

“Listen to your body”: Participants’ alternative to science in online health discussions

Health

2018, Vol. 22(5) 432–450

© The Author(s) 2017



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/1363459317695632

journals.sagepub.com/home/hea



Wytske Versteeg

University of Twente, The Netherlands

Hedwig te Molder

University of Twente, The Netherlands; Wageningen University & Research, The Netherlands

Petra Sneijder

HU University of Applied Sciences Utrecht, The Netherlands

Abstract

We present a discursive psychological analysis of how the idiomatic expression “Listen to Your Body” is deployed in online forum discussions about ADHD medication and aspartame. The Listen to Your Body device allows participants to demonstrate to others that they take their health seriously and *for that reason* avoid scientific knowledge. They contrast Listen to Your Body with “blindly following science,” presenting Listen to Your Body as the more critical and, therefore, more rational behavior. Instead of treating the idiomatic expression as “anyone’s knowledge,” speakers and recipients compete for the right to own it. It is discussed what these results mean for the role of and relation between experiential knowledge (“lay expertise”) and scientific expertise in online discussions about health issues.

Keywords

aspartame, ADHD, discursive psychology, experiential knowledge, online forums

Corresponding author:

Hedwig te Molder, Department of Philosophy, University of Twente, PO Box 217, 7500 AE Enschede, The Netherlands.

Email: h.f.m.temolder@utwente.nl

Introduction

The friction between scientific and experiential knowledge has been a matter of concern since antiquity, when Plato contrasted the *doxa* of the opinion-lover with the much more respectable *episteme* of the philosopher. Now that the Internet has become a major source of health information (see, for example, Felt, 2015; Seckin, 2010), the online environment is a prime arena in which this friction between scientific and experiential knowledge becomes visible. Some authors have pointed to the dangers of unreliable and even damaging health information that can be found online (e.g. Kata, 2010) or are concerned that online environments value stories about personal experience higher than evidence-based knowledge (e.g. Van Zoonen, 2012). Others emphasize that the use of Internet sources does not necessarily ensue in a challenge to certified medical expertise, not even when users have become dissatisfied with medical advice (Giles and Newbold, 2011; Kivits, 2004). Relatively little attention, however, has been paid to the ways in which online participants *themselves* assess the various kinds of knowledge available (see, for example, Hall et al., 2015; Te Molder, 2012) and to what purposes they are actually put to use.

In this article, we study the use of the idiomatic expression “Listen to Your Body” (LTYB) to explore how participants establish and negotiate the value of private, bodily knowledge as compared to factual or scientific knowledge. We collected two data sets in which the mutual relation between scientific and experiential knowledge appeared highly relevant for the interlocutors: one containing online forum discussions about medication in relation to attention deficit hyperactivity disorder (ADHD) and the other about the artificial sweetener aspartame. The LTYB expression attracted our attention because we noticed that participants in both data sets systematically employed the idiom to position themselves vis-a-vis scientific or factual knowledge. It seemed to play a crucial role in negotiating what should count as trustworthy knowledge.

We used a discursive psychological perspective (Edwards, 1997; Edwards and Potter, 1992; Potter, 1996) to explore the interactional features of the LTYB idiom. Discursive psychology is strongly rooted in conversation analysis (Sacks, 1992) but focuses in particular on how participants practically manage psychological issues such as motive, intent, and identity (see, for example, De Kok and Widdicombe, 2005; Horton-Salway, 2001; Peel et al., 2005; Te Molder, 2015). A discursive psychological analysis studies what participants achieve using a particular utterance—in this case, the idiomatic expression LTYB—at a specific moment in the conversation. The analyst is not interested in the truth of or the intentions behind an utterance (Te Molder and Potter, 2005) but in how an utterance is understood by next speakers. This allows for an emic perspective. Because the analyst studies utterances within the natural dynamics of the interaction and in an environment not orchestrated or influenced by the analyst, the interaction can be shown as approached by participants themselves.

LTYB as idiomatic expression

In a seminal article on idiomatic expressions, Drew and Holt (1988) identified two distinct usage clusters in which idioms—broadly defined as clichéd phrases, including

proverbial expressions—occurred: praise and complaint. They found that complaints are typically formulated idiomatically when there is a lack of alignment between complainant and recipient. The robustness of idioms allows complainants to enhance the legitimacy of their complaint while also bringing it to a close.

Kitzinger (2000) studied how women with breast cancer used the phrase “Think Positive” in group talk on their experiences. Despite it not being a typical proverb, she found a similar robustness for the device. As Kitzinger (2000: 127–128) points out, this is because (1) idiomatic formulations are general and vague; it is never specified exactly what it means to, in our case, LTYB, and (2) idiomatic formulations do not belong to any individual but instead “present themselves as ‘anyone’s knowledge’, part of the stock of ordinary taken-for-granted common sense we all share.” The idiom is a basic object, well characterized by Sacks (1992) as “members are so committed to their correctness—that if you undercut one, exactly what you’ve undercut is not clear. And one doesn’t exactly know how we can continue talking” (p. 25).

While idiomatic expressions are robust and not easily challenged, this is not to say that they cannot be resisted at all. Rather than overtly questioning or explicitly challenging the idiom, the women in Kitzinger’s (2000) study used pauses and token agreements, produced competing idioms, or particularized the idiom’s relevance. According to Kitzinger, the complexity of these resistance strategies is a further indication of the robustness of idiomatic formulations.

Previous publications have referred in passing to the idiom LTYB and the moral connotations thereof. Hart and Grace (2000) describe how women suffering from chronic fatigue syndrome express the need to “listen to their body” (p. 194), naming their failure to do this as the reason for prolonged illness. The women describe listening to the body as a prerequisite for coming to peace with their symptoms, but as Hart and Grace (2000) point out drily, “[N]owhere [...] is there a sense that their bodies listen to them” (p. 194). Fredriksen et al. (2008) studied online discussions on pelvic girdle pain during pregnancy. They describe how “listening to the body” contributes to constructing this condition as “unpredictable.” The idiom stresses the importance of taking care of oneself, placing health responsibility with the pregnant women rather than medical professionals. Watson et al. (1996) note how “listening to the body” became more imperative to participants once their bodies started to age or were impaired by disability. In the context of food, Niva (2007) argues that participants’ mention of the need to listen to one’s body fitted in a conceptualization of health as “comprehensive wellbeing [...] rather than something that can be measured quantitatively” (p. 390). In summary, the idiom clearly conveys an obligation to care for oneself, or as Niva (2007) puts this, “what is ‘good for you’ becomes an individual issue that demands constant vigilance in observing one’s bodily needs” (p. 386).

In this article, we focus on the way in which participants employ the idiom LTYB to demonstrate a specific type of vigilance, namely, vigilance with regard to factual or scientific sources of health information. We show how the LTYB idiom is used not only to position oneself relative to science and make an alternative knowledge claim but also to build a particular identity. By contrasting the “untainted” information provided by their body with the potentially “corrupted” information derived from scientific sources, speakers identify themselves as rational rather than gullible individuals.

A discursive psychological approach looks at how identities are made relevant in talk by participants themselves (Antaki and Widdicombe, 1998). They become visible as a demonstration of, or an ascription to, membership of a whole range of possible categories, such as “woman” or “ordinary human being,” which are inference-rich and therefore associated with so-called category-bound activities (Sacks, 1992). Success, however, is not guaranteed: membership needs to be worked up and people can fail to be treated as being a member of a certain category. In the analysis that follows, the participants’ issue is whether “being a rational person” is exclusively bound up with drawing upon scientific expertise or should rather be achieved by “listening to one’s (own) body.”

Data and method

We selected two health contexts—online conversations about ADHD medication and about the artificial sweetener aspartame—in which the relevance of “lay” knowledge versus that of scientific expertise was expected to be at the heart of participants’ negotiations. Discussions about both ADHD medication and aspartame evolve around the question what choices need to be made in order to take good care of oneself or one’s children. In both contexts, there is substantial public deliberation about the role of scientific knowledge in making good care possible and the trustworthiness of such knowledge. For example, interlocutors voice concerns that the available scientific information is biased because of the financial interests of pharmaceutical and food companies, respectively. The two domains also show diversity in the sense that ADHD is a contested disease category with corresponding discussions about its treatment (Horton-Salway, 2011), while aspartame is a contested sugar substitute in food and beverages used by, in principle, healthy people. We expected that this could result in a different dealing with the status of experiential versus scientific knowledge, for example, because patient experiences carry more weight and are harder to dispute than those of healthy people.

A first exploratory study of online discussions on ADHD medication and aspartame brought the use of the LTYB expression to the surface. We noted that despite the potential influence of differences in topical domain and ways of being contested, participants positioned themselves vis-a-vis scientific knowledge in a strikingly similar manner, namely, by employing the LTYB idiom. In both data sets, this positioning of the idiom as an alternative for scientific expertise received little or no resistance from recipients.

To gain more insight into the interactional dynamics surrounding this particular use of the LTYB idiom, we performed a broader search in nine Dutch and US-based forums that contained threads about ADHD medication or aspartame or a combination of both (see Appendix 1). We used the search terms “listen to your body,” “ADHD,” “ADHD treatment,” and “aspartame” to identify relevant threads. Within those threads, we collected all 13 instances where LTYB or a variant thereof (such as “you just need to listen to your body,” “just listen to your body,” and “I’d rather listen to my body”) was used.

The threads that are presented in the analysis stem from “open” forums, which are available in the public domain and do not ask for registration or passwords. Nicknames provide participants with anonymity. We acquired university ethical approval, adhered to the rules of each particular forum in our usage of the data, and removed any identifying

information in the excerpts presented here. Dutch excerpts have been translated for the purpose of this article: the original excerpts in Dutch can be obtained from the authors.

Discursive psychology treats discourse as action-oriented: language is understood as a tool for achieving particular interactional goals, such as attributing responsibility, claiming a particular identity, or discounting expertise. Discursive psychologists focus on how recipients *treat* a particular utterance in sequential interaction, rather than on the speaker's intentions. The guiding question in any analysis is what does the speaker achieve (consciously or not) by choosing this particular wording at this particular moment in the interaction. A second analytic tool is rhetorical analysis: descriptions are studied for their capacity to counter (actual or potential) alternative versions of reality. An important question is how participants build their descriptions in a way that heads off attempts to disqualify them as false or interested, for example, by using extreme case formulations or adding particular details to preempt accusations of stake.

The analysis of online interaction is complicated in the sense that many rules relevant to face-to-face interaction cannot be simply transferred to the online environment. A discursive psychological analysis takes those features of interaction into account that are (in)directly oriented to by participants themselves. What they make relevant, and how, may differ between online and offline contexts. For instance, a failure to respond would be an accountable matter in face-to-face interaction but not necessarily in online conversation (cf. Lamerichs and Te Molder, 2003; Te Molder 2015). Other aspects may be oriented to by participants in similar demonstrable ways as in offline interaction, such as when participants (re-)formulate community norms and hold each other accountable for these rules (e.g. Cranwell and Seymour-Smith, 2012; Giles and Newbold, 2011; Stommel and Koole, 2010). The discursive psychological perspective can therefore be used for a qualitative analysis of online utterances and to learn more about the way in which participants treat these utterances in naturally occurring interaction.

Analysis

We first show how participants employ LTYB to transform a personal health choice into generally valid advice while avoiding the need to refer to scientific or factual evidence. We will then demonstrate how participants employ LTYB in contrast to blind trust in science, allowing the speaker to position herself as a rational actor *because* she is actively listening to her body rather than relying on scientific or factual sources. Building on that, we show how speakers struggle to claim ownership of the idiom and the rationality associated with it and, finally, how the idiom is employed to achieve closure in discussions about what constitutes a trustworthy knowledge source.

LTYB used to formulate advice that is not underpinned by scientific sources

In this paragraph, we show how participants employ LTYB to transform personal health choices into advice that does not need to be supported by factual or scientific sources. The latter is important because even online communities typically seen as

anti-scientific orient to what Hobson-West (2007: 212) has called a “moral imperative to become informed” (see also Felt, 2015). The science as it is discussed in these forums will not necessarily satisfy any scientific standard; however, a failure to provide the kind of evidence that other participants find convincing is frequently a reason for scorn.

The interaction shown below is part of a discussion on a Dutch consumer forum about what constitutes a trustworthy knowledge source when assessing the potentially detrimental health effects of aspartame. The sequence opens when speaker “Natural” ends her post with a cautiously formulated advice, arguing that she personally would use as little sweeteners as possible:

Consumer forum “Radar”—thread: “Aspartame harmful?”¹

Extract 1a: Natural

1 [45 lines omitted]
 2 Personally I would use as little
 3 sweeteners etc as possible
 4 because all of these substances are
 5 already in natural products.

Consumer forum “Radar”—thread: “Aspartame harmful?”

Excerpt 1b: Candle

6 A human being can live very well
 7 without sugar and sweeteners!
 8 Whether this is aspartame or
 9 something else!
 10 (...)
 11 So why ask questions? Just listen to
 12 your own body!
 13 What is wrong with making everything
 14 fresh and making lemonade yourself
 15 and cooking without sugar?
 16 I don't need to provide medical
 17 grounds to be able to tell that
 18 it is rubbish!
 19 [3 lines omitted]

The closing sentences of post 1a can be read as an advice or recipe, but they have been formulated as if they were only relevant to Natural herself (“personally I would”). The relevance of this statement is expanded by Candle in post 1b, who is the first one to use the idiomatic expression “Just listen to your own body!” in lines 11 and 12. The imperative form of the sentence would make this utterance an authoritative command had the

idiom not been presented as merely common sense: what could be wrong with listening to your own body?

Candle presents LTYB as if it were on a par with “everything fresh and making lemonade yourself and cooking without sugar”—other actions belonging to the repertoire of motherhood and apple pie. The use of “just” in line 11, combined with “why asking questions?”, suggests that the messages of the body are easily discernible and, as it were, unmediated. Candle contrasts this with medical reasoning (lines 16–18). The phrasing of her sentence—she doesn’t “need to provide medical grounds to be able to tell that it is rubbish”—suggests that providing such medical grounds would normally be expected or required. Listening to the body relieves the speaker from the obligation to offer the scientific evidence that would otherwise be required to make this claim about aspartame. Indeed, Candle’s post suggests that asking questions or demanding medical grounds is superfluous; “listening to the body” is presented here as the rational and sensible alternative.

LTYB as a contrast with blind trust in scientific knowledge

Participants frequently employ the LTYB idiom to contrast the body as a source of knowledge with the more complicated and possibly corrupted information as provided by factual sources, science in particular.

Excerpt 2 is derived from a discussion about alternative treatments for ADHD. It resembles the previously analyzed excerpt on aspartame; the speaker asserts that she did “not need a scientific study to know that this [an alternative treatment] worked for MY child” (lines 5 and 6):

ADD forum—thread: “Controversial Treatments for Children With Attention-Deficit/Hyperactivity Disorder”²

Extract 2: Miller 234

1 [8 lines omitted]
 2 You just need to figure out what
 3 YOUR body needs.
 4 [6 lines omitted]
 5 I did not need a scientific study to
 6 know that this worked for MY child.

Again, the speaker provides listening to your body (figuring out what your body needs) as a rational alternative for making health decisions independent of scientific knowledge. Lines 2 and 3 and 5 and 6 are linked to one another by means of a juxtaposition which is further emphasized by the use of capitals: “you just need/I did not need” and “what YOUR body needs/that this worked for MY child.” Because of this juxtaposition, the utterance is indicative not merely of what the speaker herself does and does not need but also conveys a judgment about those who do need a scientific study to know whether or not a treatment works. The capitals help the speaker to contrast the generalized type of knowledge that a

scientific study can provide, with the specific knowledge necessary to care for her child in particular (compare excerpts 7a and 7b for a similar contrast between particular and generalized knowledge).

When employing the idiom, speakers frequently stress the unmediated character of the body's messages, either directly using the adverb "just" as in excerpts 1 and 2 ("just listen," line 11; "you just need to figure out," line 2) or indirectly as in excerpt 3 ("Is it okay to eat or drink then I will, otherwise the body will indicate if it is not good for me," lines 3–5). Speakers thus portray body messages as transparent, unmediated, and easy to understand:

*Youth forum "Fok"—thread: "Child sick after sip of Pepsi Cola"*³

Extract 3: Oblivion

1 Is a very tiring discussion
 2 I'd rather listen to my own body
 3 Is it okay to eat or drink then I
 4 will, otherwise the body will
 5 indicate if it is not good for me
 6 But to blindly trust scientific studies
 7 that they have performed
 8 correctly according to their own
 9 saying? No ...

Participants also contrast the allegedly legible and clear messages of the body with the messy and possibly corrupted nature of factual sources: excerpt 3 contrasts LTYB with "to blindly trust studies that they have performed correctly according to their own saying" (lines 6–9), excerpt 4 refers to the invested claims of food producers (lines 1 and 2), and excerpt 5 contrasts LTYB with studies financed by companies "who make big money out of it" (lines 5 and 6):

*Public forum "Joop"—thread: "Aspartame is really not dangerous"*⁴

Extract 4: Anja

1 Why listen to advertisement and
 2 information from food producers
 3 I take my body and health too
 4 seriously to be dependent on what
 5 others who I don't know may or may
 6 not think of it.
 7 I carefully listen to my body and to
 8 the people I take seriously

*Slimming forum "Valt af"—thread: "Aspartame again found to be safe"*⁵

Extract 5: Five Star

1 If a research is needed at all to
 2 prove whether something is or isn't
 3 good or poisonous I have my doubts
 4 about it anyway.
 5 There are always companies who make
 6 big money out of it
 7 and then finance such a research.
 8 well.
 9 I'd rather listen to my body then.

Speakers offer “listening to the body” as proof of their own critical attitude and contrast this attitude with the reliance on factual sources. It is precisely because these speakers take their health seriously that they listen to their body rather than rely on information provided by others. The speakers in excerpts 3 and 5 present listening to the body as a subjective preference (I'd rather; lines 2 and 9, respectively), thereby stressing their independence in this matter. Excerpt 4 contrasts LTYB with “to be dependent on what others who I don't know may or may not think of it” (lines 4–6), specifying these others as the food companies. Excerpt 5 suggests that the need for research is in itself suspicious (lines 1–4). While participants treat the messages from the body as easy to grasp, they also present listening to these messages as more effortful than the alternative: “blindly” following information provided by others. By asserting that they prefer to listen to their own body rather than “just” following scientific research, speakers position themselves as not gullible, naive, or easily duped, but on the contrary as people who take responsibility for their own health in a rational manner.

The content of the statements extracted above might suggest a suspicion toward science because participants describe scientific sources as corrupted and untrustworthy. However, even when casting doubt on science's trustworthiness, participants orient to the relevance of science each time they claim their epistemic independence. An account for not providing scientific sources would be redundant if science had not been the dominant knowledge source to legitimate one's claims. Participants employ the idiom LTYB to assert rationality on their own terms, that is, make their own choices when it comes to the nature of their information, but each assertion also underlines that referring to science would be the default course of action.

Claiming ownership over LTYB to confirm one's rational identity

Idioms are typically presented as common sense or anyone's knowledge; it is precisely this characteristic that lends them their robustness. Despite this, we found several examples where speakers seemed to compete for the ownership of LTYB. We argue that when a speaker in first position presents “listening to the body” as the rational attitude, this is consequential for the projected rationality of the recipients. It is for this reason that a struggle about the primary rights to the use of the LTYB expression may develop.

Speakers typically index their relative knowledge rights when assessing or discussing a particular state of affairs (Heritage and Raymond, 2005; Raymond and Heritage, 2006). This indexing of relative epistemic rights is partly dependent on the sequential position in which an assessment is made. When a speaker provides an assessment while in first position, (s)he automatically claims primary moral and/or epistemic rights to make this assessment relative to a second speaker (Heritage and Raymond, 2005: 34). When this sequential distribution of epistemic rights is not in accordance with the amount of epistemic authority a speaker “wants” to claim, she can downgrade or upgrade a claim. In third position, a speaker can use a success marker such as “exactly” or “indeed,” which “retrospectively transforms what is delivered [by the second speaker, Authors] as an initiating action into a supportive response that in fact appreciates the stance independently held and conveyed by the exactly-speaker” (Li, 2008: 22).

As to illustrate how the participants use success markers to claim ownership of LTYB, we start by reshowing extract 1:

Consumer forum “Radar”—thread: “Aspartame harmful?”⁶

Extract 1a: Natural

1 [45 lines omitted]
 2 Personally I would use as little
 3 sweeteners etc as possible
 4 because all of these substances are
 5 already in natural products.

Consumer forum “Radar”—thread: “Aspartame harmful?”⁷

Extract 1b: Candle

6 A human being can live very well
 7 without sugar and sweeteners!
 8 Whether this is aspartame or
 9 something else!
 10 (...)
 11 So why ask questions? Just listen to
 12 your own body!
 13 What is wrong with making everything
 14 fresh and making lemonade yourself
 15 and cooking without sugar?
 16 I don't need to provide medical
 17 grounds to be able to tell that
 18 it is rubbish!
 19 [3 lines omitted]

Consumer forum “Radar”—thread: “Aspartame harmful?”⁸

Extract 1c: Natural

20 Exactly! Just listen to your body! A
 21 human being can perfectly
 22 do without ADDED sugar and
 23 sweeteners.

In extract 1b, Candle transforms the personal knowledge of first speaker Natural into a generally applicable advice; she is the first to employ the expression LTYB in lines 11 and 12. As noted earlier, Candle's post turns asking questions about the advice or demanding medical grounds for it into superfluous actions; "listening to the body" is presented as the more rational option.

In response, Natural initiates her turn in extract 1c with "Exactly!" (line 20) before repeating the idiom. The success marker "exactly" constructs a position of independent epistemic access to the object being assessed and retrospectively transforms Candle's turn into support for Natural's position (Li, 2008; Snejder and Te Molder, 2006). Natural implicates that she already held access to the idiom, even though Candle was the first speaker to mention LTYB. In response to Candle's guidelines, Natural thus reclaims the primary epistemic rights over the idiom and the rationality associated with it.

In the next excerpt, we show an example of participants explicitly negotiating what constitutes responsible health information-seeking behavior regarding aspartame. They claim ownership rights over the idiom while also establishing who among them is the expert on aspartame:

*Weightwatchers forum—thread: "Light Drinks?"*⁹

Extract 6a: Nadya

1 Personally I am very much opposed
 2 against the use of aspartame
 3 They write so much about it that it
 4 is sometimes difficult to believe
 5 what is true and what isn't
 6 (5 lines omitted)
 7 A quick search on google already
 8 provides the following [info]:
 9 By a cruel and ironic twist of fate,
 10 aspartame causes an increase of
 11 weight rather than weight loss

Weightwatchers forum—thread: "Light Drinks?"

Extract 6b: Cencia

12 Yes, because when something is found
 13 on the internet it has to be true!
 14 I just like [the taste] of cola
 15 light, and the optime1 products etc

Similar to extract 1, Nadya initiates the sequence with a subjectively framed assessment (note the use of “personally” in line 1) that she very much opposes the use of aspartame—an assessment that is further on changed into a more general “trust your own body” advice (extract 6c; see also below: *LTYB as closure of a controversy*). She topicalizes the knowledge discussion by commenting that so much is written about it that it is difficult to find out what is or is not true and proceeds to quote Internet information suggesting that the use of aspartame is counter-effective. This elicits an ironic comment from Cencia (lines 12 and 13), an example of the way in which online speakers can be scorned for trusting untrustworthy sources. Cencia proceeds to foreground taste as her own main reason for products containing aspartame. She constructs losing weight as a side effect, providing as the main reason for taking aspartame products that she “just like[s]” them (line 14). Given the subjective nature of taste assessments, this argument can hardly be argued with (Sneijder and Te Molder, 2006; Wiggins and Potter, 2003).

Cencia’s post was designed as a challenge to Nadya, but in her next response Nadya treats Cencia’s description as an example of “trusting your own body” (lines 30 and 31). She uses the success marker “indeed” (line 30) to present Cencia’s descriptions as a confirmation of her own point of view, rather than a challenge of her first message (6a):

*Weightwatchers forum—thread: “Light Drinks?”**Extract 6c: Nadya*

[1 post omitted between 6b and 6c]

30 Indeed, you need to trust your own
 31 body and everybody reacts
 32 differently to it
 33 But like I said: much is written
 34 about it and in most cases it is
 35 difficult to see whether the
 36 information on the internet is
 37 indeed evidence based.

Weightwatchers forum—thread: “Light Drinks?”

Extract 6d: Cencia

38 Here on the forum everyone has his
 39 own opinion too, of course.
 40 The same holds true for internet and
 41 everybody posting things there.
 42 That's why I only meant to say
 43 that there are indeed many different
 44 opinions about this topic and that
 45 indeed you just need to listen to
 46 your own body.

In post 6c, Nadya employs the LTYB idiom to conclude the discussion. She adopts an expert footing by suggesting that she is in principle able to assess the quality of the information and by formulating this statement in objective terms (“it *is* difficult to see whether the information on the internet is indeed evidence-based”). By prefacing it with “like I said” (line 33), she also suggests a position held independently of what Cencia has said. Rather than accepting the expert footing adopted by Nadya, Cencia treats Nadya’s post as just one opinion among many others. And instead of “simply” agreeing with Nadya, she, in turn, claims independent access to the LTYB idiom, by using “indeed” (lines 43 and 45) and by underscoring the obviousness of the advice with “just” (line 45). While Nadya first offered the LTYB idiom from an expert footing, Cencia now achieves closure by suggesting that there are no experts, only opinions, and that it is, therefore, important to listen to your own body. She has reasserted her own rationality, presenting herself as a critical rather than naive person, that is, someone who does not blindly follow any advice or opinion.

LTYB as closure of a controversy

While speakers frequently employ idioms to achieve closure, this particular idiom has a characteristic that makes it even more effective; messages from the body belong indisputably to the epistemic domain of the body’s owner and are therefore hard to argue with. The idiom allows the speaker to provide advice without seeming to do so—after all, (s) he only urges the recipients to listen to their own bodies.

The next excerpt is derived from the same Dutch forum discussion as excerpt 1. This excerpt follows excerpt 1; in between, six posts have been omitted. We have shown above how speakers employed the LTYB idiom to transform personal knowledge into general advice, and it is precisely this transformation that Steve now takes issue with in lines 9–14:

Consumer forum “Radar”—thread: “Aspartame harmful?”¹⁰

Extract 7a: Kuklos

<QUOTATION NATURAL>
 1 When people have literally
 2 experienced that the substance
 3 aspartame has had negative
 4 consequences for their health
 5 then you cannot say that it is not
 6 true because it has not been
 7 scientifically proven, can you?
 <END OF QUOTATION>
 8 That's why that does not happen, as
 9 you could have seen. But as soon as
 10 these people generalize their own
 11 experience as relevant for every
 12 human being, that's where they go
 13 wrong. Because of that, there is no
 14 evidence at all.

*Consumer forum "Radar"—thread: "Aspartame harmful?"*¹¹

Extract 7b: Natural

15 no, just like I said, listen to your
 16 body. I much more value people who
 17 have experienced themselves how a
 18 substance affects their body (so
 19 their own body, not the entire
 20 humanity). And who are willing to
 21 share their opinions and experiences
 22 with us here.

Kuklos problematizes the epistemic claims of the previous speakers, Natural and Candle in particular. In her reaction, Natural again employs the idiom LTYB, now to force closure of the knowledge discussion. Her assertion that this is "just like I said" (line 15) conveys that her mind has not been changed by Kuklos but that she has been thinking along these lines all this time, independently of what others may have said (Heritage and Raymond, 2005; Snejder and Te Molder, 2006). Now that the indirect advice has been made controversial, Natural particularizes the idiomatic expression to its circumscribed domain: "their own body, not on the entire humanity" (lines 19 and 20).

The interaction shown in excerpt 7 (compare also excerpt 6) illustrates how online participants negotiate about who has the right to give advice to others and which relevance can or should be assigned to a particular type of knowledge. In these negotiations, the ambiguous nature of the LTYB device helps participants to provide advice without making themselves vulnerable to criticism. Speakers may compete with each other over the ownership of the LTYB idiom, yet as soon as the associated advice is treated as controversial, speakers assert that they are merely repeating a truth that is already well

known by everyone, does not belong to anyone in particular, and can therefore hardly be argued with.

Discussion

In the existing literature, the LTYB idiom has mostly been referred to in the context of how people relate to their own body (e.g. Hart and Grace, 2000; Watson et al., 1996). We examined the idiom from an interest in how speakers employ LTYB to position themselves in relation to scientific knowledge. We have added to the literature by showing how speakers employ LTYB to demonstrate that they take their health seriously and *for that reason* avoid scientific knowledge. Speakers contrast the pure, unmediated knowledge provided by the body with the mediated and easily corruptible information provided by scientists, the government, or companies. They portray the body's messages as clear and easily legible, yet difficult to obtain. Speakers position listening to the body as the more effortful rational alternative compared to possibly tainted factual sources of information.

The results of our analysis corroborate previous research into idiomatic expressions (Drew and Holt, 1988; Kitzinger, 2000), to the extent that usage of LTYB is typically successful and difficult to resist. We add to these previous studies by showing that interactants actively compete for the ownership rights of this particular idiomatic expression. The idiom is not treated as "anyone's knowledge," but becomes an identity marker. Participants struggle for its ownership, for example, by using success markers such as "indeed" in third position, because their rationality is at stake. Interestingly, it is not so much a *lack of* trust in scientific evidence—as experts often state—but *blind* trust that is (treated as) the problem here, and it is this kind of naivety that forum participants equate with a lack of rationality.

These results could be interpreted as an example of lay people choosing to rely on "common sense" and disregarding science. We argue that such an interpretation would be incorrect, as illustrated by the words of forum participant Natural:

What I sense from a number of people here is that everything has to be scientifically proven, otherwise it is not true. [...] When one provides an opinion or shares an experience here, one is treated as a scaremonger and alarmist.¹²

Felt (2015: 188) observes how patients equate taking one's health seriously with getting informed: they treat acquiring health knowledge as a moral duty, now that this information is available online. Providing or asking for scientific studies, websites or raw data are a way for participants in online health discussions to show that they are not naive or dupable, but have fulfilled the "moral imperative to become informed" (Hobson-West 2007: 212). This imperative seems a consequence of the neoliberal environment in which health decisions must be made. Edwards and Howlett (2013) argue that scientific evidence is increasingly bound up with patient choice because "one cannot choose without recourse to evidence. The significant question, however, is *which evidence?*" (p. 40).

In this context, the idiom LTYB provides speakers such as Natural with an alternative knowledge source. This is important in forum discussions, where speakers frequently

treat seemingly individual health choices (such as the decision to eat aspartame or not to use ADHD medication) as a communal responsibility (Cranwell and Seymour-Smith, 2012). By systematically employing LTYB as an account for not providing the scientific sources underlying their claims, participants implicitly acknowledge that it would be the expected routine to do so. LTYB helps speakers to counter this challenge before it has even been uttered, by suggesting that placing one's blind faith in science is naive and the easiest option.

An awareness of what is at stake in online health discussions might help experts to better understand these frequently contentious interactions. Rather than simply challenging the facts, let alone science in general, forum participants demonstrably orient toward a norm of being critical and are held accountable for this by other forum users. If being critical is perceived as a good in itself, merely providing forum users with more facts is unlikely to promote a more informed health discussion. It seems more fruitful to take into account the identities that people build for themselves rather than to simply deny them. These identities refer to how governments educate citizens nowadays: as critical and self-responsible human beings that do not take things for granted. A first requirement for a good dialogue is to take this inquiring attitude of citizens seriously. If there is a limit to it—as may well be the case—then this limit could and should also be discussed. But it seems odd to make citizens accountable for an overly critical attitude if they have first been educated that way (Te Molder 2012). Experts could start asking questions instead of presenting the facts on a plate and convincing others of their truth. The motto is to look beyond the facts and to take into account to what use they are put, consciously or not, such as the need to be recognized in one's rationality.

It requires further research to establish how participants employ the LTYB idiom in other contexts. We found various instances of LTYB on body builder forums where speakers discuss whether or not listening to the body has any value as guidance when trying to get fit, topicalizing the complicated nature of the body's communication: "my body and I didn't speak the same language. And to some extent, we still speak a different dialect."¹³ Speakers present listening to your body as an excuse not to exercise; the body will provide you with false information, telling you to eat fat and sugar or not to engage in physical exercise (cf. Hall *et al.*, 2015). An interesting avenue for further research on the LTYB idiom is, therefore, to explore when speakers present LTYB as the more difficult or active alternative, and when as the simple or passive option. The assessment of the value and meaning of the information provided by the body clearly depend on the interactional context in and by which speakers collectively negotiate what constitutes trustworthy knowledge.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Notes

1. <https://forum.www.radartv.nl/viewtopic.php?f=44&t=26546&start=200>, accessed 14 January 2016.
2. <http://www.addforums.com/forums/showthread.php?t=26974&page=3>, accessed 14 January 2016.
3. <http://forum.fok.nl/topic/1187178/3/100>, accessed 14 January 2016.
4. http://www.joop.nl/opinies/detail/artikel/12314_aspartaam_is_echt_niet_gevaarlijk/, accessed 16 January 2014, forum page no longer available.
5. <http://www.valtaf.nl/artikel/5441/aspartaam-opnieuw-veilig-bevonden/>, accessed 14 January 2016.
6. <https://forum.www.radartv.nl/viewtopic.php?f=44&t=26546&start=200>, accessed 14 January 2016.
7. <https://forum.www.radartv.nl/viewtopic.php?f=44&t=26546&start=200>, accessed 14 January 2016.
8. <https://forum.www.radartv.nl/viewtopic.php?f=44&t=26546&start=200>, accessed 14 January 2016.
9. http://www.weightwatchers.nl/community/mbd/post.aspx?page_size=25&rownum=1&threadpage_no=1&mod_no=&daterange=2days&viewchange=OPENDATEDDESC&since=26-1-2012&thread_id=8062578&thread_name=light+dranken%3F&board_id=620&forum_id=1, accessed 14 January 2016.
10. <https://forum.www.radartv.nl/viewtopic.php?f=44&t=26546&start=200>, accessed 14 January 2016.
11. <https://forum.www.radartv.nl/viewtopic.php?f=44&t=26546&start=200>, accessed 14 January 2016.
12. <https://forum.www.radartv.nl/viewtopic.php?f=44&t=26546&start=200>, accessed 14 January 2016.
13. forum.bodybuilding.com/showthread.php?t=127366583, accessed 1 October 2015.

References

- Antaki C and Widdicombe S (eds) (1998) *Identities in Talk*. London: SAGE.
- Cranwell J and Seymour-Smith S (2012) Monitoring and normalising a lack of appetite and weight loss: A discursive analysis of an online support group for bariatric surgery. *Appetite* 58(3): 873–881.
- De Kok B and Widdicombe S (2005) Interpersonal issues in expressing lay knowledge: A discursive psychology approach. *Journal of Health Psychology* 15(8): 1190–1200.
- Drew P and Holt E (1988) Complainable matters: The use of idiomatic expressions in making complaints. *Social Problems* 35(4): 398–417.
- Edwards C and Howlett E (2013) Putting knowledge to trial: “ADHD parents” and the evaluation of alternative therapeutic regimes. *Social Science & Medicine* 81: 34–41.
- Edwards D (1997) *Discourse and Cognition*. London: SAGE.
- Edwards D and Potter J (1992) *Discursive Psychology*. London: SAGE.
- Felt U (2015) Sociotechnical imaginaries of “the internet,” digital health information and the making of citizen-patients. In: Hilgartner S, Miller C and Hagendijk R (eds) *Science and Democracy: Making Knowledge and Making Power in the Biosciences and Beyond*. New York: Routledge, pp. 176–197.
- Fredriksen E, Moland K and Sundby J (2008) “Listen to your body”: A qualitative text analysis of internet discussions related to pregnancy health and pelvic girdle pain in pregnancy. *Patient Education and Counseling* 73(2): 294–299.

- Giles D and Newbold J (2011) Self- and other-diagnosis in user-led online mental health communities. *Qualitative Health Research* 21(3): 419–428.
- Hall M, Grogan S and Gough B (2015) Bodybuilders' accounts of synthol use: The construction of lay expertise online. *Journal of Health Psychology* 2016; 21: 1939–1948.
- Hart B and Grace V (2000) Fatigue in chronic fatigue syndrome: A discourse analysis of women's experiential narratives. *Health Care for Women International* 21(3): 187–201.
- Heritage J and Raymond G (2005) The terms of agreement: Indexing epistemic authority and subordination in assessment sequences. *Social Psychology Quarterly* 68: 15–38.
- Hobson-West P (2007) Trusting blindly can be the biggest risk of all: Organized resistance to childhood vaccination in the UK. *Sociology of Health and Illness* 29(2): 198–215.
- Horton-Salway M (2001) Narrative identities and the management of personal accountability in talk about ME: A discursive psychology approach to illness narrative. *Journal of Health Psychology* 6(2): 247–259.
- Horton-Salway M (2011) Repertoires of ADHD in UK newspaper media. *Health* 15(5): 533–549.
- Kata A (2010) A postmodern Pandora's box: Anti-vaccination misinformation on the internet. *Vaccine* 28: 1709–1716.
- Kitzinger C (2000) How to resist an idiom? *Research on Language and Social Interaction* 33: 121–154.
- Kivits J (2004) Researching the “Informed Patient.” *Information, Communication & Society* 7(4): 510–530.
- Lamerichs J and Te Molder H (2003) Computer Mediated Communication: From a cognitive to a discursive model. *New Media & Society* 5(4): 451–473.
- Li I (2008) Managing disagreement: Using the success-marker “exactly” as a response. *Paper presented at the annual meeting of the NCA 94th annual convention*, San Diego, CA, 21–24 November 2008. Available at: http://citation.allacademic.com/meta/p256737_index.html
- Niva M (2007) All foods affect health: Understanding of functional foods and healthy eating among health-oriented Finns. *Appetite* 48: 348–393.
- Peel E, Parry O, Douglas M, et al. (2005) Taking the biscuit? A discursive approach to managing diet in type 2 diabetes. *Journal of Health Psychology* 10(6): 779–791.
- Potter J (1996) *Representing Reality: Discourse, Rhetoric and Social Construction*. London: SAGE.
- Raymond G and Heritage J (2006) The epistemics of social relations: Owning grandchildren. *Language in Society* 35: 677–705.
- Sacks H (1992) *Lectures on Conversation, Volumes I and II*. Oxford: Wiley-Blackwell.
- Seckin G (2010) Cyber patients surfing the medical web: Computer-mediated medical knowledge and perceived benefits. *Computers in Human Behavior* 26: 1694–1700.
- Sneijder P and Te Molder H (2006) Disputing taste: Food pleasure as an achievement in interaction. *Appetite* 46: 107–116.
- Stommel W and Koole T (2010) The online support group as a community; a micro-analysis of the interaction with a new member. *Discourse Studies* 12(3): 357–378 (Reprinted in Hughes J(ed.) *2012 SAGE Internet Research Methods*. London: SAGE, pp. 337–361).
- Te Molder H (2012) Discourse communities as catalysts for science and technology communication. In: Phillips L, Carvalho A and Doyle J (eds.) *Performing Public Participation in Science and Environment Communication*. Bristol; Chicago, IL: Intellect/The University of Chicago Press, pp. 97–118.
- Te Molder H (2015) Discursive psychology. In: Tracy K, Ilie C and Sandel T (eds) *The International Encyclopedia of Language and Social Interaction*. Boston, MA: John Wiley & Sons.
- Te Molder H and Potter J (eds) (2005) *Conversation and Cognition*. Cambridge: Cambridge University Press.

- Van Zoonen L (2012) I-pistemology: Changing truth claims in popular and political culture. *European Journal of Communication* 27(3): 56–67.
- Watson J, Cunningham-Burley S, Watson N, et al. (1996) Lay theorizing about “the body” and implications for health promotion. *Health Education Research* 11(2). 161–172.
- Wiggins S and Potter J (2003) Attitudes and evaluative practices: Category vs. item and subjective vs. objective constructions in everyday food assessments. *British Journal of Social Psychology* 42: 513–531.

Author biographies

Wyske Versteeg, MA, is a PhD student at the Department of Philosophy, University of Twente, in the Netherlands. She uses conversation analysis and discursive psychology to study real-life interactions about knowledge rights as seen in controversies such as those surrounding vaccination, food, and attention deficit hyperactivity disorder.

Hedwig te Molder is full professor at the University of Twente (Department of Philosophy) and Wageningen University (Strategic Communication Group) in the Netherlands. Her interest is in how epistemic rights and responsibilities are managed in natural interaction. In 2007, she received the Distinguished Book Award from the American Sociological Association for *Conversation and Cognition* (with Jonathan Potter). In 2016, she was awarded a Senior Scholar Fulbright Grant.

Petra Sneijder is researcher at the University of Applied Sciences in Utrecht, in the research group Cross Media Communication in the Public Domain. Her interest is in the application of Discursive Psychology for the analysis of online interactions.

Appendix I. Instances of LTYB.

Forum	Thread	LTYB occurrence
Dutch opinion forum (FOK)—2008	Aspartame and ADHD	2
Dutch consumer forum (Tros Radar)—2009	Aspartame damageable?	3
US forum ADHD	Controversial treatments diagnosed children	1
US ADD forums—2009	Aspartame deadly poison (ADHD)	1
Dutch weight loss forum (valtaf)—2010	Aspartame	1
Dutch weight watchers forum—2012	Light drinks	2
Dutch opinion forum (Joop)—2012	Aspartame really is not dangerous	1
Dutch consumer forum (kassa)—2013	How harmful is cola light?	1
Dutch news forum—2013	Psychiatrist admits ADHD is a made-up disease	1

LTYB: Listen to Your Body; ADHD: attention deficit hyperactivity disorder.