

Market Research, *Webnography*, and Chronic Disease

2009 started slowly in the freelance anthropological market research world. The economy was in the tank, people were getting laid off all over the place, and many research and development budgets were frozen. Projects that had been green-lighted were put on indefinite hold and things were looking bleak. Since then, as the economy has begun to pick up, albeit sluggishly, and pharma companies, among others, have acknowledged, however reluctantly, that research is in fact a necessary part of business, the freelance work has started to flow again. However, during that downturn at the beginning of the year I was forced to cast my freelance net a little wider; and in so doing, I began working with a branding consultant who was also working in the pharmaceutical industry. Tasked with more general goals than are typical of market research, this consultant's approach was broad and open-minded, drawing from a wide range of sources in the social, cognitive, and health sciences; he set his field, not as the doctor's office, the operating room, or the patient's home, but in the world wide web. He was interested in my background as a cultural anthropologist and he asked me to join him in helping to understand both a disease identity (COPD- Chronic Obstructive Pulmonary Disease) and the state of a pharmaceutical brand within this population as they manifested themselves online. Dressed in my pajamas and slippers and armed with my laptop I set out to explore the field. I had agreed to become a virtual "ethnographer".

To date, anthropologists have shown little interest in studying the internet, and when they have done so, they have often limited themselves to in-depth ethnographies of well-developed online role-playing communities, like *Second Life* or social networking and media sites, like Myspace and Youtube (c.f. Boellstorff 2008; Hine 2001; Ryan 2008; Wesch 2008)—virtual villages and virtual communities if you will. Conversely, there has been little critical exploration of the online culture of more situational and sporadic online groups, such as those that form around chronic disease states. The reasons for this are varied, but surely at the top of this list is the speed with which these situational groups form, disband, and change with technological innovation and with new trends of information sharing. From an anthropological perspective an even greater barrier is the conspicuous absence of a physical place to find suitable individuals. Where is the field?

Not surprisingly, corporate research has been much quicker to consider the rich and immediate potential of the Internet than anthropologists have. They have used it both as a means of communicating with customers and, increasingly, as a source of rich, cheap, and open-source data (c.f. Li & Bernhoff 2008; Puri 2007). Ever cautious and conservative, the pharmaceutical industry¹ has not been at the forefront of this field; but the noise of social media has gotten to the point where even they can no longer ignore it.²

¹ Pharma's tradition of conservatism is the result of its high profit margins, which are tied to the fixed-term patent business model, and fear of FDA regulation and recrimination making marketing risk-taking neither necessary nor desirable.

² This social media phenomenon, which Charlene Li and Josh Bernoff of Forrester Research have described as the "groundswell", which they define as the "social trend in which people use technologies to get the things they need from each other rather than from traditional institutions like corporations (2007:9).

What's in a name?

Although both purport to value it, there is a fundamental disconnect between anthropologists and market researchers in terms of their respective understanding of the concept of ethnography so it only makes sense that this disconnect would also extend to webnography, virtual ethnography, online ethnography, netography, remote ethnography, digital ethnography, and cyberethnography, as it is variously called. This disconnect goes back to what each player views as the measuring stick or reference point for ethnography.

Market research's (mis)appropriation of the language and methodology of anthropology is well traveled ground among practicing anthropologists. Sunderland and Denny (2007) cut to the heart of the matter in their discussion of the corporate tendency to reduce anthropology to ethnography and to treat ethnography not as an opportunity for in-depth analysis of cultural issues of shared value but as a "means to obtain a deeper *psychological* understanding of a target audience" (14).

Ethnography, thus detached from larger critical referents and modes of interpretation is reduced to a "new" technique for gathering data. This frustrates anthropologists, who are evaluating corporate ethnography against the academic benchmark of the ethnographies they read in their graduate studies. Meanwhile, for market researchers the reference point is their other research methodologies. They see ethnography as a highly desirable and exciting technique for gathering in-depth and in-context data that is naturalistically delivered directly from consumers and one that is distinct from the type of data they are able to gather from more familiar tools like focus groups, interviews, and surveys. The fact that it is based in modern technology is also of immediate appeal to market researchers. Let's call this the "shiny gadget factor."³

Cyberspace and Place

Now that we have some idea of what's in it for the pharma research and marketing departments, let's take a quick look into what's in it for cultural anthropologists as they seek to reconcile client expectations with their lingering belief that ethnography, by definition, must rely on in-context and face-to-face interactions between an ethnographer and the informants he or she is studying.

Although the Internet was superficially familiar territory to me I quickly realized that it was a different beast when treated as a research site and that I was

³ **Technofiles:** Apart from "new" methodologies, the other thing that really gets research departments going is new technology. Timothy de Waal Malefyt (2009) showed practicing anthropologists' recognition of this client desire in his recent *American Anthropologist* paper on the trend of Consumer Ethnography shops to brand themselves by their "technomethodologies", as a way to garner business and to distinguish themselves from their competitors. Malefyt (2009) describes this as a "shift in the work of ethnography from anthropologist-fieldworker to technology-enhanced ethnography vendor" (206). Needless to say, a proposition that promises to be "ethnographic", technologically advanced, and affordable, like webnography is of obvious appeal.

entering a hotly contested arena⁴ replete with ethical and methodological questions. Among the most salient were: Where do you go to find informants in this undefined space? How do you build rapport and what burden of disclosure does the researcher have in a space that is largely defined by its anonymity? How do you read sub-textual behaviour and assess tone (and detect bullshit) in the absence of visual, contextual, and/or nonverbal cues? To what extent is online behaviour a unique manifestation as opposed to an extension of offline behaviour and practice? And ultimately, is there anything in online research that can legitimately be labeled as “ethnographic”?

As I went forward, contemplating those ideas and others I was skeptical about what I would be able to accomplish. The typical COPD sufferer is a former smoker (upwards of 90% of cases), an older person (95% are 55 or older), invariably someone with multiple co-morbidities, a person who may be socially reclusive and in denial about the state of their health (they estimate that there are at least twice as many people who have COPD as the 12 million that have been diagnosed with it in the United States) and they may or may not be ashamed about having contracted this terminal illness largely through their own self destructive behaviours. To summarize, the likely informant is old, possibly grouchy, and likely in denial... not the demographic most likely to join with others to share their thoughts feelings and opinions on various medications in an online format. But, it was the early stages of the research and I was still optimistic, so I pushed forward.

Initially, I scoured COPD websites and support group forums and, as with any other Internet search (and many other types of research for that matter), one site led to another or provided new language to use in my searches while “alert” tools as well as Google Insights and Google Keywords led to yet more data. I perused old forum and discussion posts, I looked at the articles and news stories that individuals were sharing with each other and I occasionally dipped into chatrooms to see what people were talking about (a little support and a lot of non-COPD banter). As an anthropologist with little guided structure in the early days of the research, I naturally pushed the boundaries of context and went further afield, exploring smoking enthusiast sites like *the Dark Side Forum* and broader social networking sites, like Facebook, Myspace, and Twitter.⁵

What emerged was a mountain of primary data, much of which was in the exact words of the subjects. I diligently cut and pasted these words into a series of frameworks I had begun to develop. Not only was this data abundant, it was also rich and earnest, as has often been the case in other studies of chronic disease I have done. The issues people are confronting are of deep personal importance with life and death implications and they have a tendency to give one pause for moments of existential contemplation. Likewise, just as they do in face-to-face interactions, online patients often express strong feeling about the ability of medications to help

⁴ See, for example, last January’s lively, and at times heated, “Remote Ethnography” debate on the AnthroDesign discussion board for evidence of this.

⁵ These social networking sites yielded lots of contributions from friends, families and caregivers who expressed their frustrations and anger with COPD patients as well as their concern and empathy and provided valuable insights into the insider/outsider divide between those with COPD and others.

or hinder their quality of life, constantly reminding us that this is important stuff and not some inconsequential question of brand allegiance to Coke or Pepsi.

There were, of course, numerous methodological concerns along the way. Practical issues concerning the representativeness of the online sample and the impracticality of relying on key informants emerged; but so did a number of less tangible concerns. For example, questions surrounding truth and authenticity, which can be a lingering question in any form of ethnography, are heightened in the online context where aliases and anonymity are the norm and where real time visual cues are absent. In this regard the subject matter provided a valuable assist, as the COPD groups themselves—hyperconscious, as they are of judgment and stigmatization-- were often vigilant in policing newcomers, vetting them for their disease credibility and generally elevating the status of insiders above all others.

“Lurking” and disclosure were other issues that were never satisfactorily resolved. On the one hand, lurking is common and socially accepted online behaviour, and by virtue of choosing to contribute to online forums, blogs etc. individuals are consenting to make their views public. By the same token, from a researcher standpoint, failure to disclose one’s identity is not only unethical but it is also a missed opportunity to build the trust and rapport that help lead to valued insights that a more detached researcher might never glean. The ease with which this whole issue is side-stepped has to be a concern going forward, as the practice of webnography spreads, and as researchers with less disciplinary guidelines continue to pursue it.⁶

On the positive side, and from a cognitive anthropology perspective in particular, this type of research provides an extremely rich primary data set that is well-suited to broad trend tracking and that lends itself well to the types of cultural analyses that Sunderland and Deny (2007) referred to earlier, and that are so often lacking. Key findings were the development of an identity decisions model and the establishment of a number of cognitive frameworks: paradoxes, life themes, and framings that were informed by the language and metaphors used by informants.⁷

There are a host of other advantages to online research, beyond the benefit of working in your pajamas. For example, the irrelevance of place allows the researcher to travel widely and instantaneously through ethnically or nationally diverse constituencies, providing opportunities for quick comparisons of values and issues. In addition to verbatim transcripts, blogs and forums also often provide logs and archives that chronologically sort data for you and search tools within sites that can allow you to quickly ascertain how thinking about a certain issue or how an individual’s thoughts and ideas may have changed over time. Another salient advantage is the real time access to opinion trends (through RSS, alerts, and forum

⁶ Here the corporate timeline is often a barrier to rapport building. I have, however, since seen a number of workarounds, such as forming a specific social community to observe so that the research intent is out there from the outset and there are other reflexive possibilities like Wesch’s (2008) YouTube study in which, the fieldworkers contributed videos to the community even as they observed it.

⁷ These explanatory models provided the data with a structure that allowed it to tell compelling and coherent stories that have helped to keep the initial presentation to continue to move through the company as the findings are still being re-presented to different groups six months after the initial report.

buzz) that would be much less likely to emerge as quickly within a smaller offline sample.

Weight and Weightlessness

Finally, in terms of COPD in particular there is an internal logic for focusing on the online environment, both as a source of data and as an opportunity for an actionable solution. Those living with COPD are often socially isolated and tethered to their homes, either because of physical constraints like oxygen tanks and diminished activity tolerance or because of the social stigmatization they experience when they leave their homes, as their identity options become limited to how others chose to label them. Their lives, both literally and metaphorically can come to be defined by weight, immobility, and despair. The Internet, conversely, provides the opportunity for weightlessness, anonymity, mobility, and identity exploration. Where the physical world defines them by their disease, online they have choice-- they may seek out others who share their disease state or they may chose to ignore that part of their identity completely.⁸ So compelling did we find the opportunity presented by the online environment for this population and so desperate is the need for pulmonary rehabilitation programs and other forms of support that one of our primary recommendations was for the development of an online social website that would address these needs.

Conclusion

Webnography is not a replacement for in-person ethnography, and though it is imperfect it is not irrelevant and it has the potential to be a valuable complement to offline ethnography. What is beyond debate; is that the Internet is a site worthy of study. It seems to me, and the principle of holism should back me up on this, that the Internet is more appropriately understood as an extension of our offline lives than as a space unto itself.

Online ethnography competes favourably with its richer but messier offline counterpart on many counts such as: breadth and real time nature of research, identification of social trends, preliminary segmentation, and as a source of primary data for cognitive anthropology analysis. It may also be the case that it is better suited to branding and marketing projects than it is to market research studies, given that the burden of rigorous research is less stringent and a greater premium is placed on more general goals: trend identification, inspiration, and the development of testable platforms.

⁸ Other offline health-related research has shown me that people's interest in online engagement concerning disease is neither universal nor is it consistent even within individuals- although there are key moments when it is more likely to play a critical role for more patients (e.g. at diagnosis or when contemplating medication changes).

Notwithstanding these advantages, there are still many pitfalls to this type of “quick and dirty” research and questions concerning informed consent, disclosure, authenticity, and authorship remain. As research budgets continue to shrink, the influence of the web grow, and more tech savvy generations grow old and get sick, levels of online consumer noise will only amplify and it seems likely that this type of research will only grow with it in popularity. Given that webnography is here with or without anthropology’s consent, anthropology’s best efforts should be spent embracing this approach, still in its early stages, with the hope of imprinting it with a methodological code of ethics and an emphasis on cultural analysis for other researchers going forward.-- not to mention positioning itself as the obvious and uniquely skilled vendor who you can trust to interpret it ethically and meaningfully.

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