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## Exchanging health advice in a virtual community: A story of tribalization

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### Abstract

*The quest for information by young parents, especially mothers, is on the rise. The production of literature on how to raise children has grown exponentially over the last half century, as has the preoccupation for informing oneself on the subject (Rothbaum et al., 2008). The internet offers an immense quantity of information from sources varying in terms of quality and credibility. In the beginnings of life as a parent, people go through a time full of insecurity. Simultaneously especially new mothers are more or less isolated from their previous social lives and the need arises to compensate for this deficit through online interactions (Madge and O'Connor, 2006). One important concern is health, ranging from topics such as the best choices in pregnancy and birth, to breastfeeding, weaning and medical decisions, such as choosing a pediatrician, giving medication or vaccinating. Based on a netnographic approach, this paper tackles the question of how medical information is created and transferred in a virtual community of parents, how people select the sources they follow, and with what consequences. The main findings are that in virtual communities tribalization is easier to achieve than in real life, as people tend to find likeminded individuals and groups, while shielding themselves from contrary opinions and information, and that conflicting tribes can employ exactly the same arguments against each other.*

### Keywords

*Virtual community, e-tribes, health advice, vaccines*

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Why do some people go online and ask other people who are more or less strangers for advice on medical issues? Why do people believe strangers they have only met online? What are the consequences? These are the research questions driving this article. As debates on the failures of healthcare and on vaccines are high on the public agenda, the answers to these questions will shed light on the way people form and confirm opinions on which they base decisions related to their and their children's health.

The quest for information by young parents is on the rise. The production of literature on how to raise children has grown exponentially over the last half century, as has the preoccupation for informing oneself on the subject (Rothbaum et al., 2008). In addition to books, the internet offers an immense quantity of information from sources varying in terms of quality and credibility. In the beginnings of life as a parent, people go through a time full of insecurity. Simultaneously, especially new mothers feel isolated from their previous social lives. The need arises to compensate for this deficit of information and social interactions by participating in online communities with similar views on parenting (Madge and O'Connor, 2006).

The attraction towards online social interactions is even greater in the case of parents with views that deviate from the mainstream, as it is more difficult to find like-minded people in this situation. In her study on a real-life community, Faircloth (2009, 2010) showed how participants in La Leche League meeting justified their choice (it is healthier, it is best for their children, "others" are not well informed) and defended themselves or hid from people who disagreed with them. Simultaneously, they tried to limit their interaction with mothers who did not share their values, or even excluded them from the community. All these efforts show how important it is for parents to create a social space where they find like-minded people. This space is much easier to be found online, than offline, as people who share a minoritarian view tend to be scattered.

## **Methodology**

This research focuses on a Romanian-speaking virtual community of parents that hold similar parenting values. They promote and practice attachment parenting, respectful parenting, natural parenting, embracing natural birth, prolonged breastfeeding, babywearing, alternative education, homeschooling, unschooling, baby-led weaning and other related practices. They interact through blogs, Facebook pages, and Facebook groups, and sometimes meet in real life at conferences, garage sales or specialized local meetings (e.g. local babywearing groups). The community is made up mainly of mothers with medium to high socio-economic status. They are thus situated at the higher end of the digital divide, as previous research shows that parents with higher socio-economic status tend to use the internet more often and with more competence. They tend to have more frequent access to the internet and tend to rely more on official websites, than personal ones (Rothbaum et al., 2008).

A netnographic approach (Kozinets, 1998, 2010) is used in order to understand what drives these people to seek and share medical advice online, and how credibility is being built and perceived. The author has been working in the community under study for

three years, after already having been a member of the community for another year. At various times, she announced her presence publicly, and privately to leaders of the community. There were no objections from the community, and some of the members even volunteered for interviews. As some of the Facebook groups belonging to the community are secret or with restricted access, information from them will not be used in this paper. The types of discourses present in those groups are the same as the ones used on public Facebook pages and blogs on the same topic, so we shall look at the latter in order to understand how arguments are made on specific subjects.

There are two types of providers of medical information on the internet. On the one hand, there are pages belonging to organizations or people with high visibility in the community, influencers – mostly bloggers. There is some interaction on their pages, especially on their Facebook pages, but the influence is rather unidirectional. On the other hand, there are Facebook groups where parents, especially mothers, exchange information on medical issues. These are more general parenting groups, where parents can discuss different topics, including health; groups on specific issues, like breastfeeding, babywearing, birthing, vaccines etc.; groups where people can ask for references on doctors and clinics; and groups where only specialists (doctors, midwives, nurses, psychologists) are allowed to answer the questions of members. The latter two are not within the scope of this research.

Within the community under study there is a widespread agreement on some health-related choices, like the benefits of natural birth and breastfeeding, baby-led weaning, introducing sugar as late and as little as possible, babywearing, restricted or no screentime, and not taking antibiotics unless absolutely necessary. On the other hand, there are some disputed topics, that tend to divide the community. The most prominent example of such a topic is the ongoing debate on vaccines. We will further analyze how these topics are treated differently by the community. In order to better understand the topic at hand, we will first describe the quest for medical advice in terms of motivations, content, actors involved, and credibility of the latter. We will then proceed to analyzing two specific topics – vaginal birth after C-section (VBAC) and vaccines - and the way they are handled by the community.

### **Motivations for seeking medical advice online**

What motivates people to seek medical advice online? Why would one trust one's health or one's children's health in the hands of strangers, most of whom are not medics? First of all, there are the reasons linked to the medical profession. Thus, one motivation given by members of the community is their distrust in doctors and the health system. Members living in Romania tend to express their distrust as taken for granted. They compare their experiences with those of members living abroad and almost always the result is in favour of the latter. Frequent topics of comparison are prenatal care, childbirth, and support for breastfeeding. Another reason for seeking medical advice online is the confusion created by conflicting opinions from different physicians, such as the general practitioner, the pediatrician, and doctors from other specialisations. For

example, the family doctor may have a different view from that of the pediatrician on the best time for starting to feed the baby solids. Even if parents have already decided whom they trust, they still feel the need to go online and search for validation, while complaining about those doctors who cannot reach agreement on such simple topics.

When a doctor's advice conflicts with already held beliefs about children's and maternal health, validation most often culminates in the recommendation to change the doctor. For example, if the pediatrician scolds the mother for breastfeeding on cue at 7 months, and the mother goes online and expresses her confusion in a support group for breastfeeding mothers, nobody will support the doctor's opinion. Other members will remind the mother about WHO guidelines, tell her to continue to breastfeed her baby, and urge her to find a different pediatrician. It should be noted that, even though it may appear that the advice is contrary to that given by the doctor, and even though exclamations such as "Oh, those doctors who have learned nothing since grandmother's times/since the fall of communism!" are fairly common, the medical profession as a whole is not dismissed. People are urged to find those "few exceptions" who are "informed" and who will give medical advice that is congruent with the views of the community. For example, if a breastfeeding mother has a medical condition that needs medication or an intervention, she will be directed to a doctor who is a specialist in her condition, and who also supports breastfeeding. Otherwise, there is a great perceived risk that the mother will be told to wean her baby off the breast, even when this is not necessary.

Another class of reasons arise from the medical situation itself. For example, there can be high anxiety over symptoms or the diagnosis, which prompt people to ask other members of the community to share their experiences. Sometimes, people just want to hear other experiences or ease their worries while waiting for the doctor's appointment, be it the first one or the second, or third opinion. Another kind of situation is what we could call "small emergencies". These are acute conditions that happen at an inconvenient moment, such as a high fever over the weekend or at night, when it is more difficult to reach a doctor parents know and trust, and the parent does not think it is that bad that a visit to the emergency room would be justified.

The third class of motivations for seeking medical advice online is linked to the need for reassurance. The physical and psychological health of their children is a priority for the members of the community, and many strive to keep up to date with the available information on the issues. This can sometimes become a source of uncertainty. For example, members ask for validation after having had discussions with friends or family who think badly of their approach to health issues. Those unsettling arguments from the outside may be based on customs (e.g. you have to bind the legs of the baby, so she does not get crooked feet), superstitions (e.g. you are not to resume breastfeeding with a child who has been weaned off the breast, as he will become a poltergeist/he will be able to give the evil eye), different medical advice received in turn by the others (e.g. you have to give tea to an infant, especially when it is hot outside, or they will dehydrate).

Another source of uncertainty is precisely the massive amount of information available online. One can find online articles in support of almost anything, and this vast amount of knowledge can be difficult to navigate and sometimes unsettling. For

example, there is a host of information on the work and findings of Louis Pasteur. But, at the same time, there are articles belonging to the anti-vaccine community, in which Pasteur is described as one of the biggest imposters who have ever lived. Without access to Pasteur's original work, without being able to replicate it by oneself, and, most importantly, in the absence of unconditional trust in "mainstream science", there is no way to prove either point of view.

### **Content of online health-related advice**

We have just gone through the reasons people give for seeking medical information online in this virtual community. Let us now see what kind of information is being sought. Firstly, people ask for a type of information that some may not even see as medical advice: recommendations for baby care. Although breastfeeding, introducing solids, nutrition in general, babywearing, and sleeping are topics addressed in routine medical appointments in the first years of a child's life, they are often regarded as common sense knowledge. So much so, that often, in arguments, the phrase "when I was raising children, there were no such guidelines and my children turned out just fine", uttered by elderly people, is very common. This is why members of the community go online to complain about their mothers, (mostly female) in-laws, neighbours and other people, mostly ladies, who disagree with their choices, and regardless of the professional advice they might have gotten. They seek and find reassurance that they are doing the right thing, and validation in their role as mothers that do not need nousey people's intervention in their and their children's lives.

Sometimes, people ask for very specific medical advice: possible diagnoses, possible treatments, or medical tests to run given the former. These questions follow after a detailed description of symptoms and recent medical history and, when relevant, are accompanied by pictures (e.g. of the rash, colour of the skin, wound etc.). Sometimes, members of the community are the second opinion after a doctor's appointment which leaves the parent in doubt. In many cases, these threads end with the advice to visit a (second or even third) specialist. These discussions may degenerate in conflicts between, on the one hand, those who think one should not rely on online advice and, on the other hand, those who try to put themselves in the original poster's shoes and argue that sometimes it is hard to trust physicians.

In some situations, members will only ask for information that assists them in finding the most suitable specialized help possible. For example, in case of a rash, parents will ask whether they should talk first to a pediatrician, a dermatologist, or an allergist. Or they may inquire about doctors and clinics, in their quest to find medical assistance that is best suited to their needs and their budget.

### Actors involved in the exchange

There are several types of actors involved. As Kozinets (1998, 2010) pointed out in the case of consumer communities, we can classify actors of a virtual community according to their interest for the central topic, and their involvement in interactions with other members (see Table 1).

**Table 1: Types of actors according to Kozinets (1998, 2010)**

		Social ties within the community	
		Low	High
Interest in the topic	Low	Tourists	Minglers
	High	Devotees	Insiders

First of all, there are the specialists. They may have a medical degree and be recognized as a result of it, or they may have another kind of legitimation. They may be leaders of segments of the community, visible to the more general public or known for their blogs, parenting courses, advocacy, or a combination of all of the above. In terms of Kozinets' (1998, 2000) typology, they may be insiders or devotees.

Administrators of Facebook groups have an important role in the way discussions go. Depending on the characteristics of the group – theme of the group, size, history -, they can make up rules. Some of these rules may state medical issues that may not be discussed, such as vaccines. Facebook admins may be insiders, “experts” recognized as such by the community, or minglers who share the values of the specific group and are available for doing admin work.

There are other very active members who can behave as minglers – by participating in as many topics as possible, in several Facebook groups of the community -, or as insiders, looking up information on topics of interest for the community, gathering sources in one post, or by starting their own Facebook pages and blogs.

“Tourists” are not really members of the community, but their presence is noticeable. There are two kinds of tourists. First, there are those who seek a specific piece of information and who illustrate what Kozinets coined as “tourists”. Then, there are the “outsiders” and the “trolls”. “Outsiders” may ask questions that are out of line, like what solids to introduce at 3 months of age, after having started weaning at 2 months. “Trolls” may ask similar questions, but sometimes it is easy to recognize the intention to provoke. Understandably, most of the time it is hard to distinguish between honest outsiders, who just “got lost”, and trolls, who are there with the objective to trigger a fight. Either way, their effect on the dynamic of group discussions is similar: they generate conflicts on the topic about which they asked and, simultaneously, they generate secondary conflicts between those who want to help or correct the original poster and those who bash her.

## **Credibility of the source**

When people ask for advice on health issues, they are putting their lives or the lives of their loved ones in the hands of those who advise them. Between asking a renowned specialist who is simultaneously a close friend and following the advice of a stranger about whom they know nothing, there is a wide array of perceived trustworthiness. When going in a virtual community and asking for medical advice, one should expect to receive different, sometimes even conflicting opinions. They will choose to act upon this information depending on the credibility they lend to it and to its source. It is therefore important to understand how credibility is built.

First of all and most importantly, the way discussions go suggests that people tend to believe those who share the same point of view as themselves. This is particularly the case when the need for reassurance is the main motivation for seeking help online. People tend to believe those who help them stay strong in their own original beliefs. This is not a surprise, but just a reminder that confirmation bias is an important factor when people make decisions, including choices about their health.

Another source of credibility is a shared history. Members of the community tend to believe people whom they already know from other online interactions that resulted in a positive experience, even if those interactions were on unrelated topics. Being an active member of the community thus results in greater credibility. For example, mothers who are very active in babywearing groups, and who have attained a certain degree of visibility there, will be better received in discussions about breastfeeding or weaning, as they have already shown that they share the values of the community.

There is, understandably, the institutionalized credibility of “experts” and admins. In some cases, the official degree is the source of trustworthiness, but admins or well known bloggers may sometimes appear to members of the community to be more believable than physicians or other specialized medical staff. For example, on a group where mothers and expectant mothers discussed birthing experiences and birth plans, a neonatology doctor who was present in the group felt the need to intervene and to say that it was impossible to have rooming in (the newborn baby stays with the mother) and skin-to-skin contact directly after a cesarean delivery. She was vehemently contradicted by mothers who declared they had had that kind of experience in private clinics or in other countries and she left the group as a result of the discussion.

Members of the community may employ different strategies in order to increase their credibility. For example, people may quote online or offline written sources. These can be either blogs and the like, or sources that are perceived as scientific and objective at least by some members of the community under study. They may be, however, not recognized by the scientific community. An example of such site is *mercola.com*, which is presented as the website of a doctor who is a “natural health expert”, but which displays disputed content (Zimmerman et. al., 2005). Another strategy is to quote the opinions of doctors. This way, the lay person is freed from the responsibility of generating a piece of advice, and, at the same time, gains the credibility given to experts.

People who share the same medical problem or concern tend to be summoned to participate in discussions on that topic, as they can report on their own experiences and they tend to have already undergone a process of documenting themselves on that particular issue. They also employ the strategy mentioned above: that of citing their doctors.

Things that *apparently* undermine credibility are bad grammar, unrealistic names, being a newcomer, the lack of a realistic profile picture, and having a bad reputation i.e. being known for belonging to the other party. These are apparent factors, as they are being brought to attention only when the person having one or several of these characteristics contradicts the opinion of other members. They tend to be overlooked when the opinions expressed are in accordance with the shared values of the community or group.

We will illustrate the sharing of medical advice with two examples. The first one is a topic that does not get much public attention: vaginal birth after cesarean (VBAC). It is a topic of interest to mothers who already have given birth through a C-section and how wish or plan for a vaginal birth. The second topic gets attention from a far wider public and is also covered by the media: it is the case of vaccines. As already stated, this is a very divisive topic and it is therefore considered taboo in many settings.

### **Vaginal birth after cesarean delivery: How to?**

The topic of vaginal birth after cesarean delivery is of interest for a relatively small part of the population: mothers who already had a birth by C-section, who are pregnant or are planning on a new pregnancy, and who wish for a vaginal birth. To this we may add the experts: obstetricians, midwives, nurses, and doulas. There are controversies among the medical profession, as there are only a few clinics where an expectant mother can have a trial of labor after cesarean (TOLAC) and, within them, only a handful of doctors willing to assist VBACs.

Until recently (the summer of 2016), there used to be only one Romanian-speaking active Facebook group on the topic. There, mothers have sought information about VBAC, its risk and benefits in general, and about specific conditions in clinics from Romania. They also have shared their birthing experiences and have given and found emotional support. Most expressed opinions are in favour of VBAC, even though some members are more reserved when it comes to what a mother can and cannot risk when it comes to giving birth.

Mothers come to this group somewhere between immediately after having had a cesarean delivery, and right before the second birth. Many of the members regret their C-section and some even feel that they were tricked into it. There are numerous stories of mothers who were induced and then ended by having a cesarean delivery. There are mothers who got directly a cesarean because their doctor was leaving on vacation or because holidays were coming, or who were told they cannot risk going into labour because they had a small frame or because they had eye-problems. Then there are women who feel they were rushed during labor, or that they were put on unneeded



medication and that if their labour had developed naturally, they would have been able to give birth vaginally. They describe their experiences as sad, painful, and traumatic and they are determined to be better informed the next time around and to at least go through a TOLAC.

In the summer of 2016, there was a partial split in the group, after a conflict between members who were more in support of “allopathic” medicine, and those in support of alternative medicine and nonmedicalized birthing. Some members complained that the group had changed when a doula and hypno-birthing specialist, who had created her own birthing concept, had taken over its administration. As it shifted focus towards hypno-birthing and new germanic medicine, some doctors and midwives left the group, while some active members were banned for expressing views that conflicted with the general direction the group had taken.

This is an example of how an internal conflict between “extremists” and “moderates” was managed (the labels are attributed by the members of the community; see Rusu, 2015, for the full typology). The supporters of “allopathic” medicine were in favour of thorough monitoring of pregnancy and birth, whereas the others argued that too much monitoring can stress the mother and thus impede the course of the natural birth process, which can cause a new, unnecessary cesarean delivery. The conflict resulted in the exclusion of some members from the group, and the voluntary departure of others. A new group, that describes itself as fact-based, came to life. It had already been created for some time, but it only became active after that incident. Doctors and midwives are active members in that group. The two groups overlap, as many members are part of both. The owner and admin of the new group has herself been an active member in the old group the whole time. The initial (and with around 4.500 members, compared to slightly more than 700 members, bigger) group is more active and its focus is on individual experiences, mind-body balance, and natural birth. It is aimed at providing a space for mothers and expectant mothers to share experiences, to express their worries and to find reassurance. However, there too members can find more pragmatic information about doctors and clinics willing to allow TOLAC and VBAC, and about hospital conditions. They can also ask for clarifications about diagnoses and the risks they carry for their pregnancy and birth or reassurance that their symptoms (e.g. light abdominal pain, light contractions) are normal. As doctors have left the group, these concerns are addressed by midwives, doulas and other mothers.

### **To vaccinate or not to vaccinate – this is a question one shall not ask**

As already stated, the community under study is a community that goes against the mainstream. At the same time, it is made of parents who are better-than-average educated and who are on a constant quest to inform themselves on the best way to raise their children. On the one hand, they are prone to seek scientific information and to base their choices on it (see also Faircloth, 2010, for an analysis on how breastfeeding mothers justify their decision). On the other, they distrust mainstream guidelines. It has already been shown (Lewandowsky et. al., 2016) that people who support freedom of choice and

free markets will be prone to oppose state intervention in any field and will tend to dismiss scientific consensus that would justify it. As in the case of global warming analyzed by Lewandowsky et. al (2016), there is a majority of professionals who agree on the scientific findings that support the intervention of the state. In the case of global warming, there is a wide consensus among the scientific community that global warming is a real man-made problem, and that regulations against carbon dioxide emissions are necessary. In the case of vaccines, there is an overarching consensus in the medical community that there is a need for a widespread vaccine coverage of the population. In both cases, there are also some “dissidents” from within the scientific community, who support the opposite point of view. In the case of vaccines, there are doctors who dispute the safety and effectiveness of vaccines. The Romanian anti-vaccination movement has produced a book (written by a doctor) and numerous conferences moderated by a doctor who is also a university professor. This gives it a sense of scientific legitimation while still fighting “against the system”.

Vaccines are arguably the most divisive topic of discussion when it comes to children’s health issues. This is why it is considered taboo or “hot” in many Facebook groups belonging to the community, as an issue on which people would never reach agreement, and which is therefore banned from discussion. There are, however groups dedicated to discussing vaccines, but they are overtly situated on one side or the other of the argument.

For example, in order to enter one anti-vaccination group of the community, future members have to prove through medical records that they belong there. Only people who can prove that they are genuinely anti-vaccination are allowed to enter. Therefore, for ethical reasons, we will further analyze anti-vaccination discourse found on public blogs and Facebook pages belonging to the community. The pro-vaccination group, where some of the most active members are physicians, is less strict, allowing virtually anyone to enter. However, vocal “anti-vaxxers” are asked to leave or banned.

As argued elsewhere, this is an internal “ideological” conflict (Rusu, 2015). This label is not meant to minimize the scientific knowledge produced in the fields of immunology and pharmacology, but it reflects upon the social reality of the conflict. People engaged in it are in their great majority not medical professionals, but concerned parents who want to make the best decisions for their children. In the absence of direct scientific knowledge and especially in the context of lack of trust in medical professionals, it is difficult to distinguish between correct and flawed sources of information.

This is an example of segregation that forms ‘tribes’ (Kozinets, 2010) that are separated from each other and rarely communicate directly. In each of them, people are screened against differing opinions and actually get the reassurance that they made the correct choice and, thus, as Sunstein (2002) noted, get to more extreme views than those they started with. This is, of course, not the first time that anti-vaccination arguments on the internet have been under scrutiny (Kata, 2009, 2011; Zimmerman et. al. 2005). The interesting finding when analyzing the two opposed discourses is that each tribe accuses the other of the exact same things.

Firstly, they accuse each other of being brainwashed. Those who vaccinate are said to be brainwashed by the media, which is at the service of the pharmaceutical industry. Those who oppose vaccines are accused of being brainwashed by the more prominent bloggers of the movement.

On the same note, they accuse each other of following either some leaders, or the official guidelines indiscriminately, *religiously*. There are a few very prominent people in the Romanian anti-vaccination movement who have elicited such strong passions that there are Facebook pages dedicated to their support or, on the contrary, to fighting against them.

Each party accuses the other of being impostors and using falsified data. For example, on the link between MRM vaccination and autism, each side invokes studies. The controversy raised by a famous article that was later retracted, and that stated MRM vaccination as the cause of autism, is far from being settled. “Anti-vaxxers” maintain that the article was true, but was retracted due to pressure from “Big Pharma” and refuse to accept data coming from the American CDC, as it is thought to be subdued to industrial interests. On the other hand, “vaxxers” use the retraction of that article as an argument to dismiss any information that could imply vaccines have adverse effects, no matter the source.

Information on the negative outcomes of the opposite choice is dismissed as anecdotal or plain false. Those who are pro vaccination dismiss recounts of children developing symptoms of autism after vaccination as coincidences – first signs of autism are diagnosed around the same age as the vaccination for mumps, rubella and measles -, or lies. Those who are against vaccination dismiss news about children who died of measles, as either coincidences – those children came from poor living conditions and died of pneumonia or other illnesses that overlapped with measles -, or lies.

Fear is an important factor in the vaccine debate. Depending on which side you lend your ear to, either the pharmaceutical industry, or the leaders of the anti-vaccine movement, exploit parent’s fears. Accordingly, both “vaxxer” and “anti-vaxxer” parents would be acting out of fear. This means that some parents fear the illnesses against which they vaccinate their children, as they are described by “Big Pharma” and subdued government agencies, while others fear the adverse effects of vaccines, as described by the “anti-vaxxers”. For example, people belonging to the anti-vaccination movement attribute the beginning of vaccination within the first week of life to the exploitation by the pharmaceutical industry of new parent’s anxiety and fear.

Each party accuses the other of minimizing the risks associated with their own choice and maximizing the risks associated with the other’s choice. Thus, people who are pro-vaccination accuse the others of minimizing the risk of getting a disease like pertussis or poliomyelitis, and of downplaying the so-called childhood illnesses. They are, in turn, accused of not taking adverse effects and risks from vaccination seriously. There is just a small step from this to accusing each other of risking their and other children’s lives.

## Consequences

At the individual level, the consequences of seeking medical advice online are sometimes material: some refuse or postpone treatment, others self-medicate; some decide to not follow their doctor's orders and to ask for a second opinion from a doctor recommended by other members of the community, while some receive the confirmation that their doctor is probably right; some decide they have to further investigate. Any of these choices may have good or bad results. Sometimes, the people who initially asked return to thank the community for their support and advice, while sometimes they come back to decry not having listened to their doctor in the first place. There are even some stories of deaths that are attributed to having listened to the virtual community. These stories circulate within the community and are brought forth as a warning when members feel that things are going too far from the mainstream.

A social consequence of seeking medical advice in virtual communities is tribalization. In the online social world, it is far easier to surround oneself with people who think the same way as us, getting simultaneously isolated from those who think differently. Sometimes this is done without intention, just by seeking the company of likeminded people, but, as in the case of vaccines, sometimes people actively exclude those who think differently from the discussions. As Sunstein (2002) noted, this can lead to extreme attitudes, which, in terms of consumption, create "passionates" (Kozinets, 2002).

## Conclusion

This is not a medical paper. As far as possible, the author has tried not to let her own health choices influence the analysis of online discussions on medical topics. It is not the aim of this paper to discuss whether VBAC is or should be a valid medical option. The author has no medical competence to judge whether vaccines are safe or not, whether they are effective or not. The aim of this paper is to illustrate and to get a better understanding of the way medical issues are discussed and interpreted in virtual communities, and of the way people are influenced by the virtual community to which they belong.

One important finding is that people tend to listen to those with whom they share the same views on health issues. Credibility is built through repeated interactions and the appearance of being well documented, by citing external sources, but being on the same page when it comes to health choices seems to be the most important factor.

Hot topics can be tolerated within the community only by declaring them taboo in most settings and by creating separate settings where likeminded people may discuss them. It is an interesting finding of this paper that opposing parties use the same types of arguments against each other's point of view and that people will rarely change their position on these topics as a result of online interactions.

## REFERENCES

- Faircloth, Charlotte (2009) Mothering as Identity-Work: Long-Term Breastfeeding and Intensive Motherhood, *Anthropology News*, 50 (2)
- Faircloth, Charlotte (2010) 'What Science Says is Best': Parenting Practices, Scientific Authority and Maternal Identity, *Sociological Research Online*, 15 (4)
- Kata, Anna (2009) A post-modern Pandora's box: Anti-vaccination misinformation on the internet, *Vaccine*, 28
- Kata, Anna (2011) Anti-vaccine activists, Web 2.0, and the postmodern paradigm – An overview of tactics and tropes used online by the anti-vaccination movement, *Vaccines*, 30
- Kozinets, Robert V. (1998) On Netnography: Initial Reflections on Consumer Research Investigations of Cyberculture, *Advances in Consumer Research*, 25
- Kozinets, Robert V. (2002) The Field behind the Screen: Using Netnography for Marketing Research in Online Communities, *Journal of Marketing Research*, 39 (February)
- Kozinets, Robert V., (2010) *Netnography: Doing Ethnographic Research Online*, Sage Publications
- Lewandowsky, Stephan, Cook, John, Lloyd, Elisabeth (2016) *The 'Alice in Wonderland' mechanics of the rejection of (climate) science: simulating coherence by conspiracism*, Synthese
- Madge, Clare, O'Connor, Henrietta (2006) Parenting gone wired: empowerment of new mothers on the internet?, *Social and Cultural Geography*, 7 (2)
- Rothbaum, Fred, Martland, Nancy, Beswick Janssen, Joanne (2008) Parents' reliance on the Web to find information on children and families: Socio-economic differences in skills, use and satisfaction, *Journal of Applied Developmental Psychology*, Vol. 29
- Rusu, Ioana-Alexandra (2015) Șase tipuri de conflict într-o comunitate virtuală. Părinți „diferiți” în mediul on-line, *Sociologie Românească*, 13 (1)
- Sunstein, Cass R. (2002) Why They Hate Us: The Role of Social Dynamics, *Harvard Journal of Law and Public Policy*, Vol. 25 (2)
- Zimmerman, Richard K, Wolfe, Robert M, Fox, Dwight E., Fo, Jake R., Nowalk, Mary Patricia, Troy, Judith A., Sharp, Lisa K. (2005) Vaccine Criticism on the World Wide Web, *Journal of Medical Internet Research*, 7(2)

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