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Using a humour podcast to break down stigma around illness

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Introduction

This chapter concerns how the Sickboy podcast series uses comedy to present discussions around illness. To introduce the topic and focus of the chapter, we would like to present a short transcript of the podcast as follows.

- The podcast you’re about to listen to deals with some pretty intense subject matters, and we sometimes have a potty mouth, so listeners’ discretion is advised.
- Welcome to Sickboy, a podcast where we talk about what it’s like to be sick. My name is Jeremie Saunders, and I live with cystic fibrosis. So let’s talk about it. (Coughing)
- Should I be coughing directly into the mic?
- Yeah, every time.
- Every time...
(More coughing)
- Whoa, dude! That sounded exactly like the intro!
(laughing)
- Why the fuck do we even have that cough on the intro when we have a professional in our midst?
- Yeah, Jeremie, what is CF?
- Nice transition!
- Flawless
- Yeah, alright. Hi everyone! You are listening to Sickboy, and I’m your host, Jeremie Saunders. First off, let me just thank all of you for tuning in and thank you guys for sitting in. I’m pointing at you and no one can see that! Yeah, so, this is a podcast where in each episode, we cover a different disease. (Sickboy, 'Cystic Fibrosis', 2015)

What is Sickboy?

This excerpt from the first episode of Sickboy was initially shared via a Kickstarter page in August 2015, and it immediately attracted media attention for doing something extraordinary. Sickboy can be seen as a cross-media production with a podcast series at its centre, which is complemented by a website and social media elements, like a blog, Patreon page and Facebook, Twitter and Instagram accounts. Sickboy is a collaboration between Canadian-based friends Brian Stever, Jeremie Saunders and Taylor Macgillivary. The three men, all of whom are in their late twenties, record funny and inspiring conversations about living with sickness, with the aim of showing illness as something that can affect people in their youth. They relate their stories to the personal experiences of being young North Americans, and while Brian and Taylor are healthy, Jeremy lives with cystic fibrosis (CF). The weekly podcast was born after 153 people contributed more than 12,000 Canadian dollars on Kickstarter. Sickboy airs every Monday on Libsyn, iTunes, Soundcloud and Google Play. At the time of writing this text, there were 111 tracks in total. The podcast has 151 donors, who contribute over a 1,000 Canadian dollars per month on the collaborative funding site Patreon. Further, they have more than 2,000 followers on Twitter, over 6.5 thousand followers on Facebook and just under 6,000 followers on Instagram.
The aim is to discuss the Sickboy podcast series and the accompanying cross-media production from the perspective of cultural studies using Richard Johnson’s (1986) ‘circuit of culture’ concept. Johnson (1986) proposes a heuristic model to unite the different branches of cultural studies and show how they fit together while seemingly examining very different aspects of cultural products. His model offers an approach for systematising the different angles of podcast production, to evaluate the impact that a show like Sickboy can have on cultural change. According to Johnson (1986: 46), the circuit of culture consists of the moment of production and the circulation and consumption of cultural product; each element is dependent upon others and indispensable to the whole. Johnson (1986: 46) stresses that each moment is distinct and involves characteristic changes of form, and such changes of form have crucial implications when we discuss the ideas of podcasting. In this chapter, we utilise the circuit of culture model to discuss the production, text, and readings of the Sickboy podcast, as an avenue to understanding the potential cultural effects of podcasting more generally. After discussing the theoretical concepts related to podcasting as social media and why we think that investigating podcasting from the perspective of civic agency is important, we will tackle each circuit of culture element one by one, discussing the peculiarities of podcasting production from the perspective of collaborative media. Then we will continue by looking at the podcast as a text, and discuss how the podcast utilises social media affordances to support people living with illness. After that, we will look at audience reactions and feedback to the podcast, and finally consider the podcast as part of larger cultural change, drawing together the circuit of the culture. Thus Johnson’s model will help us to both frame the case study and to take a holistic view of podcasts more generally as cultural productions with the potential to bring about societal change.

**Podcasts as social media**

Berry (2006) clarifies some of the changes in form that the emergence of the podcast has effected by looking at how podcasts challenge the tradition and format of radio. However, to understand the podcast phenomenon, we argue that it must be considered from a cross-media perspective, where various social media technologies are integrated and, through that convergence, the affordances of the podcast and audio broadcasting more generally are expanded. Thus, regarding the podcast merely as a new form of radio would be severely limiting; instead, we investigate it from the perspective of social and collaborative media. The concept of affordances comes from psychologist James J. Gibson (1979) and refers to the potential for taking action with material objects or technologies. Norman (2013: 145) adds that ‘affordances refer to the potential actions that are possible, but these are easily discoverable only if they are perceivable: perceived affordances’. In their review of social media affordances relating to chronic disease management, Merolli, Gray and Martin-Sanchez (2013: 961, 965–66) identify five types of affordances: identity, flexibility, structure, narration and adaptation. These affordances are specific to social media and chronic illness management, but as Sickboy focuses on illness, the applicability of these affordances is considered later in the chapter. Focusing on affordances allows us to consider the role that podcast-focused cross-media production can play in effecting cultural change.
Podcasting at the intersections of public and private sphere

We investigate Sickboy as an example of the ‘microdynamics of democracy’ (Dahlgren 2006: 282). According to Dahlgren (2006: 272), “there is no gap between civic agency as a traditionally-conceived political activity in the public sphere, and the culture of the everyday: people in daily life may self-create themselves into citizens”. This means that while the Sickboy podcast is not part of any political movement, the presenters’ passionate and engaged speech about their own and their guests’ daily lives allows certain aspects of their experiences to become political.

We seek to locate the Sickboy podcast project at the intersection of the private experience of health/illness and public advocacy around issues of empowerment and inclusion. We are interested in the potential of Sickboy and similar podcasts to democratise the understanding of being ill, an outcome which we see as a non-political act of citizenship. We investigate Sickboy as a way to discuss mundane and everyday practices through the prism of humour, to activate and engage the audience by raising awareness and changing normative attitudes towards people facing health-related challenges. In the podcast series, humour is used to join together mundane and often silly talk with activism and awareness-raising. Dahlgren (2006: 275) discusses the challenge of understanding how actions in private space can be seen as migrating to public space, as the private and public spheres have been characterised traditionally in very different terms. According to Dahlgren (2006: 275), the idea of “public” is associated implacably with reason, rationality, objectivity, argument, work, text, information and knowledge (and, de facto, one might add, discursively dominant, masculine and Caucasian). “Private” resonates with the personal, emotion, intimacy, subjectivity, identity, consumption, aesthetics, style, entertainment, popular culture and pleasure.

Therefore, the content and style of the Sickboy podcast are inherently private, but the public medium of the podcast and the activist intentions of the hosts take the discussions to the public sphere and become part of “doing” citizenship.

In discussing the emergence of the podcast as a new medium, Berry (2006: 144) identifies it as a converged medium of audio, the Web and portable media devices, as well as a disruptive technology that is forcing traditional radio to reconsider its position. Over a decade after this analysis, the convergence of the podcast medium can be understood as having intensified. In light of Kaplan and Haenlein’s (2010) classic definition, podcasting, as part of social media, can be seen as an internet-based application that adopts the collaborative and participatory platform of Web 2.0 and supports user-generated content. From this perspective, discussions about social media affordances are applicable to podcasts as well. While Kaplan and Haenlein (2010) do not explicitly mention podcasts, the properties of the podcast format closely resemble the properties of blogging, which they proffer as a general example of social media. Furthermore, Berry (2006) claims that the technologies for creating podcasts are easily available to interested parties. Similar to blogging, entering the world of podcast production does not necessarily require advanced skills or expensive equipment. Since the technological barriers are low, the product can be made accessible to an array of listeners through readily available Web channels.
In the case of *Sickboy*, the medium – the podcast – is central, but it would be limiting to discuss it only from that perspective. To understand it as a cultural product through Johnson’s (1986) ideas of production, text, audience and lived cultures, we must treat *Sickboy* as a cross-media production, where different media platforms produce a variety of entry points to the central medium of the podcast. According to Ibrus and Scolari (2012), cross-media can include intellectual property, a service, a story or an experience that is distributed across multiple media platforms. Thus, contrary to Jenkins (2003) or Scolari and Ibrus (2014), who emphasise the intertextual and intersemiotic idea of transmedia storytelling, where one narrative spread across various media holds the experience together, cross-media can employ different platforms to support a central platform (e.g. the podcast) to share a story. The podcast is the central empowering medium for the *Sickboy* team, but they use a plethora of other media to compensate or enhance the affordances of the podcast. In this chapter, we also analyse the use of elements of other media to complement our understanding of the podcast.

In the analysis below, *Sickboy* is discussed in relation to the elements of the circuit of culture – namely, production, text, readings and lived cultures (Johnson 1986) – to shed light on the phenomenon of humour podcasts about illness and how they might contribute to changing norms and how people do citizenship (Dahlgren 2006) abilities. Our reading of *Sickboy* is partially inspired by a fascination with the hosts’ unconventional approach and an attempt to question whether their way of discussing mundane and everyday topics relating to illness can indeed make a difference. To discuss the different elements of the podcast, we use media interviews with the podcast producers; transcripts of five episodes; listening experiences of the podcast as a whole; blog posts, to understand the views of guests; and comments from *Sickboy*’s Facebook, iTunes and Instagram pages to reflect on the views of the audience. The aim is to give a broad view of the issues discussed from diverse perspectives, rather than to dive deeply into any single dimension of cultural production.

**Production of the *Sickboy* podcast**

Jeremie Saunders, the host with CF, explains his motivations for producing this podcast as a co-occurrence of interesting conversations with his friends as well as accepting the realities of his own illness:

People don’t want their illness to define them. But I have now let it to define me, but on my own terms. CF has become [a] powerful source of inspiration, it drives me. I only have a short time left, I want to use it to my advantage. I was using this ‘fault’ to my advantage. What is the reaction of others? Overwhelmingly positive. We did not... Let’s sit down and record this goofy conversation. We had stumbled on this profound thing. The conversation we were having, we realized other people had not had them. It was refreshing, finding humour in an otherwise dark situation. Lots of people will be inspired about the way you approach things. That’s my goal – to inspire people, to stop taking life and breath for granted. I want to make people laugh, to share inspiration. (CBC News Toronto 2016)

The affordances of the conversations on the podcast reflect Piper’s (2015: 42) explanation of comedy podcasts, where she sees the rise of an increasingly successful form of introspective comedy that ‘cut[s] the jokes’. Piper (2015) analyses an episode of *Walking the Room*, hosted by two stand-up
Piper (2015: 43) deploys ideas from Freud: ‘[H]umour is the triumph of ego and the pleasure principle: in joking about adversity, humour creates distance from it and allows one to minimise the adversity’s power.’ Similarly, Jeremie uses *Sickboy* to overcome his own adversary, CF, and turn it into a tool of empowerment. The first five episodes were produced in the city library of Halifax, Nova Scotia, Canada, using publicly available podcast equipment. However, after a successful Kickstarter campaign, the technical production and recording equipment were financed by donations. In her analysis of a Kickstarter-funded Web series, Ellcessor (2017: 32) stresses that these new funding models allow ‘new forms of access and participation blurring distinctions between media production and reception’. This initially collaborative start to the podcast inspires us to look at the podcast through the notion of collaborative media (Löwgren and Reimer 2013a, 2013b), referring to an emerging cultural form of digital media that is characterised by several different traits. These traits offer perspective on the format and affordances of podcasts as collaborative media. Löwgren and Reimer (2013a) argue that collaborative media are *forms for practice*, oriented towards action and open for interaction. For *Sickboy*, this means that the key aim of this comedy podcast is social change and action for better recognition and understanding of the sick. As Saunders explains, ‘We want to eliminate the awkwardness and discomfort that sometimes comes with speaking about illness. It just adds to stigma and shame and embarrassment’ (quoted in Clarke 2015). Löwgren and Reimer (2013a, 88) continue, ‘Collaborative media offer a framework with components to combine and appropriate in different ways [. . .] Collaborative media are cross-medial and increasingly material, catalyzing convergence between traditional media channels and extending into the physical world beyond screens and loudspeakers’. In the case of *Sickboy*, the podcast gained recognition in traditional media, and Saunders became a local celebrity. The framework of the podcast allows for live shows, public speeches and merchandise supporting the hosts’ message. The properties of collaborative media ‘entail close links between media infrastructures and media texts, essentially blurring the traditional media distinction between means of production and distribution on one hand and content on the other’ (Löwgren and Reimer 2013a: 88). Piper (2015: 45) refers to Meserko (2010) and highlights that, ‘The comedian podcasts gives comedians, as both podcast hosts and interview subjects, a forum that allows direct and intimate communication with audiences in ways of unmediated by content regulations, advertiser requirements, or the politics of the comedy club bookings’. This refers to the affordances of the podcast, which enable direct and intimate conversations. In the case analysed by Piper (2015) and with *Sickboy*, this intimacy is used to discuss difficult topics and bring them closer to the audience. Co-hosts Brian and Taylor stress the authenticity and down-to-earth nature of the podcast and the need to create a light-hearted and safe space for their guests.

Löwgren and Reimer (2013a) stress that collaborative media prioritise *collaboration*, and thus actively promote the engagement of the people traditionally known as the audience in not only consumption, but also in production and design. In the case of *Sickboy*, there are two important ways in which the collaborative ideal is realised. First, *Sickboy* follows what Ibrus and Scolari (2012) discuss as ‘open collaborative innovation’, which, at the micro level, has a feasible business model, as it was initially funded through a Kickstarter campaign and is currently sustained through continuous
support via Patreon. While in the early stages, the Sickboy hosts expressed a desire for possibly obtaining funding from a larger sponsor, they later decided against this and pursued funding that would allow them to remain independent producers. Sarasohn-Kahn (2008) discusses different business models for online social media and warns that, for instance, health bloggers writing about their own conditions walk a fine line between accepting advertising and appearing as though they are ‘selling out’ to corporate interests. There is also a perceived threat to the privacy of data when using corporate funding. Therefore, it is easier to maintain independence by using crowdfunding initiatives.

Second, the collaboration with guests is central to Sickboy. The hosts realise their activism and spread awareness through various guests sharing their stories. While the hosts clearly dominate the production and organisation of the podcast, the success or failure of their platform is clearly dependent on the guests, as this mix of humour and illness is uncommon in public discourse and it can be difficult to find people who are willing to share the story of their sickness in this particularly challenging format. In the Kickstarter campaign, the (un)availability of guests was illustrated as the greatest risk: ‘One of our challenges is securing sick people that are willing to sit down and have a chat. So far we’ve been really lucky in that we know a few sickos in our own lives. We also had a number of people reach out to us after an article about Sickboy Podcast was featured in Metro’ (Kickstarter 2015). As the website was developed, the Sickboy team added a registration form to manage people seeking to tell their stories. The form asks, among other things, ‘What cool disease/illness/infection/virus/physical disability do you have?!’ and ‘Tell us why you should be on the show? Example: How does your illness affect your life? Any cool stories to share? Etc.’ (Sickboy 2017). These questions stress the importance of humour and the perceived ‘cool factor’ of the illness. A guest named Andrew Henderson (quoted in Clarke 2015) reflects as follows:

You rarely hear this young voice… talking about illness in a fun, positive way [. . .] I just want a pamphlet that says, “Live your f****** life. Go to the club, party.” [. . .] We don’t have the same comfort level with illness as we do with other social topics. People panic’, Henderson says, thinking of the times he shared his diagnosis with friends. ‘What I got a lot of the time was pity, which is really isolating. This highlights a valuable dimension of the podcast series – namely, the ability to share stories in a frank, open manner, without pity or disgust. The collaborative dimension means that guests have a significant amount of control over how their stories are told and what aspects they will discuss.

The variety and diversity of guests is also used to balance the gender representation in the podcast. With three male hosts, the style, jokes and topics address issues that can be seen as heteronormative masculine by nature. Yet, by the end of 2016, there had been 78 episodes with a guest discussing their illnesses. Of those guests, 40 were female (including a transgender woman) and 38 were male. As the format has developed, a pattern of alternating between guests of different genders has become increasingly clear. While one could argue that the podcast is still male-dominated in voice and has a distinctly laddish style, it is also evident that the hosts make a clear attempt to be conscious and aware of gender representation.

In numerous episodes, the hosts stress that the stories are produced and told from the perspective of the individual, rather than that of a patient. This sets them apart from what Sarasohn-Kahn (2008), Moorhead et al. (2013) and Merolli et al. (2013) review as the use of social media by
patients, where the focus is on diagnosis, medication and treatment. In Sickboy, there is little to no focus on clinical details; the emphasis is on the issues and ideas relating to lived experiences (‘Brian and Taylor: Live from Studio 5’). This is similar to internet forums or blogs where patients use therapeutic affordance through narrative (Merolli et al. 2015) to share their experiences and learn from others, as the guests are given an opportunity to discuss their experiences openly. While Merolli et al. (2015) offer another affordance related to structure, where the physician’s guidance can be seen as part of the affordance, Sickboy uses structure only in the moderation of the narratives, setting it apart from a radio phone-in show, where the medical authority or the host’s authority provides the structure. Since the show is mainly led by the guests, its approach to illness is not necessarily always medically accurate. The podcast gives its guests a voice and allows them to discuss their experiences and, in some cases, the hosts return to the topic in a subsequent intermediary episode to update some of the medical information. But as they allow the quest voice to lead the story, they also take a clear stance in discussing the illness from the perspective of the person experiencing it. To balance the discussions with guests, there are occasionally episodes with no guests, labelled ‘Just a Routine Check Up’ (Sickboy Libsyn 2017a) making a reference to the medical discourse and using it against itself in a humorous turn. Usually, these are short intermediary episodes where, without claiming authority, the hosts dive deeper into the subjects discussed by their guests, adding their own voices in a more opinionated manner. In these episodes, the collaborative element comes in the form of addressing people’s questions, comments, feedback and e-mails, as feedback from listeners often contradicts the lived experiences of guests aired in previous episodes. In such episodes, the ethos of Sickboy becomes more visible, as they discuss the makings of the podcast and tackle the challenge of discussing trickier topics with as much neutrality and respect for their guests and listeners as possible.

The production of the podcast has been fraught with challenges. Using collaborative media as an analytical framework has allowed us to demonstrate the importance and challenges of collaborative funding and guest-led storytelling. As an all-male team, the hosts have demonstrated awareness of the need to pay attention to gender issues by inviting a range of guests. They have also largely succeeded in balancing the often overly-medicalised discourse around health and illness by focusing on personal and humorous stories to empower both guests and listeners. The format of the podcast and the structure of the content affords control over the content by the guests. We will discuss the elements of this content in the next section.

**Content of the Sickboy podcast**

**Seriality**

Sickboy differs from the podcasts mapped by Sarasohn-Kahn (2008) by being patient-led, but not necessarily focused on illness or medical issues. However, the podcast shares numerous similarities with health blogging, which can be seen as a popular health-related social media platform (McCosker 2008; Sarasohn-Kahn 2008; Moorhear et al. 2013). Borrowing the concept of technology of the self from Lovink (2008), McCosker (2008) points out that blogs written about, and in the context of,
personal illness are examples of an inclination to speak one’s truth in the confessional mode of modern culture borne of the Church, science and talk show television. While the confessional mode of blogs is individual, serial and develops over time, as in Piper’s (2015) comedy podcasts, in the case of Sickboy, there is little or no attempt at seriality. When paying tribute to the passing away of an earlier guest, the episode is, like in many other podcast formats, reposted with an extra introduction rather than just referencing or linking to it (Sickboy Libsyn 2017b). Thus, while there are recurring themes and back-and-forth referencing to different episodes, each story can be listened to as a one-off; the listener need not have followed the whole series to feel sympathy, be energised or understand the jokes.

Elements of seriality are added through the aforementioned episodes involving the hosts alone. At the same time, this allows for establishing links between and across themes. The episodes without guests provide space for meta-level reflection on the role of the podcast in the hosts’ lives and the links between the different podcasts. These intermediary episodes are not regular reflections but are sporadically spread across the hundred episodes. Sickboy also has non-medical guests, who themselves may not have a condition, but are sharing their lives with people with medical conditions (e.g. Jeremie’s wife and parents, as well as some doctors and activists). However, overall, such guests are infrequent. In discussing the affordances of the show, we focus on the ‘regular podcasts’, where hosts Jeremie, Brian and Taylor speak with guests with medical conditions.

Structure

The initial episodes of Sickboy are fumbling and explorative, as the hosts are searching for a functional structure to talk to each other as well as the guests. The very first episode features Jeremie as the guest, due to his CF. The podcast was Jeremie’s idea and, originally, he was going to be the only host. Thus, his two good friends were supposed to be temporary hosts interviewing him; however, the three-host format took off. In examining subsequent episodes, regular patterns of conversation between the hosts and their guests emerge. Their focus on specific topics and exclusion of others lead up to what we consider ‘constructions of normality.’ The Sickboy team also establishes a reoccurring mechanics of humour, which they use to support the same construction of normal. We explain this in greater detail in the next paragraphs and draw parallels to the five types of social media affordances outlined by Merolli, Gray and Martin-Sanchez (2013: 961, 965–66).

Typical episodes include an introduction, where the illness and its implications are presented by the guest from a personal and lived perspective. This is followed by what can be labelled as ‘care talk’ – elaboration on a diagnosis and how it emerged, including struggles and turns towards better medical knowledge, and the goal of receiving suitable healthcare.

The timing of the diagnosis and the emergence of problems, for example, might steer the conversation towards childhood, and the hosts might enquire how the guest’s illness and condition influenced life at home and at school. Merolli et al. (2013: 965) distinguish affordance of identity showing that social media users feel more in control of how they present themselves and how much
they want to discuss their condition. The hosts allow their guests to choose the level of detail, and terms they want to use, to discuss their situations.

If the guest's diagnosis is more recent, the conversation will move away from care talk and focus on the practical implications of sickness, typically surrounding how one copes with everyday productivity issues, like university studies or work life. Discussions about the emotional and private consequences of sickness, like managing friends or romantic relationships, also play a major role on the Sickboy podcast. In general the different ways in which Sickboy allows people to share their stories fits well with the social media affordance of narration (Merolli et al. 2013: 966) as guests have control over their own stories and use storytelling for the emotional management of their illnesses. The ways in which sharing information on social media brings the private domain to the public, and allows users to build an identity around taboo topics, inevitably brings the discussions to the notion of activism, being a role model and showing others that the guests are more than their diagnoses. This section of the podcast connects Sickboy to 'citizenship making' through everyday talk (Dahlgren 2006) and combatting the stigma around illness. Sickboy hosts and guests talk about illness as an inevitable part of everyday life and how it would help them if the general public could simply acknowledge that people with diverse abilities should all feel themselves to be valued members of society. While there are elements in the discussion that celebrate the extraordinary ways in which people cope with living with illness, most of the podcast focuses on the mundane elements of living with challenges the best one can. The activism or citizenship making is not made explicit, but rather becomes an implied part of sharing the stories. When wrapping up the show, every guest is offered the opportunity to add further thoughts or observations. In other words, guests have the final say and can dictate the conclusion, thus reaffirming their control over the story that is told.

The mechanics of comedy in relation to severe illness

The balance between different forms of humour and more serious and emotional content has some patterns that link to the above-described topical structure. Humorous situations generally appear when discussing the experience of everyday sickness in relation to personal or romantic relationships or coping with work life. This is less common in the care talk or diagnosis segments, although they contain their fair share of humour and embarrassing stories. This allows for what Berger (2014) calls redeeming laughter, where the jokes do not diminish the gravity of the situation but suspend the weight of it temporarily. What is considered funny is generally picked up and commented on by Jeremie, as he connects a guest’s event to his own lived experience, ridiculing himself and thereby inviting further laughter in the studio. This technique is used for comic relief, when permitted, regarding heavy or serious subject matter, or when the situation is already light. The comedy appears in two ways. It is physical and related to bodily functions’ misbehaving outside of accepted contexts, leading to social embarrassment in various situations both within healthcare institutions and in daily life. In parallel, it appears in and through the jargon of provocative and teasing interplay among the three hosts, who are clearly comfortable enough with each other to push themselves towards complete humiliation before returning to the conversation’s original track. What is
noticeable is that the jokes consistently start with the hosts, who carefully invite the guests to choose whether or not they want to take part. Hence, in the end, the joke is never on the guest unless they explicitly invite laughter; to maintain a light-hearted and humorous tone, the joke is largely on the hosts. This technique also allows for bringing light-heartedness to situations where the guests have difficulty expressing themselves lightly, thus providing what can be perceived as an emotional catharsis for everyone.

To elicit personal views from guests, beyond symptom descriptions, a short life story and some embarrassing episodes, the hosts get into conversations around rough topics by addressing those topics directly. In many episodes, ‘What is the worst thing that has happened?’ is a recurring question that leads the story away from a more superficial or sometimes technical narrative. Once they have ventured into those deep waters, the hosts often lay out their own preconceptions and ignorance around the specific illness or try to relate some symptoms to their own experiences before letting guests elaborate on their emotions and experiences. This makes the relationship more equal than in the case of a professional and a patient, as the hosts and the guests share their experiences and thoughts in a reciprocal way. On occasion, Jeremie uses his CF and the fact that he himself is living with chronic illness as a gesture to put things in perspective and to clarify that the guest is safe and not alone. Thus, personal connection is used as a specific narrative affordance (Merolli et al. 2013: 2015) to allow people to elaborate on their personal experiences and, at the same time, to experience emotional catharsis.

Clearly stating that the guest can terminate a topic is another tool for establishing comfort if a line is crossed, letting guests know that nothing will be aired if they are not entirely comfortable with the result. This creates a safe space, which might otherwise be difficult to find in normative mainstream culture (Tiidenberg 2014). At other times, Brian and Taylor, pursue sensitive topics by simply and curiously asking guests to tell them more, instead of leaving it to the guests to let details slip into the conversation. Asking questions one normally would not ask due to stigma or fear is an express purpose of the whole podcast’s concept, and it inevitably leads to the audience learning about more aspects of living with illness. This coincides with the idea that social media, collectively written by a large mix of patients and authorities, are becoming health information sources (Moorhead et al. 2013).

Through using humour, stressing that the guests are in control of their own stories and drawing on their own experiences and examples, the hosts of Sickboy create safe spaces where laughter becomes a coping mechanism. Humorous interludes help the guests and the listeners to overcome some of the more grave and emotional moments. Sharing stories of everyday life allows the humour in different coping techniques to show through, and adds a level of normalcy to the stories of people whose health situations are not usually discussed.

**Constructing normalcy**

As the podcast is intended to overcome stigma and normalise the experiences of young people living with illness, a contextual definition of what is considered normal is needed. As we use
secondary sources, and participants never really express what they consider to be normal, we listened closely to the episodes to understand some constructions of normalcy underpinning Sickboy’s discussions. After listening to five episodes, it appears that normality must be defined by the given context – in this case, the backdrop of Canada, the codified cultural values and the preconception of what might constitute a ‘regular life’ for a young person in that time and space. The feeling of deviating from that ‘regular life’ – that is, what is ‘normal’ – shows in how Sickboy’s guests of all genders, who are mostly in their twenties, describe their lives and, primarily, their experiences of school and early romantic relationships, which clearly stand out as areas where conforming is difficult when dealing with physical and sometimes mental challenges. Growing up immersed in particular cultural understandings of relationships and social behaviours, guests, due to their illnesses, could not always take part in these areas of life. Situations vary from missing social events due to stomach problems, to becoming overweight due to medication, to being excessively tired and sleeping throughout a whole year of university studies.

From the texts of the podcasts, in which guests discuss growing up and their experiences of adolescence, it is clear that they have experienced being different and consider their experiences to be deviations from the norm. In discussions about how they cope with feelings, relations and physical restrictions, they also reveal their relationship to ‘normalcy’. Two opposite approaches can be distinguished here. The first is the self’s disassociation with the illness and the second can be called ‘owning the illness’. Both allow for the different types of identity work afforded by social media (Merolli et al. 2013).

‘Fighting and conquering and surviving the disease’ and ‘refusing to let it define you’ are statements typical of Sickboy, which hint at a disassociation with the part of the self that does not conform to what is accepted socially or culturally. From this perspective, it is more socially acceptable to disown one’s disease than to embrace it. Some episodes reflect striving for normality by fighting the illness, living life to the fullest and (for those with physical ability), for example, exercising or looking better than a healthy person. The advantages of being sick that are discussed in some instances concern appearance. It is apparent that there is a normal baseline constituting social acceptance, according to popular Western notions of physical beauty, where illness is linked inherently to unattractiveness and physical weakness. Hence, there are linkages to body normative mainstream culture (Tiidenberg 2014) and the guests or hosts endeavouring to fit in. In this approach, participants fight stigma by focusing on the individual’s efforts to work around the challenges of their particular illness.

The second approach is embracing the illness, owning it fully, taking it along and forcing it to be a part of life, whether this is socially acceptable or not. Proponents of this approach make deviations seem natural and advocate that they be incorporated into everyday life through accessibility and acceptance, thus pressing for a collective de-stigmatising of illness, regardless of its form. We can locate many guests on a sliding scale between the two approaches depending on the situation, and ultimately, it is the fact that they deviate and feel the need to cope with that deviation that constitutes the construction of normality in the discussions.

At all times, there is a cultural norm baseline that is negotiated in a constant relation to the guests’ experiences of their illnesses, rather than medical facts or diagnoses, which are frequently at the
centre of other health-related social and traditional media or mainstream depictions of disability. Ellcessor summarises the challenge of accessing traditional media despite its barriers, and sees online media as a way to overcome historical barriers and institutionalised voice:

> For people with disability, this [loss of institutional barriers] has meant increased access to the range of media texts, tools and communities. Blogs, Twitter and other social networking sites provide a necessary antidote to stereotypical media representations of disability by allowing individuals with disability to have a public voice with what to “tell the world about their own stories and life experiences” (Haller 2010: 20). Ellcessor (2017: 37–38).

Thus, the podcast becomes a medium where hosts and guests tell their own stories in their own voice and can make their everyday experiences public. Publicness allows participants to raise awareness, but also broadens understandings of human experience writ large.

**Readings – audience reactions to the *Sickboy* podcast**

When discussing the audience’s reading of the podcast we rely solely on secondary sources. We examine the reactions of people on social media or in the interim episodes sharing reflections, where the hosts discuss the feedback they have received. As regards reactions on social media, we cannot always be sure whether commenters have listened to the podcast or whether they are reacting to others’ reflections on it. On Facebook, it is easy to react to a post about a new podcast episode even before listening to it, and users do often react to the ongoing conversation. At the same time, the cross-media aspect of the podcast brings audience reactions and the collaborative dimension of the podcast reading to the forefront.

The relevance of looking at social media platforms is reflected by McClung and Johnson (2010: 89), who use online surveys to uncover motivations for downloading and listening to popular podcasts, and reveal that activities grouped as ‘social aspect’, like sharing and discussing podcasts with friends, play the most significant role in determining podcast use. This ‘social aspect’ of interacting with podcasts is also visible in *Sickboy*. Looking at the activity on its Facebook, Twitter and Instagram pages, the commenters often tag friends to bring podcast episodes or images to their attention. Posts also have quite a large number of shares (in comparison to the number of likes), indicating that this medium is where many people participate in conversations. For instance, at the time of writing this, the most recent guest episode post about a paramedic, Josh, who was suffering from post-traumatic stress disorder, had 165 likes, 21 shares and 5 comments.

Overall, the audience reactions are positive. The podcast is rated highly on its Facebook page (68 out of 70 reviews have given the podcast the maximum of 5 stars). The actual number of listeners is difficult to trace, as the embedded Libsyn platform does not display the number of listeners. Furthermore, podcasts in general are shared across several platforms and, in most cases, as in the case of *Sickboy*, are free services, which do not require registration or payment to access them.

The comments support Radio Advertising Bureau’s (2004 quoted in Berry 2006) notion of two ways of listening: habitual and discretionary. While Berry (2006: 147) reads all ways of listening to be in the discretionary category, as listeners must make deliberate choices to subscribe to and transfer
content, the affordances of mobile phones, etc., indicate a rise in habitual listening, where regular Monday podcasts are awaited and celebrated.

I laugh, I cried once, and a Patreon supporter!

Literally the first thing I think about when I get into work is where’s my coffee and SICKBOY. Mondays at work are definitely not boring. "cough cough" (Sickboy Facebook rating, April 2017)

Others describe different practices, where they become compelled to binge-listen to several episodes in a row.

Sometimes I don’t listen to sick boy for a couple months (six months has been my record) just so I can binge listen to it and hear all the inappropriate jokes my little heart desires for hours (days) on end. (Sickboy Facebook rating, April 2017)

The development of the Sickboy podcast follows Berry’s (2006: 147) idea of the original radio communication, initially used for point-to-point communication, becoming a means to talk to the masses when crowds started tuning in. Similarly, the hosts of Sickboy initially ventured to record a conversation among themselves, with little interest in sharing it with others, but they realised the comedic potential of the show and the prospect of having this larger role. The podcast as a medium could be seen as the ideal of radio expressed by Bertolt Brecht (quoted in Berry 2006: 147), where people may speak as well as listen to the medium. However, instead of taking the view of Berry, who applauds the possibility of everyone becoming a producer of a podcast, thus blurring the roles of producers and the audience, we use the concept of ‘produser’ (Bruns 2006), as the podcast becomes a multi-communication medium which takes advantage of the affordances of cross-media. As discussed above, Sickboy is available on several platforms and through tagging, sharing and commenting, the audience plays an active part in the discussions.

There are clear moments in these discussions with the audience where the idea of empowerment is tapped into and people explicitly address the motivations of the podcast producers in their comments. For example, a tweet from April 2017 states, ‘Thank you for this ep. I dont [sic] know anyone else who was born with this condition and it gets a bit lonely, it helped my self esteem a lot’ (Twitter 2017). Here, empowerment comes from learning about others suffering the same disease, and the feeling of recognition supports self-esteem. Another reviewer from the Facebook page stresses the importance of learning about new diseases:

This has been a kick ass podcast to listen to each day (to get caught up on all episodes) and is the first thing I turn on in the morning! It is such a fantastic way to learn about diseases, disorders and medical issues that would otherwise remain foreign to me. It helps remove stigma and shows a different perspective that has been fascinating! Keep up the amazing work guys!! (Sickboy Facebook rating, December 2016)

Here, the writer does not self-identify as belonging to any of these stigmatised groups but, rather, talks in general terms about the empowering potential of the podcast. Through the three hosts and the guests, Sickboy offers the audience two different ways to identify with the podcast. On one hand, there is the identification of a fellow sick person – either the guest or Jeremie. On the other hand, Brian and Taylor both afford general identification as healthy but compassionate listeners as
well as their individual, specific identifications. If one listens to only a few episodes, it is difficult to tell the hosts apart; hence, the identification can mostly be done through the healthy–sick binary. However, based on our experience, as regular listeners we learned to distinguish between the three hosts, and the textual analysis of the podcast transcripts shows that they tend to have their own individual roles in the discussions. Brian is the one who saves the uncomfortable moments, whereas Taylor is the one who is unafraid to ask even silly-sounding questions. This allows the audience to identify not only with the content of the discussions but also with the hosts and their personal stories (Piper 2015).

In our investigation of audience reactions, we can see different kinds of listening practices – people who are habitual listeners, those who binge-listen to several episodes in a row or those who get introduced to individual episodes through their own conditions. The podcast is shared, commented on, and celebrated via the supporting social media platforms (Facebook, Twitter, Instagram) and these platforms allow the hosts to maintain contact with their listeners.

Conclusions: Can podcasts impact lived culture?

As Piper (2015: 58) summarises, ‘I have argued that the comedian podcast offers a platform for comedians to perform the state of being themselves, bringing what would typically be regarded in a mainstream comedy club contest as a backstage identity to the front, allowing the comedian to present a comedian-as-person identity’. Similarly, the identities of Jeremie, Brian and Taylor are performed to create a sense of closeness and authenticity. The hosts of Sickboy make jokes about themselves, their health, their habits and their lives in order to create an inclusive and intimate space for guests to share their personal stories. Sickboy manages to use (fairly) unedited versions of their podcast discussions to convey a sense of intimacy and immediacy for their guests and the audience.

The collaborative production – with both collaborative forms of funding and the collaborative format with regular guests – allows the podcast to remain open and avoid being tied to specific issues. The affordances of the social media linked to this collaborative production, as well as the open innovation business model, allow for a fairly democratic and open podcast. This openness and a rather predictable format allow for addressing a wide variety of topics. To balance the discussions on the borders of activism around the stigma of illness and humour, the hosts have developed a set of interventionist tactics to bring comedy to the platform. These interventionist tactics focus on jokes around the mundane that tend to target the hosts more than the guests. The format of the podcast shows that the interviewees balance between two coping mechanisms – owning and disowning their illness – both of which can be seen as relating to the identity related affordance to which the podcast affords a safe space for discussion. The audience can also identify with the sick and/or the healthy (hosts or guests), making discussions about health-related stigma outside patient–patient interactions possible. The public feedback on the podcast across different platforms seems to be uniformly positive and confirms many of the ideals the Sickboy team set out to fulfil. It appears that Sickboy occupies a unique place at the corner of health, comedy and activism. Coming back to
Dahlgren’s (2006) notion of doing citizenship, the Sickboy podcast seems to be doing exactly that. Employing everyday talk on private issues through the public medium of a podcast, and through a fairly ordered public format (Johnson 1986), building on identity construction of living with sickness, can, according to Dahlgren (2006), assume political relevance quickly and mobilise civic engagement. Therefore, investigating such media is interesting and relevant not only from the perspective of the medium of the podcast but also from the perspective of larger societal and cultural change.

Bibliography


