

Go Fund My Life: Challenging the Meritocracy Narrative of Online Medical Fundraisers

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Abstract

Crowdfunding websites rely on a myth of equal access for all, but that claim has not been tested empirically. In this study, 5,440 medical crowdfunding campaigns were analyzed to identify trends in who gets funded. Initial findings show urban and wealthy fundraisers receive more funds, a pattern that we theorize relates to microcelebrity status. Racial differences were only partially found, with Native Americans receiving more social media shares and higher dollar amounts. A thematic and sentiment analysis of the campaigns found tropes and emotional tones that were consistent across the campaigns. Future analysis may reveal patterns related to rhetorical performance in the fundraisers request and how that relates to success.

1. Introduction

The first successful online crowdfunded campaign – the public solicitation of a large number of small donations directed towards a single cause – occurred in 1997 when British band Marillion convinced their fans to fund a reunion tour (Fundable 2019). By 2000 a dedicated crowdfunding platform had appeared online, with dozens more following thereafter. While many of the crowdfunding platforms focus on raising money for new products or purchasing equity in small businesses, crowdfunding has also taken root as a way to pay for unexpected tragedies. Despite the serious nature of natural disasters and medical emergencies, crowd funding platforms maintain the ethos constructed from their first purpose as havens for entertainment and entrepreneurship. Crowd funding platforms raise billions of dollars for what they describe as a utopian and idealistic world where everyone can share with everyone else (“About GoFundMe” 2019; “About Us Just Giving” 2019).

The narrative and ideology of equal access to crowd funding requires empirical testing. Is equitable access to the power of crowdfunding equitable? Are there systematic patterns for who is able to successfully fund their crowdfunding campaign? Unlike the consumer goods, services, and artistic projects that crowdfunding was originally intended to support, we argue that no individual should be denied critical medical care. The underlying disparities in the lived reality of those relying on the crowd funding website are immediately apparent in the available fundraising categories. There are eighteen options provided, but the stark necessity of some requests in the “medical” category, where people are begging for the funding that will grant them life, is jarring when compared to the “creative” projects seeking funding to self-publish.

In this chapter, we discuss previous research in the area of crowd funding and digital presentation before sharing the results of a five thousand record analysis of the medical category from a popular crowd funding platform. We explore the ways that race, class, and gender are performed and how they structure online interactions between fundraisers and benefactors. Through this process, we show that the online performance of identity are in turn shaped by the algorithmic logics of crowd funding platforms, structuring opportunity and advantage in what are, in many cases, life or death medical situations.

2. Background And Literature Review

As healthcare costs continue to rise and increasing numbers of individuals – particularly in countries that lack access to universal health insurance – go without adequate health coverage, tens of thousands have found themselves unable to afford critical life-saving procedures and medications. For many, crowdfunding has become a mechanism by which to manage gaps in a flawed medical system, and ideally avoid full bankruptcy. In 2019, GoFundMe CEO Rob Solomon, among the largest crowdfunding platforms globally, reported to CBS News that one third of the total donations made through the site went to support those in need of medical care (Cerullo 2019). These donations are made through up to 250,000 campaigns each year, totaling nearly \$650 million dollars annually. As Solomon explained, "While we didn't set out to be one of the most influential health care companies in the world, if we have to serve that purpose, I feel very proud about that." Another popular platform, JustGiving, has raised over \$4.5 billion, with a portion of that going to health and medical ("About Us Just Gving" 2019).

Critically examining this increased turn towards crowdfunding as symptomatic of more significant policy failings, a recent Hastings Center report (Snyder 2016) outlines a number of key ethical problems inherent to the practice. Notably, the report focuses on the ways in which reliance on crowdfunding for medical procedures will likely serve to reinforce and widen existing forms of inequality. As the Hastings Center report describes:

...medical resources for crowdfunding campaigns are largely distributed according to personal appeal, sensationalism, one's social position, or luck... While theories of justice in the allocation of medical resources differ greatly, there is a strong basis for favoring distribution of these resources around some mix of need and efficiency rather than factors such as personal appeal or social standing that often simply serve to reward those already in a privileged socioeconomic position. (p. 38)

Initial studies of crowdfunding initiatives more broadly have further underlined the urgency of these concerns, with minoritized racial groups being far less likely to receive funding when compared to similar white founded campaigns (Rhue & Clark 2018; Younkin & Kuppuswamy 2017). Tanaka and Volda (2016) have described the differences in how fundraisers are perceived as an issue of "social capital" with the fundraiser performing "legitimacy work" to prove the merits of their need.

In light of these concerns, and inspired by Eubanks' (2018) work detailing the politics of welfare technologies – with a specific emphasis on Indiana's automated Medicare system – this study explores the ways in which medical crowdfunding campaigns serve to invisibly reproduce forms of inequality among those in need. Specifically, we argue that those potential beneficiaries who construct for themselves a particular form of online identity, situating themselves within the emerging attention economy via the curation of an affluent, microcelebritized (Senft 2015) self, are more likely to receive funding for medical treatment. As such, while appearing to many as a form of "safe space," allowing for the equitable and democratic distribution of medical funding to those in need, the turn to crowdfunding platforms for critical and life-saving medical care instead arguably further drive resources away from those unable to access or negotiate the mediated forms of identity privileged by the platform. Further, the

ways in which the platforms demand the public disclosure of otherwise private medical information for consumption by potential funders marks out crowdfunding platforms as a form of dangerous terrain.

While crowdfunding sites frequently afford the activities outlined in boyd and Ellison's (2007) definition of social networking sites, allowing for the construction of user profiles and the curation of content on the basis of social ties, those functions of the site are serve primarily as a mechanism for the algorithmic curation of fundraising opportunities to specific audiences. As a result, these sites provide and rely on the capability for both fundraisers and backers to engage in various forms of identity curation, representation, and consumption. Arguably these sites allow also for the construction of backer identities through the public listing of backed projects, however, here our focus is on the perception of fundraiser identities by potential backers, and the ways in which those perceptions influence funding rates.

To date, there has been relatively little work done specifically on identity construction practices in medical crowdfunding campaigns. Gonzales et al (2018) in a study focused primarily on the perception of costs and benefits of medical crowdfunding by beneficiaries, additionally considered the ways in which the process of running a fundraising campaign had implications for the identity of the beneficiary. However, their work focused primarily on the ways in which the process of crowdfunding changed the self-perception of potential beneficiaries, finding that beneficiaries found it empowering to disclose their vulnerabilities, making it easier to accept the identity of a patient in need of care.

Similarly, Kim, Hong and Karahalios (2018) interviewed a small sample of both medical crowdfunding beneficiaries (n = 6) and contributors (n = 8), in order to determine how beneficiaries choose to construct their campaign identities, and how those presented elements in turn were received by contributors. Broadly, the study found that beneficiaries worked to curate a set of images and statements that would both convey a positive image, while simultaneously underscoring the seriousness of their medical condition. While somewhat undertheorized by the authors, class anxieties appear throughout the concerns described by the participants. Notably, one of the participants in the study stated that:

I wanted people to see that he [my brother] is just like everybody else. When you think of someone who dies of an overdose, [...] we try to imagine the person as someone as far away from us, [...] nothing like our brother or sister. They're like a street person or in alleys or dirty. You know he was not. He was handsome and clean and took pride in his appearance. So I wanted to show people that you don't have to look a certain way. (p. 4)

As such, while beneficiaries worked to convey a positive, medically authentic image of themselves, that image was also necessarily one which actively worked to position them as affluent and capable. In turn, this made beneficiaries more relatable to contributors, allowing contributors with means to feel additional empathy towards the beneficiaries through a more "personal" connection.

Like many who study online social networks, Kim et al (2018) frame their study in part through Goffman's (1959) concepts on the dramaturgical performance of identity, viewing crowdfunding beneficiaries as seeking to actively portray themselves in a positive light through the front-stage performance of an online

profile. Critically examining previous work mobilizing Goffman's dramaturgical approach to examine the presentation of self on social media, Hogan (2010) theorizes social media activity not as performance but as *representation*. This approach is grounded in a critique of the ways in which previous social media scholars have conflated presentation with self-performance, a concept that was very carefully defined by Goffman in his approach in contrast with modes of representation. As an alternative, Hogan offers an exhibitional approach acknowledging the roles of both audience and architecture in the consumption of online identities, rather than focusing solely on the performance of identity construction by the individual. Beyond the broader critique offered by Hogan, this exhibitional approach aligns with crowdfunding campaigns and practices – rather than a performance, those seeking crowdfunding must instead carefully determine how to represent themselves in ways that maximize the chances of a successful campaign. Hogan (2010) explains the exhibitional approach by defining sites, artifacts, curators, and audiences, emphasizing the ways in which individuals curate their own identities through the presentation of artifacts to specific audiences. As such, exhibitions differ from performances, in that representations of an individual can be provided to specific audiences on demand, and that an original submitter of those representations may never know the full scope of the audience which may receive their data. Further the persistence and reproducibility of these artifacts allow them to be both ordered and searched by curators, and frequently by extension, the audience themselves.

Senft (2015) theorizes a set of practices around the construction of microcelebrity identities online, again locating this form of identity not as individual performance, but rather as a form of audience consumption and interpretation. As Senft describes:

...serving as a marketplace, the Internet contributes to a dynamic by which users frame themselves simultaneously as seller, buyer, and commodity... curating, rearranging, and recirculating what they consider to be their best pictures, videos, and status updates in multiple venues online while dropping off their worst, carefully cultivating what in a professional venue would be a concerted audience-segmentation strategy. (p. 348–349)

In addition to being immanently exhibitional, microcelebrity identity practices are mechanisms by which individual identities are themselves constituted as a corporate entity, carefully curated for generating, organizing and managing the attention of their audiences: "...stars don't accumulate capital because they get attention; they accumulate capital because they have managed to *turn themselves from citizens to corporations* vis-à-vis the proprietary organization of the attention of others." (p. 351, emphasis in original) For Senft, these practices arise from within the intensifying contradictions of late capitalism – faced with the realities of a hypercompetitive economy, young people are increasingly turning to social media to carefully curate and promote their own "personal brand." This integration of capitalist logic and identity construction has increasingly become part of Internet safety and digital citizenship curricula targeted at teens and parents, encouraging young people to constantly envision the gaze of the college recruiter and future employer when engaging with social media (Fisk 2016).

Broadly, we argue that both the increased turn to crowdfunding sites for medical care and what we term technologies of the microcelebritized self can be best understood as functions of the further penetration of neoliberal logics into everyday life. Microcelebrity practices foster what Senft deems a form of “strange familiarity,” (p. 351) as individuals increasingly internalize the pressures of a life lived under super-public (boyd 2006) visibility, making public otherwise sensitive, private information to broader audiences in order to shape and control how that information would otherwise inevitably come to light. For Marwick and boyd (2011), this “backstage” access (p. 231) is at the core of microcelebrity practice online, commodifying a glimpse into the “authentic” interior self for consumption within the attention economy. It is unsurprising then, in the work of Gonzales et al (2018), that those seeking funding must come to internalize and accept – via a neoliberal frame of “empowerment” – the making public of their medical conditions in order to receive treatment. The very title of the Gonzales piece is a direct quote from one of the participants: “Better everyone should know our business than we lose our house.” (p. 641). This conceptual approach is supported in part by journalistic accounts of crowdsourced medical funding campaigns. Through interviews with a number of crowdfunding seekers, Heller (2019) found a similar association between micro-celebrity, class, and funding. For one family interviewed for the article, sharing the campaign, including a series of short, professionally made documentaries about the family, was not enough:

‘If you’re not supported by a page that has millions of followers, it’s not going to happen,’ Zohar said. ‘Or if you’re not supported by a P.R. company,’ Gabi added. A few firms had approached them—‘They wanted to sell us’—but the Ilinetskys were uncomfortable with the idea of forking over a cut of what donors would assume was going to the kids.

As such, we hypothesize that specific forms of microcelebrity exhibition play a key role in both the success of fundraising campaigns and, by extension, the continued operation of crowdfunding platforms themselves. For the purposes of this study, we conceptualize four key features of microcelebrity: social media activity/influence, presentation of whiteness, presentation of high socioeconomic class markers, presentation of youthfulness, and backstage access to medical information. In summary, we believe that young, rich, white individuals who successfully leverage social media, providing audiences with intimate access to their medical condition, will be the most likely to succeed in medical crowdfunding efforts – in turn further reproducing and widening existing forms of inequality. Below, we examine these key indicators of class, race and social media influence as they appear in successful medical crowdfunding funding campaigns.

3. Method

To better understand the funding patterns of crowdfunding platforms that result from the neoliberal logics theorized above, one of the top five global crowdfunding platforms was selected for analysis. Despite the public nature of medical crowdfunding campaigns, it is important to protect the anonymity and privacy of the crowdfunding beneficiaries and their families; therefore, we have chosen not to explicitly name the platform from which the data was collected. Additionally, any listed quotes

from the data – taken from their stories, updates, and comments – have been obfuscated through paraphrasing and modification, in order to make specific campaigns unsearchable.

Over a one-month period in April 2019, 5,440 crowd funding campaigns were collected from the website if they were listed under the medical category.^[1] For each campaign, the amount of money requested, amount of money raised, location of the requester, number of donations, amount of time the campaign had been active, number of Facebook shares, number of images included, and campaign narrative were collected. Next, the photos and videos used in the fundraisers were coded using the Amazon *Mechanical Turk* service where contract workers were paid a nominal fee to code collected photos by perceived race, gender, and age. We also had the coders note if any medical equipment or signs of illness were present in the image, or if the image used a “filter” or other post-production technique to modify the photo. Finally, we asked the coders to judge the subject’s economic situation based on their appearance (e.g. formality of their clothing, jewelry, and style). To ensure the quality of the image coding, a spot check was performed at random for one image within each batch of 100 images. As a result, the image “filter” criteria was removed from the final data set due to concerns with consistency. While all coders were adept at identifying the presence or absence of medical equipment and perceived demographic categories, the filter status requires training to ensure accuracy and rater reliability.

Finally, the funding stories were processed and coded using Nvivo (v.12, 2018),

) a text analytics software program that can be trained to identify conceptual categories from large corpuses of information. Using processes similar to a grounded theory approach, analysts and the software itself coproduce conceptual categories from the corpus for further statistical analysis. Nvivo produced a term frequency and co-frequency table that demonstrates patterns across the medical fundraiser narratives. For concept building, modeler has a “auto coding” capacity which made an initial pass at categorizing the corpus of fundraising campaign stories using existing lexicons. Then, the categorizing model was trained by manually recategorizing segments of text that were mischaracterized by the language processing algorithm into various nodes. Additionally, the Nvivo suite allows for basic sentiment analysis of “positive”, “negative,” “mixed”, and “neutral” framing of the various medical situations. The results of these analytical moves are shared in the results below.

^[1] Data availability statement: Dataset will be provided upon request to the corresponding author.

4. Results

Five hypotheses concerning medical crowdfunding bias and microcelebrity were tested using statistical analysis methods, and each will be discussed in turn below:

H1. Social media activity increases likelihood of increased funding levels

Many of the more widely shared campaigns on the platform were either supported or initiated by individuals who could be considered microcelebrities from the outset. Of the 10 top-shared campaigns in

the data set, nine were either supported by existing microcelebrities, or otherwise could be considered microcelebrities in their own right. These forms of microcelebrity were derived primarily from local and national news stories, which played a key role in the success of these campaigns. Four of the top 10 most widely shared campaigns were publicized by broadcast television media in some way. Additionally, two of the most shared campaigns relied on social media microcelebrity, one supported by a voice actor/YouTube personality, and one explicitly positioned as an Instagram influencer with over 41,000 followers.

Additionally, social media activity was found to correlate with a successful crowdfunding campaign. Based on a Pearson test for correlation, the following relationships were significant at $p < .05$. First, the number of individual donors was highly positively correlated with the number of Facebook shares $r(5415) = .862, p < .0001$ and the funding amount $r(5440) = .773, p < .0001$. The number of Facebook shares and funding amount also had high, positive correlation $r(5415) = .615, p < .0001$. There was a moderately positive correlation between funding goal and the funded amount: $r(5435) = .412, p < .0001$. Additionally, the number of individual donors $r(5435) = .291, p < .0001$ and Facebook shares $r(5410) = .257, p < .0001$, were both marginally correlated with the stated funding goal. The length of the fundraiser and the funding amount $r(5440) = .038, p = .005$, and Facebook shares $r(5415) = .032, p = .02$, were also minimally correlated.

H2. Crowdsourced medical fundraising activities demonstrate a racial bias

Overall, this hypothesis was not fully supported by the collected data, relative to our conceptualization of microcelebrity as reflective of white supremacy. While analysis demonstrated the existence some (unexpected) racial bias in the funding and sharing of crowdfunding campaigns, overall, funding and sharing rates were largely consistent across perceived racial categories. Following an Analysis of Variance (ANOVA) test, only one significant trend emerged from the data relative to racial bias. Native American beneficiaries were found to raise significantly more money on average (\$13,929.02) than White (\$6962.71), Asian (\$6438.31), Hispanic (\$5790.45), or Black beneficiaries (\$5803.50) who requested medical aid on the crowdfunding platform ($F(5,485) = 4.957, p < .001$).

Similarly, an Analysis of Variance (ANOVA) test, demonstrated that Native American fundraising requests were shared through Facebook in greater numbers: Native Americans averaged 958.76 shares ($n = 51$), White individuals averaged 479.41 shares ($n = 3507$), Asians averaged 517.79 shares ($n = 192$), Black individuals averaged 454.49 shares ($n = 359$), and Hispanics averaged 510.48 shares ($n = 447$); ($F(5,4763) = 4.149, p = .001$) overall. An ANOVA test additionally demonstrated that Native Americans have the highest number of individual donors (mean = 162.45) compared to White individuals (mean = 69.47), Asians (mean = 74.02), Black individuals (mean = 61.91) and Hispanics (mean = 62.21); ($F(5,4785) = 3.924, p = .001$).

H3. Crowdsourced medical fundraising campaigns demonstrate an age bias

Supporting this hypothesis, an ANOVA test revealed that young people raise significantly more than all other age groups ($F(3,4754) = 5.451, p = .001$), receive more donations from larger groups of individuals ($F(3,4754) = 9.869, p < .001$), and have their fundraising campaign shared more times on Facebook ($F(3,4734) = 20.328, p < .001$).

Table 1
Average Figures for the Various Fundraiser Age Groups

	N	Average Funds Raised	Average Number of Donations	Average Facebook Shares
Young	1554	\$7,732.84	86.91	628.87
Middle Age	1476	\$6,387.34	62.32	412.25
Old Age	561	\$5,663.41	51.13	322.32

H4. Overt displays of medical equipment or illness increase funding of medical crowdfunding campaigns

This hypothesis was tested using an independent samples t-test. Fundraising campaigns that shared a cover photo that contained some form of medical equipment or illness asked for more money as their fundraising goal ($t(1687.316) = -2.739, p = .006$), with visible illness or medical equipment averaging a request of \$22,867.85 compared to \$18,885.92 by those without visible markers of illness. Those who showed a marker of illness had a higher funding percentage (40.68%) compared to those without any visible signs of a malady (11.75%) ($t(4738) = 05.021, p = .048$). Finally, those with visible medical equipment or illness had their campaigns shared a larger number of times (600.7 shares) compared to those without (438.79 shares); $t(1334.647) = -3.465, p = .001$. Signs of medical treatment or illness had no impact on the overall funds raised or the number of people who donated to the crowdfunding campaign.

One commonly used photo type in successful campaigns – particularly for the main campaign image – was a split-frame shot, placing an image of the healthy beneficiary next to an image of the beneficiary in medical distress. Using only the single image, this provides beneficiaries with the capacity to simultaneously exhibit their medical need and their identity as a healthy, capable, working individual. This form of curation requires a basic ability to edit digital photos, and an understanding of the limitations of the crowdsourcing platform itself, again supporting the concept that those who possess basic digital literacies are again more likely to receive funding. Additionally, by placing these two images side-by-side, crowdfunding beneficiaries tell a narrative about an otherwise vital, capable individual who is experiencing a time of great need – rather than an initial narrative of illness or vitality alone. This further supports the work of Kim, Hong and Karahalios (2018) and Tanaka and Volda (2016), as campaign beneficiaries seek to curate identities that are *deserving* of financial support by demonstrating a willingness to be a productive member of capitalist society.

H5. Crowdsourced medical fundraising campaigns demonstrate a class bias

Confirming this hypothesis, based on the results of an ANOVA test, significant trends linking perceived wealth and successful campaigns emerged from the data. Those who were perceived by coders to be most wealthy raised more funds ($F(4,4740) = 10.765, p < .001$), set higher fundraising goals ($F(4,4735) = 5.372, p < .001$), were supported by more individual donors ($F(4,4740) = 3.854, p = .004$), had their campaigns shared on Facebook more times ($F(4,4720) = 3.532, p = .007$) when compared to those considered to be less wealthy.

Table 2
Average figures for different perceived wealth brackets in crowd fundraising.

	N	Fundraising Goal	Funds Raised	Number of donations	Number of Facebook Shares
Lower	1,219	\$21,042.96	\$6,896.38	70.73	497.02
Middle	3,410	\$19,240.77	\$6,765.94	65.285	446.935
Upper	116	\$34,419.83	\$13,888.47	125.62	724.87

The Nvivo coding program produced two types of results related to the campaign funding pitches. First, we revealed the most common themes present in the 5,440 records. Nvivo automatically generated 39 themes, and we further refined those to 29 unique themes. In Table 3, you will see each theme's name, the number of times it was found, and an illustrative example.

Table 3
Themes from Medical Fundraiser Narratives

Theme	Number of Occurrences in the Campaigns	Example
Help	19	"He is always there for anyone to lend a helping hand and we should be there for him now."
Insurance	92	"And in July their insurance costs will increase dramatically."
Living	95	"trying to raise money for... ongoing living expenses and treatment"
Burden	99	"When someone offered to help her, she would say that she could do it herself and did not want to burden anyone."
Bone	109	"Then he will go through chemotherapy to kill off all the bad bone marrow in his bod."
Tests	131	"including another MRI, a CT scan and blood tests"
Right	132	"right shoulder"
Health	135	"there's often an overwhelming worry over when the next health crisis will manifest."
Transplant	135	"now requires a Double Lung Transplant"
Disease	145	"any monies raised beyond her needs will be donated to finding a cure for the devastating disease"
Loving	149	"She is a strong, loving mother"
Work	163	"I am a very hard working RN who came on bad times."
Support	181	"Many thanks to each of you for your continued support"
Daily	188	"is a daily inspiration to her family, friends, and colleagues"
Hospital	791	"6 day hospital stay"
Pain	855	"chronic nerve pain"
Heart	884	"defected heart chamber"
Blood	891	"blood clot"
Brain	902	"He sustained a traumatic brain injury"
Friend	927	"I'm a close family friend and have spoken to the family"
Life	1030	"We appreciate your prayers and support as he embarks on this difficult life altering journey."
Care	1216	"at home care"

Theme	Number of Occurrences in the Campaigns	Example
Family	1438	"We often refer to each other as family"
Surgery	1903	"2 knee surgeries"
Cancer	2284	"active cancer"
Time	2336	"5th time"
Medical	2930	"medical appointments"
Treatment	3108	"alternative treatment route"
Expenses	6081	"there are many unexpected expenses they will be faced with paying for out-of-pocket."

An overarching word cloud shows the common themes of medical, expenses, cancer, treatment, and hospital with some additional terms that appear frequently, like need, covered, children, and mom.

An additional step that Nvivo produces is sentiment analysis. Of the campaigns, 4482 had mixed sentiment, 615 were negative, 198 positive, and 140 were neutral.

5. Discussion

Among the more surprising findings of this analysis was the relationship between Native American identity and successful crowdfunding campaigns. Given the often "...geographically small and socially integrated nature of First Nation and Inuit communities" (Richmond & Ross, 2008, p. 1424) and the high levels of social support that characterize those communities (Richmond, Ross, & Egeland, 2007), it is likely that local networks play a significant role in the success of Native American medical crowdfunding campaigns. Spreading through community and tribal networks, supported by social media platforms, these campaigns have a significant advantage compared to those which lack pre-existing local community ties. In these cases, it is unlikely that microcelebrity as such – which conceptually imagines a much larger, networked public – plays a significant role in fundraising efforts. Similarly, it is likely that more widely shared and, by extension more successful, medical crowdfunding campaigns are more commonly located in urban areas, drawing upon local support networks for viral spread. While geotagging and location analysis is beyond the scope of this preliminary analysis, initial findings from the data – based primarily on listed cities within the crowdfunding campaign pages – does suggest that crowdfunding campaigns located in high-population urban areas are more likely to be among the most widely shared via social media.

Ranked by number of Facebook shares, only one of the top ten campaigns were fully funded – if many of the campaigns received significant sums of monetary support despite failing to meet specific monetary goals. It is likely that, as beneficiaries move towards microcelebrity status through the interest their story

generates or other means of online influence, their campaigns are more likely to be shared – again supporting the concept that they have become themselves a product made viable for viral spread and consumption by a broader online audience. However, this viral spread and consumption is no guarantee of further funding, as the act of sharing itself is likely considered by audiences as itself a form of non-monetary support.

The analysis of the medical crowdfunding campaigns does reveal patterns in how those writing these pleas package their requests. The first thing of note is the dominant tone across this corpus: a full 82% of the campaigns used a mixed sentiment, writing in both negative and positive tones in constructing the narrative for funding. While medical problems and financial insecurity are very serious and sad subjects, the campaigns are written with positive tones when relating how deserving the recipient is and how willing they are to continue the struggle to get well. The campaigns also incorporate common patterns of describing illness that stand in for people that the reader may know, especially when it came to cancer treatment and heart disease. It was most common for treatment to be described in vague terms rather than in visceral detail. Figure 3 shows that the majority of “treatment” occurrences were for chemotherapy, radiation, physical therapy, or generic “aggressive”, “medical” “ongoing” treatment.

Certain themes in the code also support the idea of crafting a micro-celebrity status, with most of the campaigns being written by third parties, such as friends or family. They often describe the recipient as a “loving” father, mother, brother, or friend. Figure 3 shows the terms that co-occurred with “loving” in the campaigns, with “devoted” “community” “cherish” “beautiful” and “amazing” highlighting this particular trope for describing the campaign’s recipient.

6. Conclusion

These results support our overall hypothesis that the successful curation of a microcelebritized identity via crowdfunding platforms further increases the likelihood of successful funding of medical crowdfunding campaigns – in turn privileging those who are young, wealthy, and capable of effective social media promotion. While ethnic and racial bias did not play a key role in the success of medical crowdfunding campaigns, other forms of inequality are nonetheless reinforced through exhibitional processes of identity curation via crowdfunding sites.

This preliminary analysis provides a significant number of avenues for future research. Using geotagging and location analysis may provide additional insight into the elements of a successful campaign. Additionally, the composition, manipulation, and curation of photos in medical crowdfunding campaigns deserves additional attention. Despite the limited nature of this study, we continue to hold that the effective Instagram-like curation of photos and stories – itself a key marker of a particular form of emergent wealth and influence in late capitalist society – will increasingly be a key factor of medical crowdfunding campaign success. As such, additional research must be conducted not on those visible via crowdfunding campaigns, but on those who are incapable of or ineffective at conducting such campaigns. Further work with the medical campaign texts will also illuminate potential discrepancies in

who is deemed worthy of funding. While crowdfunding platforms seem to allow for equitable, democratic distribution of funding to those in need, those who fail to access or meaningfully mobilize crowdfunding may simply fail to access adequate medical care – and if nothing else, this research has demonstrated that there are segments of the population who are in need and underserved by crowdfunding platforms.

It is worth reiterating here that crowdfunding is no substitute for effective national medical policies and a strong social safety net, aimed at preventing medical bankruptcy and enshrining medical coverage as a basic human right. No person should have to make the decision between homelessness and their health, and crowdfunding – which demands that those in the most need make public the most intimate details of their medical care – is only a solution for a relatively small numbers of those in need. This study further reemphasizes that by encouraging donations to medical crowdfunding campaigns, funding continues to be distributed to those in need in ways that reinforce existing forms of inequality. Further, there is a danger – hinted at by the results provided here – that crowdfunding campaigns provide a means by which to absolve the guilt faced by members of a community or nation to allow an individual in need to either sink into medical bankruptcy or fail to receive critical care. As such, it is likely that such platforms serve in part to sap the political will to demand significant social and political change.

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Figure 2

Sentiment Analysis of Medical Crowdfunding Campaign Pitches

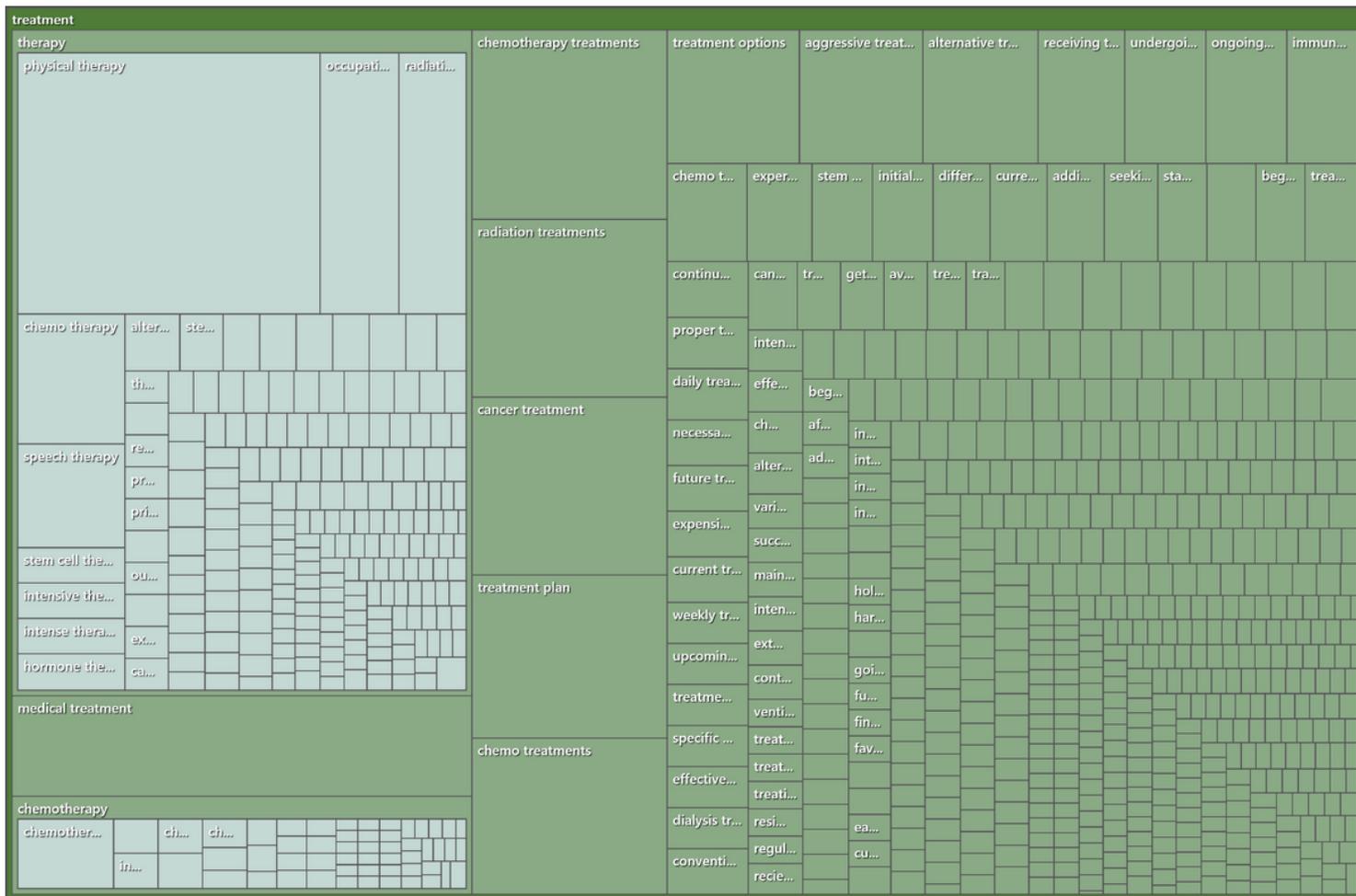


Figure 3

Sub-nodes under the theme "Treatment"



Figure 4

Word Cloud showing words that co-occurred with "Loving" in the Campaigns.