactory, why are some people so utterly obsessed with them? How do people become addicted to these videos and become dependent on them to fall asleep and calm down (Lee, 2016)? Jo Hemmings, behavioral psychologist explains the jump from enjoyment to addiction: people experience a rush of adrenaline when they watch pimple popping videos. This resulting

sense of euphoria is experienced in a controlled environment which allows people to further explore the "fear fascination" and "human curiosity" associated with dermatology videos. People become addicted due to the fact they can experience that 'rush' without any consequence and without any limitations (Evans, 2018). Nina Strohminger, assistant professor and author, contributes to Hemmings hypothesis by asserting the claim that "negative sensations" have a positive appeal to viewers because they allow one to see and, in a sense, experience something thrilling while never leaving the couch. This is why people not only enjoy watching dermatological videos but provides a reason to the addiction some viewers have to Lee's videos.

The Social Media Blackhead

Constricting Social Media

Health education is adapting with the times and traditional health information sources are self-advertising or spreading some of their information through social media. However, social media constricts how much information can be shared just based on the constructs of the media (Amir et al., 2014, p. 4). Each social media platform has time restraints on video time length and number of characters one can post. Thus, it is hard to share large amounts of information in a fifteen second video and with fifty words or less. The attention span of viewers can be easily lost as the duration of the video becomes longer; the purpose of the video greatly changes with variation of video lengths (Geri et al., 2017). Dr. Pimple Popper's information varies depending on which platform she is posting from. On Instagram and Snapchat accounts she has only short thirty second clips of the videos and pictures of the goriest of cases. While on her Facebook and YouTube pages the videos are around eight to twenty minutes in length and show more of the dermatological process with Dr. Sandra Lee's narration/commentary as well as a longer

description of the video. Lastly, on her television show she has forty five minutes per episode to show multiple cases, and better demonstrates the entire dermatological removal process. With each platform she has her strengths and weaknesses and targets subsections of her fan group. The shorter clips are targeted for those who find it satisfying, the ones who watch the longer videos are intended for medical care professionals and those training to be in the field but also are beloved by hard core fans who enjoy the videos that are compilations of her goriest cases. Lastly, the television show caters to her fan group that has more of a taste for the dramatics and enjoy a feel good story along with their dermatological popping.

With the shorter videos, it is harder for viewers to learn anything from them, especially anything of substance. On top of the lack of contextual information, short term memory and learning from these videos are miniscule. When visual information is presented for memory, in order to substantially obtain and sustain the information, people must watch a video multiple times (Gagliano, 1988, p. 243). Memory is required for learning and retention. Thus, people watching Dr. Pimple Popper's videos, especially the popaholics following her Instagram and snapchat accounts, will be picking up little to no information. The ACRL highlights on the notion that those developing their information literacy mindsets need to be 'conscious' as they are critically analyzing sources. People can hardly be 'conscious' during a short video where their intentions are most likely not to learn anything (Association of College & Research Libraries).

Social Media: The New Online School?

Health education was traditionally taught at home by parents, and with this responsibility they were able to choose how and what they educated their children about. However, within the last century the responsibility has shifted partly to the schools to teach health education. Furthermore, the way in which health education is taught has changed again

due to technological advancements and mass communication through the internet (McDermott & Mayer, 2011, p.7). Health educators must and have been adapting to incorporate technology as a new tool for learning within their classrooms and are learning to deal with the difficulties of utilizing the benefits of technology (Hanson et al., 2011, p. 3). However, health educators are now tasked with adding a new aspect to the curriculum: information literacy for health education. The next generation needs to be mentored in health information literacy in order to successfully be informed on health information and live healthy lives (R. R. Evans & Forbes, 2012, p. 7). Although, this isn't to say other forms of health education should be abandoned; in fact, parents and school education on health still play a major role in a young people's health education today; rather it is important to take into consideration how this new factor (social media) has been affecting health education on the next generation (Lariscy, Reber, & Paek, 2011, p. 6). A study from the International Electronic Journal of Health Education published in 2014 draws the conclusions that health educators should take social media into consideration as a viable means of spreading information as it continues to gain influence on adolescents. Yet, it should not replace traditional sources. The ACRL talks to this notion of discriminating against sources by media type: stating that information literate people should "recognize that authoritative content may be packaged formally or informally and may include sources of all media types" (Association of College & Research Libraries). Adolescents want information about health behavior and they want credible sources for their information. However, they cannot determine the validity of sources without education in discriminating between trustworthy sources and others that are not (Pálsdóttir, 2014).

Online education for health is reaching new markets of students most wouldn't traditionally think of. One example is outpatients; professionals are using online

resources to help teach patients about their conditions (Zhong GuiShu, Du Yu, & Xiong Xia, 2011). Videos, like Dr. Pimple Popper's, are being used to teach techniques to extremely advanced students, such as medical students.

Conclusion

I argue that Dr. Pimple Popper's videos demonstrate only small aspects of the field of dermatology and de-contextualize dermatological realities. This is in part due to the social media platforms she utilizes which constrict her ability to go in depth and truly educate her viewers. It is impossible to fully learn any topic of interest or field of study from a fifteen second clip with a five word comment. This means that when consumers view Dr. Sandra Lee's posts, they not only have a misconception of the limited information provided, they also obtain a mistaken sense of authority within the field of dermatology; the satisfaction most viewers get from watching her videos disguises our need for contextual information and causes viewers to speculate their own conclusions and big picture ideas on the different aspects of dermatology issues.

Information literacy has become an essential tool for the next generation. As the immediate contact and spreading of information becomes an ever more integral part of daily life, so will information literacy. As educators, it is understood that teachers and professors are not students' only source for information. That they will need to be able to navigate the realm of academic research and be able to be self-sufficient in finding and understanding various information that comes from different sources. Students will need to be able to tell what is real and what is fake. To determine and question the credibility of the information they find. In today's day and age of social media, determining the real from the fake information has become a mine field. Thus, it is extremely important that information literacy is taught within school and added to the current curriculum for

elementary to middle school aged students. I started off questioning the effects of Dr. Pimple Popper's videos on the health education of the general public; seeing the more negative than positive impact it has had on consumers, a solution must be posed for dangerous problems discovered through my research: information literacy education. This matters because entire populations can and are being easily swayed, tricked and misinformed about essential life information that has the potential to cause extreme harm. Without preventative measures put into action, one person's post can cause hundreds of thousands to be seriously affected in a negative way.

We learned that the videos from Dr. Pimple Popper do not well educate the general population. That there is little to know educational value in her videos and the information that is provided is decontextualized and thus the little people are learning is wrong because the information is out of context. However, her following has created a sub community where people post comments with reactions and other information. People are tagging each other in her posts, writing their responses to these videos, posing questions and answering each other's questions (Lee, 2018b). How do the dynamics of the community of 'popaholics' enhances or detracts from the learning of these videos as well as information literacy are the critical question and topic. I think it could be fruitful to further research the group dynamics of people who constantly comment on Lee's posts. What are people learning from each other compared to what they are learning from Lee? Another aspect that can be further researched are the generational comparison between health educations. Is the latest generation at an educational advantage or disadvantage due to the advent of the internet and social media? It could also be beneficial to further research how people talk about information, especially as mass media continues to grow and change. Information is continually being shared in shorter, informal and more instantaneous modes; how is this effecting the way people critically analyze sources?

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Research Reflection

Alexandra M. Gootman

When you hear the term 'academic research' one's mind turns to an old corner of the library with dully colored bound books, publication dates that precede your time, filled with seemingly undecipherable information. However, in reality, it is so much more. It encompasses a plethora of multimedia sources, both traditional and non-traditional. There seems to be a limitless number of sources. I learned that academic research is an opportunity to explore a complex problem through the lens of another field of study. Research is different than what I expected because of all of the different types of sources that compose a great academic research paper, from Instagram two-word comments to fifty-page studies published by prestigious academic journals. I utilized primary sources, unusual print sources, conference proceedings, episodes from a television show, social media posts across multiple platforms and more. I was surprised at how specific one can get with their searches and still find a good amount of sources. I learned to think of research as having multiple levels, from the generic google search to the subject specific database with advanced search tools. I also learned, from the great librarian who worked with our class, Rachel Borchardt, how to think and speak like a database, using Boolean operators, truncation, quotation marks, and parenthetical phrasing. I used these tools in order to enhance my research. I used a lot of the tools from American University's Library webpage. The page filled with subject specific databases was my favorite tool which I mostly utilized. Databases have advanced search engines that allow you to choose publication dates, source type, authors, and many other specific aspects of a source that make researching that much easier. My approach on

how to use a research resource depended on what type it was. For general databases I would use the different search bar short-hands I learned as well as the useful advanced search setting, however I would only have access to more general information. However, for subject specific databases I had to take on the mindset of that subject area and create specific searches, knowing that anything that came up would already be under the umbrella of that specific subject. If I was using google or another generic search engine, my mindset would completely have to change, and I would have to use what feels like another language to get the results I was looking for.

Within my own research process, I developed it based on the specific 'lenses' or interdisciplinary field I was looking at my subject through. I was looking at Dr. Pimple Popper (social media and the psychological phenomenon that explains her popularity) through the lens of education (specifically health education). The tools that I used to organize my research were reflective of my subject matter. I did generic database research about Dr. Pimple Popper. I used psychology as well as communication specific databases to find explanations to her popularity. After, I used education specific databases and searched for different things related to social media. The types of databases I used worked to organize my research. Within my entire research process, I kept coming back to the theme of information literacy. Through this I realized and repeatedly highlighted the growing importance of information literacy. Which was ironic as the concept I had just learned about in our class kept popping up in my own research, no matter what avenue I took. I think information literacy is a key aspect of conducting academic research because it challenges sources to be held at a higher standard and makes readers determine the validity of a source. It helped to define the way I think about, collect and utilize information. Part of what I learned from both

Ms. Borchardt and Professor Thomas was that information literacy is not just an approach to research, it is an approach to information science. The ACRL became an integral aspect of my research and paper. The power to know and be able to determine the credibility of a source as well as truly understand the context and value of it is essential to not only people in the world of academia, but for anyone living within the twenty first century.