“Watch Two Videos and Call Me in the Morning”: Self-care, Healthcare, and Affect in ASMR Medical Roleplay Videos

by

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Chapter 1

Introduction

"Cover your left eye for me," the doctor whispers. "Let's have a look at the chart and read down as far as you can." She gently taps on the chart. I do as I am told. I attempt to make out the letters on the chart, but I do not strain my eyes. The sound of the doctor carefully tapping each letter causes a low-intensity, pleasant tingling sensation to travel down the back of my scalp, like goosebumps for my brain. I am too tired to pay attention to what the doctor is saying. I turn my phone off, the exam ends, and I drift off to sleep. It is March 11th, 2020 and, like most nights, I am falling asleep to an ASMR video on YouTube. Unlike most nights, people across the world are coming to terms with the fact that they will not be able to leave their homes and visit loved ones any time soon, or, for one of the hundreds of thousands who will succumb to COVID-19, ever again.

Millions of people around the world watch ASMR videos to fall asleep, deal with symptoms of chronic illness, and relax. ASMR videos on YouTube represent a new form of media intimacy that doubles as a treatment for mental and physical health problems. Due to the high level of intimacy, ASMR videos are stigmatized and misunderstood by outsiders as sexually transgressive content. I investigate ASMR clinical roleplay videos as a case study to better understand the ASMR phenomenon and its resonances with media consumption in the 21st century. I begin with some background about ASMR and how it became a community on YouTube. I then briefly introduce the concepts of self-care and affect, which I will use to frame my analysis of ASMR. Lastly, I propose some key arguments in the thesis and broadly map the format of the chapters that follow.

ASMR stands for Autonomous Sensory Meridian Response, a pseudoscientific term used to describe a pleasant tingling feeling "like a mild electrical current along the head and spine" when triggered by certain sounds and visuals (Ahuja and Ahuja, 2019). ASMR resembles the "shiveries" in the childhood rhyming game where a friend draws lines and dots on your back, cracks an egg on your head, and imitates spiders crawling up and down your spine to trigger an affective response. The game relies on touch and language to evoke fantasy. Your willingness to go along with the make-believe scenarios combined with the intimacy of the touch provides the groundwork for the sensation to bloom.

If the sensation I describe does not resonate with you, you are not alone. Not all people experience ASMR "tingles." The ability to experience the ASMR sensation requires both having a biological trait that allows one to get ASMR and the state of almost trance-like relaxation caused by watching someone do repetitive tasks or receiving care from another person (Hostler et al, 2019). Not much is known about why some people experience ASMR while others do not. There are methodological pitfalls to conducting scientific research about ASMR. ASMR is a social phenomenon, meaning that the environment in which one watches the video matters (Poerio et al, 2018; Keiles, 2019; Bjelic, 2016). Since most individuals need a familiar setting to achieve ASMR, conducting ASMR experiments in a laboratory or clinical research setting presents a challenge. Due to the barriers to studying ASMR, researchers rely on other affective phenomena. Synesthesia, for example, previously had no scientific basis, but it was so consistently reported across individuals that scientists were forced to accept its existence (Poerio, 2016). Future research is needed to verify how ASMR manifests physiologically and whether its purported benefits are real or placebo.

Although the feeling of ASMR predates the internet, the neologism and community of users dedicated to reproducing the sensation of ASMR are only possible due to the affordances of the internet. Online ASMR communities originated in 2007 with a post on a health message board that read, “WEIRD SENSATION FEELS GOOD” (Keiles, 2019). Others responded that they, too, experienced this sensation. In 2010, Jennifer Allen, a member of this proto-ASMR community, coined the phrase Autonomous Sensory Meridian Response to replace the term “brain orgasms” in hopes that a pseudoscientific name would attract the interest of medical science and project respectability (Keiles, 2019). Before it was labeled ASMR, people did not know how to learn more about this feeling. By settling on a name, people searching online for this strange sensation could find a group of users who shared their experience. The internet affords connections between individuals with a shared interest in finding out about a feeling that had no name.

ASMR videos are devoted to reproducing this sensation on-demand. The ASMR content creator, known as an “ASMRtist,” addresses the viewer with reassuring words in a whisper or soft-spoken voice. Often, they tap or crinkle objects from side to side into microphone with stereo sound and caress the camera with their fingers. The sound of tapping on the eye chart in my earlier example is called a “trigger” because it caused a tingling sensation in my scalp. The binaural sound gives the viewer a sense of intimacy, like being told a secret into both ears. While most media content is noisy and brash, ASMR videos opt for calm and quiet contrast (Andersen, 2015). The whisper hails viewers in a register that is both private and intimate. As a result of this intimacy, outsiders suspect ASMR of being sexual. ASMR viewers insist that there is nothing sexual about these videos and that their soporific properties are incompatible with arousal.

While the relaxing style is consistent, there are different subgenres within ASMR. The type of ASMR video is usually included in the title along with the specific triggers used so viewers can choose what they like. A popular subgenre of ASMR is the clinical roleplay video in which the ASMRtist performs realistic medical exams on the viewer. The roleplays are based on actual medical exams and involve medical terminology. The clinical roleplay genre derives from "unintentional" ASMR videos, or videos whose original purpose had nothing to do with ASMR but have been circulated for their relaxing content (Gallagher, 2016). Before people started making videos specifically designed to induce ASMR, early ASMR communities shared training videos where medical students perform examinations. ASMR clinical roleplay videos also recall a game of make-believe doctor as ASMRtists make the patient better with phony treatments. ASMR clinical roleplays are somewhere in between childish fantasy and medically-influenced realism.

ASMR videos and the communities who watch them have found a home on YouTube. Soukup (2014) argues that YouTube's affordances square nicely with the creation of online communities. Soukup states, "[YouTube] seeks to create community by encouraging users to make comments, to subscribe, to give star ratings, to add friends and send messages, and to make videos responding to other videos" (Soukup, 2014). ASMR communities give feedback to ASMRtists and request specific triggers for future videos. Further, YouTube algorithms conspire with users to create communities impossible to conceive of in the pre-internet era. "ASMR" started as a virtually unknown signifier, until users on YouTube used it as a tag for their videos which exhibit the common aesthetics that is now known as an ASMR video (Gallagher, 2016). Gallagher writes, "It became visible not, naturally, as a sensation or a culture, but as an ngram, a sequence of alphabetic characters under the auspices of which statistically significant numbers of

videos were suddenly being made and exchanged, liked and linked" (Gallagher, 2016). YouTube's algorithm, fine-tuned through manual human labor, recognizes the letters "ASMR" and now recommends new videos from thousands of ASMRtists to members of ASMR communities and, crucially, new viewers.

ASMR communities on YouTube "[are comprised of] ASMR artists who create ASMR content and those who view it" (Smith and Snider, 2019). In this thesis, I study the people who watch these videos because I am interested in their motivations for watching videos rather than content creators' motivations for producing them. While the most popular ASMR YouTube channels belong to white, cis-appearing women (Maddox, 2021), performers, or "ASMRtists," span continents, races, gender identities, and age ranges. According to numbers of channel subscribers and view counts, members of ASMR communities number in the millions. I use the plural "communities" to account for the possibility that there may not be one singular ASMR community. Users may find community within some YouTube channels or subgenres of ASMR and reject others. In sum, ASMR refers to an affective sensation (either online or offline), a genre of video, and online communities.

Members of ASMR communities report benefits of improved sleep, pain alleviation, and improved anxiety and depression symptoms (Baker, 2015; Barratt and Davis, 2015; Poerio et al, 2018). During the pandemic, the stress and isolation of quarantine life has left people in even greater need of ways to alleviate their mental health symptoms. Members of ASMR communities use ASMR videos as treatment for mental and physical illness. Discourses around self-care in the past decade justify a moral imperative for consumption in response to the anxieties of modern life (Negra, 2009; McRobbie, 2015). ASMR videos on YouTube are also commodities that users consume in exchange for their data (Fuchs, 2010). ASMR videos emerge from other media forms

like the meditation app and the mood playlist that combine affective modulation and consumption to produce feelings of well-being.

The ASMR video should be understood in terms of digital affect. Affect exists in the liminal space between feelings and emotion where bodily dynamics reside (Gregg and Seigworth, 2010; Clough, 2010). In the past decade, affect theory has made a resurgence due to persisting questions about the embodied experience of digital media and the possibilities they invite (Boler and Davis, 2020; Clough and Halley, 2007). Affect theory is less concerned with what affect is but rather seeks to find out what it does and to what ends. Scholars have found affect theory useful as a point of focus because it unlocks questions that other approaches do not have the vocabulary to address (Gregg and Seigworth, 2010). For ASMR, traditional areas of inquiry like ideology and meaning are limiting for a media form where style is privileged over substance. ASMR videos are inherently affective because their main purpose is to make viewers feel through displays of care and intimacy. I turn to affect theory to inform my analysis of how ASMR videos extend us and move us to experience feelings of well-being and community.

In this thesis, I aim to better understand how ASMR communities use clinical roleplay videos to construct notions of self-care and wellness in the era of COVID. I am interested in how members of ASMR communities construe their practice of watching ASMR clinical roleplay videos during a pandemic in the absence of a comprehensive welfare state. ASMR clinical roleplay videos offer a natural point of comparison for discussions of wellness during COVID because medical care is increasingly provided at a distance through telemedicine. Unlike telehealth appointments, ASMR videos neglect health in favor of *care*. I explain how fake medical exams produce feelings of well-being by virtue of their affective possibilities.

Second, I probe questions of what it means identify as members of communities based on highly stigmatized videos. Scholars can use ASMR communities on YouTube to consider how the internet and the transmission of affective attachments with one another on social media seem to provide endless opportunities for connection. Whether these connections are sufficient to produce the same benefits of offline care is still an open question.

I contend that ASMR is a continuation of a culture that privileges commercial consumption as a solution to systemic woes. ASMR medical roleplay videos on YouTube are a pharmakon – both a cure and a poison – because they help people to cope with the ills of social isolation and individualism that the affective economy and neoliberal healthcare system promote while feeding into those exact apparatuses. I also argue that ASMR communities are affective networked publics in which nonstandard distant intimacy is the dominant mode of public address. ASMR communities on YouTube imagine themselves to be a community as a way of protecting against the stigma of sexuality from people who cannot relate to the ASMR sensation.

I approach this phenomenon by studying community members' relationships to the videos and to one another. I begin by analyzing user comments on ASMR clinical roleplay videos to find out how the transmission of affect between ASMRtist and audience generates feelings of well-being. I then report my findings from conducting focus group interviews with members of ASMR communities. I draw on literature on sense of community theory to understand how affective attachments and concerns of intimacy out of place conspire to create feelings of community where no such community exists. Lastly, I discuss ASMR videos as a continuation of self-care practices in healthcare and capitalism by placing user comments and focus group interviews in conversation with one another. I rely on scholarship from sociology of medicine and the political economy of affect to contextualize ASMR clinical roleplay videos as a

poison and medicine for those who view it. I conclude by considering opportunities for further research and reflecting on possible ramifications of ASMR for feeling together while alone. By studying ASMR clinical roleplay videos on YouTube and the community members who make use of them during COVID-19, we can better understand why individuals turn to social media in the 21st century to address human needs of self-care in a society that values intimacy, sharing, and the on-demand.

Chapter 2

Clinical Roleplay Videos and Transmissions of Affects

In this chapter, I propose that ASMR is an affective process in which the immersive environment and intimate performance of the clinical roleplay video triggers imaginations of self-care in users. By conducting an analysis of user comments of ASMR videos, I account for multiple possibilities and interpretations of affects. I analyzed 700 comments from 70 ASMR medical roleplay videos on YouTube dated March 11th to December 31st. I then used a grounded theory approach (Glaser and Strauss, 2009) to organize these comments into categories. The purpose of grounded theory is to generate original theory through the process of coding and comparing data. From these categories I came up with the themes of immersion, performance, and gratifications. I continued this process of comparing and analyzing data until I reached a point of saturation. Rather than viewing affect as a stable unit, I draw from a model of affect as a process with discrete stages (Alphen and Jirsa, 2019). In this paradigm, (1) form triggers affect; (2) affect is the "intensity, sensation, or resonance" that is triggered; and (3) affect triggers "thoughts, emotions, and imagination" (p. 4).

While Alphen and Jirsa (2019) use the word trigger to capture the sudden movement from one stage of affective transmission to the next, the language of triggers resonates with the ASMR experience. "Trigger" is a term of art used by members of the ASMR community to describe a certain stimulus that provokes an ASMR sensation. I like this concept of triggering affect because it communicates how affect is dynamic and autonomous. Our bodies are primed with social meanings, and certain uses of language and relations to others "trigger" that which is already there (Gregg and Seigworth, 2010). Our felt emotional states are always existing in a

pre-conscious way such that traumas can be brought up at an instant. ASMR, while not a traumatic experience by any means, occurs autonomously and is transmitted through social relations. The ASMR sensation happens unexpectedly, but it always requires an intimate, caring atmosphere. ASMR content creators generate this atmosphere deliberately through environment and personality.

I separated comments into three themes: immersive environment, intimate performance, and gratifications. The first two themes relate to the form of the affective process, or what affect theorist Jan Slaby (2019) calls "domains of practice" (p. 60). "Domains of practice" are the socio-cultural environments that facilitate the transfer of affect. In other words, affect does not exist in a vacuum; the experience of affect is shaped by the interaction between bodies and other bodies and objects (p. 62). For the purposes of this chapter, I will mainly be focusing on how commenters described their relationship to the videos themselves. However, the act of mediation and the materiality of the medium should not be discounted as a domain of practice. In ASMR clinical roleplay videos, the domain of practice is the virtual doctor's office viewed on a screen on YouTube. ASMR videos attempt to immerse the viewer in the medical fantasy through the spatial use of sounds and images, but they retain a quality of artifice that makes the viewer feel complicit in the charade. In addition, the ASMR content creator – better known as an ASMRtist – intentionally crafts a medical persona that is authentic and authoritative. The commenters' assessments of these factors demonstrate that domains of practice are foundational to the ASMR experience. The form of the clinical roleplay ASMR video is a precondition for experiencing "tingles" and overall feelings of relaxation and care.

The domain of practice of the ASMR video in turn triggers what I call gratifications. The gratifications of the ASMR video are relief from symptoms of mental/physical illness and the

experience of pleasurable sentiments. I do not consider gratifications affects because affects are dynamic forces rather than emotions or internal states. Instead, I regard these gratifications as the imaginations that result from those felt intensities. Many commenters regarded watching ASMR videos as a coping mechanism for various maladies, including anxiety, depression, insomnia, and chronic pain. Others watch ASMR clinical roleplay videos for the pleasurable sensation they elicit. The affective mode of ASMR clinical roleplay videos triggers perceived gratifications for ASMR viewers. Affect in ASMR clinical roleplay videos functions as a process with its immersive environment and intimate performance laying the groundwork for feelings of wellness to flourish.

Immersion

Immersion is the "process or condition whereby the viewer becomes totally enveloped within and transformed by the 'virtual environment'" (Dyson, 2009). ASMR videos simulate the experience of a familiar, real-world interaction and exaggerate the intimacy of the situation. ASMR videos find moments of care in common interactions, like getting a haircut or going to the doctor, and make those moments the focus of the exchange. In medical roleplays, the ASMRtist casts the viewer as patient, a role the viewer plays along with to varying degrees to credulity in order to facilitate a successful ASMR experience. Because a simulation is inherently artificial, these videos encourage ASMR viewers to suspend some disbelief. ASMRtists are careful not to break the fourth wall, thus ruining the immersive effect of the video. While commenters valued the realism of the roleplays, the artifice of the genre is also critical to producing specific affects associated with taking part in the charade.

The viewing experience of an ASMR video is that of a trance-like state where the rest of the world sort of fades out of focus. ASMR, then, requires the viewer to immerse themselves in

the environment of the video in order to get the full experience. Janik McErlean and Osborne-Ford (2020) find a correlation between those who get the ASMR experience and increased levels of absorption – the ability to become totally engrossed in a task (p. 8). Participants who get ASMR tingles scored significantly higher on the Tellegen Absorption Scale than those who did not get ASMR tingles (p. 8). As opposed to other qualities commonly associated with ASMR watchers like mindfulness, absorption is the most significant trait that separates those who experience ASMR versus those who do not (p. 8). Higher scores for absorption also correlate with greater intensity ASMR tingles (p. 8). Crucially, absorption is associated with willingness to engage in make-believe and fantasy, a key component of ASMR roleplay videos (p. 8). In other words, immersion is a psychological trait and a state of being.

The primary method ASMRtists use to create a realistic immersive environment is sound. Sound recreates "that feeling of being here now, of experiencing oneself as engulfed, enveloped, absorbed, enmeshed, in short, immersed in an environment" (Dyson, 2009, p. 4). In ASMR videos, microphones pick up noises not registered by a video camera's internal mic. The background noise in everyday life comes to the forefront, giving the viewer a chance to savor the smaller moments lost in the frenzy of daily activity. ASMRtists typically opt for stereo - also called binaural - sound which gives the listener a sense of 360-degree embodiedness. Microphones both symbolically and literally replicate human ears in the medical genre of ASMR. The 3Dio microphone, with its synthetic ear shape, has become a popular mic of choice for ASMRtists conducting ear exams. Creating sounds directly into a microphone both clarifies and distorts sound, making the object causing it to seem up-close while disguising its purpose. ASMR videos use audio to simulate the sensation of touch. For example, the abrasion of a brush on a microphone sounds like someone has scraped your inner ear. One commenter wrote:

> "I had my sound set on max with headphones and I didnt [*sic*] feel the brush was too loud. In fact I felt it was just right so if you do use it in the future I wouldnt [*sic*] lower the sound too much. I found it very tingly and mesmerizing."

The use of the word "feel" to describe sound illustrates the synesthetic quality of ASMR clinical roleplay videos, where the sonic and the haptic blur together.

The visual is secondary to the auditory in ASMR videos, but imagery plays an important part in creating a convincing setting in clinical roleplay videos. In the absence of a sophisticated set design, ASMR clinical roleplay videos often employ green screen backgrounds and props to convey the location of a doctor's office. These backgrounds can appear highly realistic:

> "Wait, I'm so dumb I actually thought he 'hired a doctors office' ahhhhh I need to sleep."

While film and television have used visual backgrounds to give the viewer the illusion of place from a distance, ASMR visuals cast the viewer in the environment as if it is their own. The viewer understands the doctor's office to be their location, not just that of the characters on screen. An unconvincing background can detract from an ASMR clinical roleplay video and remind the viewer that they are watching a re-creation. One commenter joked:

> "I don't always get a cranial nerve exam done but when I do, I ALWAYS make sure the Doctor does it in their kitchen."

ASMR videos are expected to have a certain amount of artifice, but video backgrounds that are too realistic or too unrealistic are noticeable:

> "(At the beginning of the video) Me: 'damn that's a good screen' (Her arm hits the sphygmomanometer cord and it moves) Me: 👁👄👁."

This viewer expresses shock when the ASMRtist interacts with the physical environment. The dominant mode of ASMR clinical roleplay videos is real*ism*, not reality.

The intrusion of artifice is not only expected but necessary for the ASMR experience to take place. The viewer plays a part in the immersion of ASMR, sticking their head into the scene with headphones, looking at the performance through a screen. It is moments where the viewer has to fill in the gaps of the scenario with their own imagination that add to the feeling of intimacy. Bennett (2016) writes, "The representational conventions of the ASMR role-play are not quite established, still buzzing around the edges, and I like those moments when the joins are visible because they intensify the intimacy, the sense of colluding in a fiction." (p. 133). The exposure of artifice adds to the overall experience because the willed credulity necessary to sustain the illusion casts the viewer in the play as well.

Performance

In addition to the setting of the video, the form of the ASMR clinical roleplay genre is also characterized by the performance of the ASMR content creator playing the role of the doctor. User comments reflected that a successful performance requires the qualities of authenticity and authority.

Authenticity is a sticky term to define, especially in the context of digital media in which media forms are always being remixed and replicated. Marwick (2013) writes that authenticity is understood to be "something real, something true, something moral, some thing apart from the crass, commercial, social world" (p. 2). Marwick clarifies that authenticity is not opposed to capitalism but rather serves as "a boundary strategy between selfhood and neoliberal capitalism," especially in the context of online communities (p. 2). Scannell (2001) shifts the debate about authenticity in broadcast television to focus on sociability as the register of television

conversations. Whereas Scannell calls this mode of address "for-someone-as-anyone," sociability in ASMR clinical roleplay videos on YouTube is understood to be "for-anyone-as-someone." ASMR doctors are authentic to the extent that they can convince the audience they are caring for a singular "you." Even though the viewer knows they are part of an audience, the ASMRtist checks *your* body: your ears, your skin, your eyes. The plural "you guys" must never take away from the impression that "you" are being cared for.

Users characterized effective doctor performances in opposition to forcing it or acting unnaturally. This new communicative practice epitomized by "vlogging" (short for video blogging) conveys authenticity through a DIY amateurism and charm (Tolson, 2010). The content creator should not appear as if they are trying too hard:

> "I've been watching asmr for years but been following the same people usually as lots other asmr artists with big following are so superficial or professional perhaps and too organised, it simply doesn't feel natural and relaxing or give me any tingles as everything is so planned out."

In the medical setting, acting professionally and being organized would be a compliment, but this is not ideal in the ASMR roleplay genre. ASMR content creators must disguise the labor of producing their videos because it takes away from the pretense of the situation. ASMR viewers want to believe they are experiencing a real-life event, not a re-creation. This comment also referenced a perceived tendency of ASMR channels that become popular to abandon their roots and become too professional to appeal to their growing fan bases. Perhaps a smaller channel with lower production values generates more feelings of intimacy because the acts of care appear more spontaneous.

Patterns of speech also bear on perceptions of authenticity in the clinical performance. ASMRtists usually speak in either a whisper or a soothing soft-spoken voice. This gives the impression of intimacy and care. In a medical roleplay setting, some commenters found the whisper incongruous with the performance:

> "Normal speaking in these medical role play videos is a must. 100% better than the forced whispering from most ASMRtists. I have never had a doctor whisper to me during an examination. Your soft normal speaking voice helps to immerse the viewer in the role play much more than forced whispers. Thank you for that!"

The viewer repeated that whispers are "forced," while the soft-spoken voice helps sustain the immersive effect of the video. Another commenter writes:

> "my FAVORITE asmrtist, by far. no trying too hard, no sticky squelchy mouth sounds and inaudible talking. just.... Perfection."

Similarly, the viewer rejected vocal inflections that convey closeness as "trying too hard" and are thus unnatural. Authentic vocal performance is not only about volume but also the style of speech. One viewer remarked:

> "She has such a calming lilt and pattern to the way she speaks.. It's so relaxing and tingly. I just love her accent and the way she moves, like her little head tilts and nods😕😕so cuuute [*sic*]"

The quirky cadence and vocality of the performance is endearing to the viewer because it reflects individuality. Authentic vocal performance, then, can be characterized by perceived naturalness and uniqueness.

However, these performances are inherently unnatural because they are cultivated to address the needs of an imagined audience. Comments like the examples above give the content creator a sense of what performance their audience enjoys. Marwick and boyd (2010) describe the difference between imagined broadcast audiences and networked audiences where members can talk back: "This opportunity for communication influences how speakers respond and what content they create in the future" (p. 16). The networked audience, as opposed to the imagined broadcast audience, can help the content creator modulate their performance to convey the proper affect for viewers. In comments on ASMR clinical roleplay videos, viewers both praised and critiqued ASMRtist performances based on their preferences. It follows that ASMRtists have a good idea of what an "authentic" ASMR performance looks like to viewers and can therefore manipulate their vocal qualities to reflect the desired tone. Furthermore, the qualities ASMR audiences prefer (calming lilt, head tilts, etc.) fit within constructions of idealized feminine performance. This form of flirtatious attention is in no way natural but instead affected through a social presentation of the self within an intimate situation. Matching vocal and physical performances to the expectations of audiences involves expending affective labor. In the service economy, workers suppress their own feelings to produce the correct affective response in customers (Woodcock and Johnson, 2019). This form of labor involves vocal inflections and facial cues that signal a posture of care. Likewise, ASMRtists modulate their emotions in order to deliver a performance that is authentic but still in the proper affective register. Authenticity, then, is not natural but rather bound in unwritten yet broadly understood social codes informed by audience expectations.

In addition to vocal performance, commenters also viewed authenticity as a byproduct of genuine care. Sincerity describes the extent to which content creators come across as really

caring about the well-being of viewers. If authenticity is about revealing the inner self to an audience, sincerity is a purity of intent that allows the audience to form a connection with the content creator. Commenters expressed an appreciation for the sincerity of care exhibited in clinical roleplay videos, like in this comment responding to a video from an ASMRtist named Leah:

> "Leah I have to genuinely say you are by far my favorite ASMRist. I love all your videos from old to new. Your voice is so relaxing, and most importantly I can always see how genuinely you care in every video. I really cannot put into words how much I appreciate everything you do 😊."

This commenter considers the performance to be authentic because the ASMRtist gives the impression of sincerely caring about the viewer. Medical doctors might perfunctorily provide care to patients but lack the sincere care that people associate with authenticity. Genuine care in ASMR videos does not have to exclusively involve the patient; it can extend to their meticulous treatment of objects on set:

> "I don't know how to word this properly, but something about your attention to detail is so specific and unique that it gives me major tingles! One example is when you were showing the pencil and said 'I take this pencil everywhere I go'. This happens frequently in your videos where you point out something that is otherwise unimportant and make it special, and I've never seen anyone else do that! ❤️"

The ability to treat a mundane object as special requires an attention to detail that the viewer internalizes as part of their interaction. This fetishizes the object for the viewer as an affective attachment of the performer. The pencil in this example becomes unique because the performer

authentically conveys a relationship to the object. Real doctors probably have preferred writing implements and trusty stethoscopes. However, verbalizing a relationship with a piece of medical equipment would seem odd. The objects in a medical exam are devoid of relational affect and are instead practical medical instruments. ASMR performance is much less neutral. Caring for human patients and non-human instruments is a feature of authentic performance.

A successful medical roleplay combines authentic performance with the appearance of authority. Commenters evaluated performances based on how competently the ASMR "doctor" fulfilled their responsibilities in the examination:

> "Performed with real authority. you play the role a doctor very proficiently. excellent *[sic]* stuff."

Not only are ASMR doctors supposed to be genuine in their care but also authoritative. The idea that the medical professional in the roleplay is knowledgeable seems to enhance the feelings of care. The wealth of medical information available on the internet allows laypeople to understand complex medical procedures and examinations. The actual medical information aids in the performance of authority:

> "I see you there with the scientific names of all the nerves! This was the most technical ASMR cranial nerve exam I've seen. Incredible job!"

Viewers who work in healthcare offered comments confirming the authoritative bona fides of the videos. Viewers reading the comments can see that the care they are receiving is based on real medical care. This adds to the immersion and sincerity of the videos. One nursing student commented on a video by an ASMRtist named Oliver to vouch for the realism of the videos and express how it augments the effect of the video:

> "Oliver! As a nursing student I want to say the medical accuracy of your videos is sooooo *[sic]* satisfying that it makes me tingle like crazy! Thank you for all your time put into these roleplays."

In an ASMR video, the viewer cannot communicate with the physician. The ASMRtist finds "problems" by running tests on the viewer's body and typically offers a treatment for the malady. Perhaps the ASMR roleplay doctor's authority is comforting because the childhood ideal of the doctor who makes the sick patient better is preferable to the unknowns of modern medical treatment. The increased access to medical knowledge online promises to give patients control over their own conditions (Prainsack, 2017; Lupton, 2018). But is there too much information out there? Commenters referenced the anxiety of Googling their symptoms:

> "Me: it's just a flu Catplant: it's just a flu Everyone: it's just a flu Google: Corona."

During the COVID-19 pandemic, web-based hypochondria is a commonly felt experience. The advent of medical knowledge online allows patients to better understand their symptoms and treat themselves; however, the ability of laypeople to access medical knowledge online can lead to worries that symptoms indicate more severe conditions. This anxiety is heightened by stories of people who correctly diagnose themselves and can catch problems early. Medical students commonly report this syndrome where they begin to believe they have the conditions they are learning about. What ASMR medical roleplay videos offer is peace of mind under the guise of healthcare.

Gratifications

The final stage in the affective process of ASMR is the feelings of well-being that the videos confer on people. Gratifications in the comments were separated into two categories: self-care and pleasure. Uses and gratifications research has a long history in Media Studies. Uses and

gratifications as a framework offers a departure from theories of the audience's passive acceptance of media ideology. The main idea is that audience needs influence the media they seek (Katz et al., 1973, p. 510). These needs are often affective in nature, as people use mass media to foster connections (or perhaps disconnections) with other people (p. 513). In ASMR videos, these connections help people fall asleep and feel well. While treatment for mental and physical suffering through media is not new[1], ASMR videos offer an example of this phenomenon continuing in the era of social media where communal attachments come into play. Commenters regarded watching ASMR medical roleplay videos as effective treatments for anxiety, depression, and pain. Like familiar media forms of television and film, diversion – an escape or emotional release – was a common media gratification for commenters. User comments highlighted pleasure as a motivation for watching ASMR clinical roleplays. ASMR videos helped to put some viewers in a proper mind-space to go to sleep, and others simply enjoyed the pleasant tingling sensation the videos promote.

ASMR clinical roleplay videos aid in self-treatment of chronic conditions. One commenter responded that an ASMRtist named Madi's videos were helping them deal with mental illness:

> "Hi Madi. Your videos continue to help me relax through my stress, anxieties and depression. Thank you so much. I hope you're well and staying safe. And to everyone else reading this, look after yourself and others around you. We'll get through this."

The use of the word "help" signifies that these videos do not eliminate the illness but rather allows the user to cope. The user addresses other users who read the comment with words of

[1] see Hagood (2017)'s discussion of white noise machines for tinnitus

encouragement about getting through the pandemic. ASMR videos comments are not only directed at content creators but also to people who watch the videos. This affordance of YouTube for community separates mediated care of ASMR videos from other forms of medical media. Other users pointed to the COVID-19 lockdowns as the reason they need extra help from the videos:

> "It's not my bedtime, but I need some relaxation right now. This quarantine has got me down, I'm sick of my house, the walls seem to be closing in on me☹You asmr artists are literally helping me Keep Sane *[sic]*😀👍👦🌾."

The commenter is likely using sanity in a conversational sense, but the sentiment that "walls seem to be closing in" on them does read like a cry for help. In this way, people use ASMR videos as a preventative measure for worsening mental health symptoms.

Other commenters indicated that ASMR medical roleplay videos treat their conditions as medication would, if not better:

> "Madi, your ASMR helped me fall asleep with a headache that Ibuprofen/Tylenol wouldn't help, and when I woke from sleep it was gone! You are AMAZING thank you!!!! 🤟😊"

This comment reflects how watching ASMR videos replaces traditional treatments for mild pain. While some scholars suspect the ASMR effect to be placebo (Ahuja and Ahuja, 2019), user comments contended that their feelings of pain relief are real:

> "I was in a car accident earlier today and everyone is okay. But, my body is sore from the airbags deploying and my nerves are jangled. Within 10 minutes of listening to your voice, I am feeling sooo [*sic*] much better. Thank you."

ASMR viewers expressed imaginations of relief from both physical and mental health symptom after watching ASMR videos. These imaginations of care result from the environment and performance of the clinical roleplay domain of practice. ASMR clinical roleplay videos represent what Foucault called "technologies of the self" because they allow people to "function as 'healthy' biological, social, and economic agents" (Hagood, 2017, p. 8). Through media technologies, viewers can cope with the stress of a pandemic that has left people to take care of themselves. However, these temporary cures feed into the neoliberal idea that we have the freedom to choose our means of coping; refusing to cope is not an option.

Some ASMR commenters distinguished their gratification of pleasure from more goal-oriented uses of ASMR videos, like sleep or coping with illness.

> "i [*sic*] feel like everyone who watches asmr has trouble sleeping or getting relaxed. then theres me who can sleep like a baby instantly, but i *[sic]* just like some before-bed warm fuzzy feels."

This commenter observes that while many members of the ASMR community watch videos to fall asleep, there is a more hedonistic reason to consume ASMR. "Warm fuzzy feels" is a description of the affective state that ASMR videos instill in some viewers. Similarly, another ASMR viewer actively resists falling asleep in order to experience the relaxation of the videos:

> "Do u ever just force urself *[sic]* to stay awake to these videos because its *[sic]* so relaxing??"

For this person, sleep is not a gratification but a hinderance to the primary gratification of relaxation. Most commenters attributed the pleasurable gratification of ASMR videos to "tingles," or the Autonomous Sensory Meridian Response that the genre is named for:

> "Please post more, I love and look forward to these tingles 😈"

> "Amazing video! Twas suggested in my feed. I feel like all my birthdays have come at once. The word 'good' repeated has always given me massive tingles so this is pure heaven!!!!! Thank you! Subbed and I'm sure you will get thousands more. 🙂"

ASMR tingles are a low-grade euphoric sensation that begin in the scalp and travel down the back of the spine. Unlike many pleasurable media gratifications such as the "comfort television show," pleasure in ASMR videos manifests through physiology sensation. Videos designed to cause a pleasurable bodily reaction parallel pornography. For that reason, misunderstandings arise in public perceptions of ASMR videos, which ASMR communities try to counter.

Not every person is capable of experiencing tingles, though. Those who can experience ASMR tingles may become afflicted with "tingle immunity" if they watch ASMR on a regular basis. "Tingle immunity" is a term in the ASMR community that refers to the loss of the ability to experience ASMR from triggers that used to be effective. Tingle immunity is not usually permanent. The viewer must encounter a new trigger for the ASMR sensation to return:

> "This video gave me the most tingles I've had in ages. I've been afflicted with 'tingle immunity' for the last year or so, so thanks!"

> "Wow, I had major tingles when you were putting the cap on my head! That doesn't happen to me too often!"

ASMR watchers stricken with tingle immunity find other gratifications in ASMR videos, but there is often a feeling of excitement and relief when immune watchers discover a new trigger. Presumably, some ASMR viewers with tingle immunity stop watching ASMR videos, but others may continue to watch in hopes that the elusive feeling returns. In sum, ASMR clinical roleplay videos to some are technologies of self and health, while for others they are pleasurable mood-changers. These two framings have different implications for self-care that I will discuss in more detail in Chapter 4.

Conclusion

My analysis of the comments section of ASMR clinical roleplay videos applies a model of affect as a staged process where the immersive environment and performance of the video trigger affects which in turn trigger notions of wellness for the audience. The ASMRtist cultivates the domain of practice of the doctor's office by simulating its auditory and visual components. These stimuli are understood to be artificial, but the active commitment of the viewer to the roleplay aids in the affective ruse. In addition, the ASMRtist's performance is simultaneously authentic and authoritative. A performance is judged to be authentic according to patterns of speech, unique affect, and sincerity of care. The widespread accessibility of medical information on the web allows the ASMRtist's performance to be perceived as authoritative. Being an informed patient requires labor to learn about medical conditions, and the abundance of information online creates even more uncertainty and anxiety. Finally, the affective register of ASMR videos lead to feelings of well-being in the form of self-care and pleasure. In this chapter, I have described the interaction between audiences and ASMR clinical roleplay videos. My analysis of the comments section is limited in answering *why and how* audiences identify as members of ASMR communities. In the next chapter, I use data from focus group interviews

with habitual watchers of ASMR videos to try to answer this question of why online communities form around these highly intimate videos.

Chapter 3

"People who get it, get it": Inside ASMR (Imagined) Communities

How can community form around videos depicting displays of intimacy given the stigma of intimacy in public? In this chapter, I take a step back from the clinical roleplay video and shift my attention to ASMR communities. I use focus groups to understand how people who regularly watch ASMR videos perceive ASMR communities. Focus groups allow participants to express agreement, challenge one another's points, and address other participants directly; this dynamic is useful for studying communities because focus groups imitate conversations between members (Överlien et al., 2005). There is a risk when studying online communities, however, of decontextualizing a phenomenon from the online world to the physical world (Maddox, 2021). I argue that for the ASMR community, researchers can only infer so much from interactions in the comments section. Only through probing the motivations and perceptions of ASMR community members can we begin to understand how members identify themselves and their communities.

My recruitment period began on February 15th, 2021 and lasted until March 20th, 2021. I recruited participants over the age of 18 who self-described as habitual watchers of ASMR videos. I chose not to limit my recruitment pool to members of clinical roleplay communities, but some participants identified as fans of those videos. I recruited participants from the undergraduate Media Studies department at a large mid-Atlantic public research university. I put out calls to the Media Studies department because I expected students who study online phenomena to be more familiar with ASMR than students from other departments. With moderators' permission, I also put out calls for participants online through asmruniversity.com – a website that provides resources and news about ASMR – as well as the Reddit subtopic site for

ASMR videos, r/asmr.com. I held two 60-to-90-minute virtual focus groups via my personal Zoom account. Focus groups consisted of two participants each. I pseudonymized participant's names to limit the potential for their comments to be traced back to them. I used a thematic coding technique to parse the discourse of the participants into key categories.

Drawing from McMillan and Chavis' (1986) definition of sense of community, I find that participants articulate belonging to ASMR communities in terms of in-group membership and boundary charting. For all the benefits that individual ASMR viewers receive from watching videos, ASMR communities revolve around a shared interest in evacuating the stigma of sexuality in the public sphere by charting boundaries of acceptable displays of intimacy. I use the verb chart rather than enforce because I have not found evidence that members of ASMR communities have sufficient coordination to expel deviants (McMillan and Chavis, 1986). They also verify bona fides of in-group members through a common symbol system of terms and references. Recently, scholarship on sense of community has introduced the role of social media platforms and their affordances for facilitating community. Rotman et al. (2009) characterize online communities as "groups of people brought together by a shared interest, who create, through interaction on an online platform, a joint repertoire and common culture" (p. 42).

The platform of YouTube plays an important role in fostering sense of community by enabling semi-public, "nonstandard intimacy" (Andersen, 2015). The affordances of YouTube to quantify audiences – comments, view counts, likes/dislikes – give viewers an identification with community, while watching videos remains a solitary, intimate experience. Sense of community for ASMR watchers works to soothe anxieties about intimate interactions formerly confined to the private sphere entering the public sphere.

Using focus group data, I begin by describing how ASMR communities express feelings of membership in terms of narratives, language, and a sense of common understanding. I then shift to discuss the significance of public intimacy in ASMR videos and how its stigma unites members of ASMR communities. I conclude by considering whether affective attachments alone are sufficient to produce real communities.

Membership

According to McMillan and Chavis (1986), "Membership is a feeling that one has invested part of oneself to become a member and therefore has a right to belong. It is a feeling of belonging, of being a part" (p. 9). ASMR communities express feelings of in-group membership through narratives of initiation, a common lexicon, and having the ability to "get it." The phrase "get it" refers not to the capacity to experience ASMR but instead to the overall ethos of watching ASMR videos as a means of coping.

Narratives

Members of ASMR communities recount the revelatory moment of learning that their mysterious feeling has a name and that others experience it too. Many members trace their experience with ASMR back to childhood memories of intimacy or being cared for, whether it was a haircut or watching a classmate meticulously color on a piece of paper. The discovery that this formerly unnamed yet familiar sensation is called ASMR reflects a narrative that ties ASMR communities together. One participant, Rachel, recalled her experience of learning that people on a Facebook group had named the sensation that she felt:

> "I remember trying to always find the words or, you know, words to describe what I felt. And it was the first time that I had read a description of the exact feeling that I felt like the tingles and the sensation that I got from watching certain things or stimuli. And so yeah I got into it through that because they had actually named it as ASMR." - Rachel.

Gallagher (2019) refers to these narratives as "ASMR autobiographies," and they echo other forms like the religious conversion narrative or the "coming out" narrative for members of the LGBTQIA+ community. They highlight the realization that other people experience ASMR too as a turning point in their lives (p. 266). Gallagher also regards ASMR autobiographies as part of ASMR culture's replacement of sex with affect (p. 271). The emphasis on nostalgic origins for triggers returns the subject to childhood notions of intimacy, thus cleansing the ASMR experience of unwanted associations with sex. This sanitizing of sex through narratives of affect allows the subject to "come out" to others with an in-built rebuttal to suspicions of sexuality. This is crucial to the proliferation and functioning of ASMR communities because it gives probable deniability to those who are skeptical of ASMR as a sensation.

Narratives are powerful tools for community formation because they have a familiar arc to them. Person gets a sensation as a child; person goes through life wondering why that happened to them; person finds out that the feeling is ASMR and others also experience the sensation. Every member can place themselves each other's slightly different ASMR story and relate to the broader plot.

Language

Communities gatekeep who belongs and who does not through community-specific language. McMillan and Chavis (1986) theorize that the implementation of a common symbol system is a common factor in generating feelings of community: "A common symbol system serves several important functions in creating and maintaining sense of community, one of which is to maintain group boundaries" (p. 10). ASMR communities use terms of art like "ASMRtist" for content creator, "tingles" for the feeling of ASMR, and "triggers" for the stimuli that cause ASMR. In addition to maintaining boundaries of who belongs and who does not, these terms

serve the purpose of countering suggestions of sexuality. I argue that for emergent online communities, terminology serves not only as a code that conveys belonging but also as a searchable index for members of communities to gather around. By looking at the development of how ASMR communities deploy the neologism "ASMR," we can understand the implications of language for online communities.

Before settling on ASMR, a small group of people who experienced the then-unnamed sensation gathered on a health forum with a thread called "Weird sensation feels good" in 2007 (Richard, 2015). The cadence of the forum thread title resembles that of a Google search. However, by that point there was not an established term to yield search results. In 2008, a person with the online persona "tingler" coined the phrase AIHO – Attention Induced Head Orgasm. Similarly, others in the thread referenced "Brain-gasms." Jennifer Allen, a user of the forum, was concerned that the overt reference to sex would stunt the community's growth. She decided to come up with a new term in 2010:

> "People perceive the meaning of words differently, and a phrase that uses words tied to sexual or taboo activity, or words that have no immediate apparent connection to the topic tend to cause people to form opinions about the validity or intent of the subject at hand. I knew with something as difficult to describe and as sensitive for people to open up about as ASMR that we would need something that objectively and definitively named the sensation" (Allen, 2016).

Thus, the name "Autonomous Sensory Meridian Response" - or ASMR - emerged from fears that AIHO would be considered taboo and inhibit community because of its sexual connotation. In addition, the term deliberately recalls a scientific phenomenon to encourage research in hopes of legitimizing the sensation's basis in physiology. Allen understood that language is crucial to establishing sense of community, and terms that painted the community as deviants would hinder group expansion.

The interplay between language and algorithms on YouTube brings new significance to language in forming sense of community. Not only does "ASMR" provide a common term to a proto-community that previously had no name, but it is also highly searchable. Content creators started tagging their videos with "ASMR." Eventually, YouTube's algorithm began to recognize the series of characters that make up "ASMR" as a tag and suggested videos with that tag to viewers in the search and sidebar interface (Gallagher, 2016, p. 7). Users who click on an ASMR video out of curiosity when searching for a video to help with sleep are introduced to an online phenomenon that did not exist before the internet and users on message boards conspired to name and index ASMR.

Understanding

The final aspect of membership is the sense that ASMR communities understand one another on a personal level by virtue of their shared affinity for ASMR. For a subculture that is so fearful of being misunderstood, this in-group dynamic generates feelings of familiarity and safety. Participants imagine camaraderie among other viewers based on perceptions that they will not be judged for enjoying highly intimate online videos.

Sense of community is "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together" (McMillan and Chavis, 1986). When I asked participants how they would describe the ASMR community, they expressed feelings of familiarity, support, and understanding. Members derive feelings of familiarity from imagining that others are experiencing the same things they are when watching ASMR videos:

> "Warm, personable, non-judgmental, familiar, cozy. Yeah, it's like we all, it's like we all just get one another without like having to actually say it. It's just like 'oh yeah you know what it's about' kind of" - Rachel.

> “It feels very familiar and safe and there's kind of mutual understanding that you're experiencing the same thing as someone else” – Grace.

Members of ASMR communities are not only connecting with the ASMRtist but also an imagined community of ASMR watchers. Anderson (1991) theorizes the nation as an imagined community because citizens will never meet most of their fellow countrymen, yet they feel a sense of connection to each other under the banner of national identity. ASMR community members express a similar connection with strangers online. Instead of national pride, the basis for these feelings of familiarity is the common experience of being affected by ASMR:

> “... kind of like when you meet someone in real life and you feel like you've met them before ... it's just familiar without it actually being familiar. Like something innately. It feels like physiologically like familiar if you know what I mean.” – Rachel

It is more likely that the sense of familiarity derives not from a shared experience of the ASMR sensation but rather from the motivations people have for watching videos. It is worth remembering that not everyone can experience ASMR tingles, and those who do get tingles can become habituated to the effect to the point that they no longer experience tingles.. One participant expressed her belief that members of ASMR communities are going through similar things:

> “I kind of assume things about them like they're like me in that they're sensitive or that they are struggling with some kind of anxiety or depression or something and even if that's not always true I think there's a feeling that everyone's sort of a sensitive person.” – Grace

Members cannot meet all the other people who watch ASMR videos, but they can extrapolate from their own experiences the types of people who would find solace in these videos. There is a

sense that others may be “like me” because they are coping with the same kinds of issues by watching ASMR videos. Because of this identification with other members of ASMR communities, there is also a perception that members would support one another when called upon:

> “... just like having watched the community grow a lot like you just sort of know that other people are liking the same thing, experiencing the same thing. So, it is kind of a feeling of support.” – Grace

ASMR communities serve as de facto support groups because members are assumed to be dealing with similar issues by seeking out ASMR videos. Participants did not provide examples of going to community members for support; however, they described the benefit of just knowing that it is there if they needed it.

Affective connections extend beyond ASMR viewers and the ASMRtists who make the videos and exist between members. Members of ASMR communities imagine that others are like them because they share a common narrative arc, vocabulary, and reasons for watching videos.

Public Intimacy and Sexuality

Berlant and Warner (1998) discuss the aversion to intimacy in public as a “constellation of practices that everywhere disperses heterosexual privilege as a tacit but central organizing index of social membership” (p. 555). The “charmed circle” of heteronormative intimacy is properly cordoned in the domestic sphere. However, the emergence of digital publics enables the circulation of affect at increasingly intimate registers. ASMR is characterized by a digital, nonstandard form of intimacy (Andersen, 2015; Bjelic, 2016). Andersen (2015) contends that ASMR videos on YouTube fall in the gray area where “the spillage of eroticism into everyday social life seems transgressive in a way that provokes normal aversion” due to their availability

to the public and the privacy of the experience itself (p. 692). The semi-publicness of YouTube combined with the intimate mode of the videos creates "distant intimacy" that threatens to transgress social boundaries. Members try to navigate their desire for positive representations that accurately depict ASMR communities and the reality that the videos require nonstandard public intimacy.

Boundary Charting

Communities need deviants to separate those who belong from those who do not (McMillan and Chavis, 1986, p. 9). In a subcommunity that is labeled deviant by outsiders, boundary charting takes on even greater importance. ASMR communities not only have to be cognizant of members speaking for ASMR communities but also of the content circulating under the label of ASMR. All ASMR videos are inherently sensual in that they affect the senses and evoke pleasure; some are overtly sexual. Participants resented the lack of clear identifiers to separate sexual ASMR from innocent ASMR videos. Even in "non-sexual" ASMR, the lines between acceptable and overly intimate ASMR content become blurred. ASMR communities rely on strength in numbers to denounce the stigma of sexuality from outsiders, but ASMR will always be suspect to the extent that public intimacy is suspect.

To protect against unwanted associations with eroticized representations of ASMR communities, participants expressed their desire for members to verify their ASMR bona fides in order to speak for the community. For groups who are stigmatized by mainstream society, public representations take on an important role in boundary charting. Lingel and boyd (2013) write about the extreme body modification community using the concept of information poverty. In this construct, community members feel a lack of accurate depictions of their worldview and are

suspicious of information that comes from outside the community (p. 983). ASMR communities express similar hesitation about stories that seek to sensationalize or scandalize ASMR as sexual.

> "I'm always a little bit like nervous because it's like it's nice to have it as this little community now and like *people who know it, know it*, and you know we don't have to explain ourselves and be like 'oh it's not sexual it's not anything.'" – Sarah

ASMR community members insist that this perception that ASMR videos are sexual is merely a misunderstanding. However, these denials are complicated by explicitly sexual ASMR content, where women in revealing clothing whisper flirtatiously to the camera. Some participants were not bothered by the existence of sexual ASMR, but they took issue with the fact that is it not consistently tagged as separate from "regular" ASMR. Others believed that sexuality does not comport with the relaxation of ASMR. Either way, lumping together sexual and non-sexual ASMR is concerning to members because they fear that popular media will sensationalize the ASMR community as a group of sexual deviants:

> "Someone who did, like, she did you know she had her "onlyfans", she did her porn on the side but she also did ASMR and it was kind of like a weird thing because it's like, you know, do your thing, do your get your, your streams of revenue, do your you know and her ASMR videos were really good, but it was kind of like excessively sexual to the point where it then crossed over to like her actual like sexual content and I'm like, there's definitely a niche for this there's definitely you know people enjoy it but if someone comes along, who's like looking to write like a you know a *CNN* report on all those those weird ASMR creeps, and they come to that, and it's like, 'ah great, this is this is where we're gonna go.'" – Sarah

ASMR communities are anxious about the general public misinterpreting ASMR or taking it out of context. Therefore, members ask for a certain level of understanding of the community to engage in ASMR membership. One participant was worried when he saw a large, non-ASMR

YouTube channel highlight an ASMR video that poked fun at common tropes of ASMR. Members of ASMR communities understand that parody and humor are part of the genre and can appreciate it because of their prerequisite knowledge of ASMR culture. The uninitiated, however, might not realize it is a parody and believe that the video represents ASMR as a whole. ASMR communities are thus keenly aware of who gets to speak for the community in the mainstream public.

YouTube videos with the label ASMR encompass videos created by dedicated ASMR channels as well as non-ASMR channels who post ASMR content for viewers outside of the community. For example, *W Magazine's* YouTube channel has a feature where celebrities "explore" ASMR by performing ASMR with props provided by the magazine's staff. This frames the performance of ASMR as a challenge or internet fad. Participants were resistant to this kind of representation because they were not convinced that these celebrities "get" ASMR. If those performing ASMR do not understand the ASMR community, they risk further stigmatizing ASMR as something strange and not to be taken seriously. On the other hand, ASMR communities appreciate mainstream representations that respectfully and accurately portray ASMR to outsiders:

> "I will say that I watched Cardi B did one ... But in the video she talks about how she watches a lot of ASMR. Okay, so I was like okay." - Drew
>
> "She's already on the team (*laughs*)" – Sarah

ASMR communities want to be understood in mainstream society. ASMR communities are in a bind because they need mainstream representations to expand the community and help other people (especially those who cannot experience tingles) understand ASMR:

> "We need people to actually like understand it. I definitely like remember watching in high school, I wouldn't tell anyone because I was like, I was like I don't know. I feel like I'm gonna get judged for, you know, watching this." - Drew

Explanations of ASMR often come at the expense of showing the authentic ASMR experience that only insiders can relate to. For example, participants explained the benefits of ASMR to friends or family rather than the feeling of tingles out of fear they would be misunderstood. They told outsiders that ASMR videos put them to sleep or make them relaxed. When one participant recalled describing the ASMR sensation to friends, she used other affective phenomena like frisson, or "chills" to make a comparison, even though she admitted there is a difference. In short, it is not uncommon for ASMR communities to trade off accuracy to assuage suspicion. The imbalance of information between ASMR communities and outsiders causes members to fret about the boundaries of the community.

Members chart boundaries of positive and negative mainstream representations of ASMR communities with the goal of gaining wider acceptance of ASMR from outsiders. ASMR communities do not dictate these representations, but the ability to assess who should speak for the community brings members together.

Nonstandard Digital Intimacy

ASMR communities make use of the potential for virtual intimacies on YouTube to generate affective responses in users through videos on-demand. Shaka McGlotten (2013) employs the term "virtual intimacies" to describe "a range of contacts and encounters, from the ephemeral to the enduring, made possible by digital and networked means: chat rooms, instant messaging, porn, status updates, tweets, online personals, dating sites, hookup apps, sexts" (p. 7). McGlotten describes how queer users seek out intimate connections outside the view of non-

virutal public spaces. Normative conceptions of virtual intimacy as inferior to private, "real-life" intimacy cause some to view ASMR videos as weird, uncomfortable, or even sexual:

> "I think especially because a lot of it is based on this like emotional openness or vulnerability or intimacy that they then cross it over into a sexual thing and there's plenty of sexual things online there's, you know, that's a total different universe and that's fine, but it feels like it's definitely a separate thing, and that people conflate, who don't know what ASMR is, they think 'oh this is something that is a little bit intimate,' you know, especially cuz *[sic]* a lot of it's young women, that it must be something sexual, and then it sort of gets a bit of a taint." – Sarah

The prominence of women reenacting domestic work and the performance of gendered intimacy evokes skepticism about the gender politics of the ASMR experience (Andersen, 2015). While there are thousands of male ASMRtists, the overwhelming majority of ASMRtists with more than one million subscribers are cisgender-presenting white women (Maddox, 2021). Andersen (2015) writes that ASMR videos reaffirm heteronormative ideas about women and care. Common ASMR roleplay characters include traditional female roles such as elementary school teacher, girlfriend, or beautician. These roles all involve the expenditure of emotional labor in service of others (Hochschild, 1983). The exaggerated intimacy in these performances of care cause outsiders to question the appropriateness of the videos.

> "But then that goes back again to the issue of like does it get considered to be a sexualized thing just because it's mainly a lot of young women are making it so they see all these videos of young women and people go, 'Oh, it must be something,' you know." – Sarah

Participants claimed that of these highly intimate female performances can challenge normative ideas about masculinity. Drew regarded the ASMR community as overwhelmingly "feminine" because a majority of its content creators are women, and as a straight white man he found himself open to experiences of care online that are more often associated with women:

> "You know like spa videos or something, it's like, I love those." – Drew

He also acknowledged the stigma of loneliness associated with male virtual intimacy:

> "It is a non-sexual like the nature of it where you know it's like [videos where] your girlfriend takes care of you and it's like literally just someone asking you like how your day has been, which I think like there can be like the stigma. Within like constructions of masculinity that's like 'why do you need, like, why do you need that,' you know, it's like because it's okay you know it's okay to need that." – Drew

However, Drew said that now that he has a girlfriend, he no longer feels comfortable watching ASMR videos made by women. Despite members' insistence that there is nothing inappropriate about the ASMR sensation itself, Drew's hesitation to watch ASMR videos made by women reveals the sexual gray area of the videos. As a straight man, Drew is comfortable watching ASMR made by other men because there is no confusion about intimacy versus sexuality:

> "I've definitely found myself being like, oh, like, should I be watching this? Like is that fair to my girlfriend? Like this feels like, maybe like too intimate like maybe I should just steer towards watching ones from men." – Drew

Besides the gendered intimacy of ASMR videos, the publicness of ASMR videos "provokes normal aversion." When I asked whether participants would enjoy watching ASMR in public at a live performance, they maintained that while they enjoy the sense of community with other ASMR enthusiasts, they would not like to experience ASMR together in real life:

> "I think one thing that kind of turns me off about that is the fact of like being in a group of people and experiencing ASMR. And, yeah, I think that it's funny because it's like, I like knowing that other people enjoy ASMR. But it's also a very personal experience, so like, I like being able to just watch it on my phone, it's just me ... I think it is just, it feels very like private and very individual. I agree that I don't think I would enjoy it if I was with another person even if it was like my girlfriend, just because it's like, I dunno it definitely feels like that's my space." – Drew

The prospect of intimacy in public struck participants as weird or uncomfortable. Participants preferred watching videos by themselves on YouTube. The platform of YouTube affords the

publicness of community with the private experience of intimacy. Ironically, the relative distance from other users enabled by YouTube fosters greater intimacy for members: "The lack of corporeal co-presences allows viewers to relax into the sounds offered by ASMR without having to account for, or navigate, social interactions" (Smith and Snyder, 2019, p. 45). YouTube's semi-publicness is ideal for ASMR communities because there is indication that millions of other people watch ASMR, but when the video is playing the experience is one-on-one.

To summarize, ASMR watchers construct sense of community by charting boundaries of appropriate ASMR content. After conducting focus group interviews with members of ASMR communities, I find that these boundaries are fluid and difficult to enforce. Using the concepts of sense of community theory, the fight for a common goal is one of the prime tenants of community. In this way, the shared effort to combat the internalized stigma associated with ASMR videos and a desire to see positive representations of ASMR binds viewers together. Boundary patrolling serves as a ritual that makes viewers feel less deviant themselves.

Conclusion

In this chapter, I showed how ASMR communities are imaginaries aided by the affordances of the internet and YouTube and sustained through affects. This sense of community emerges from perceptions that other members are alike through shared narratives of initiation, a common symbol system, and an imagination that members "get" one another. Members are united in their displeasure at sensationalized media representations, but their discomfort signals an insecurity that ASMR videos are a form of public intimacy. There is nothing natural about the idea that public intimacy is aberrant. Instead, it comes from heteronormative practices that maintain hegemony. ASMR communities will be weird so long as public intimacy remains stigmatized.

ASMR communities on YouTube offer an interesting example to growing literature about how affects can forge feelings of community in the absence of personal connections. In their study of the Vlogging community on YouTube, Rotman et al. (2009) conclude that while members of the Vlogging community report a sense of community, there is no empirical basis for community on YouTube:

> "When using social media they look for companionship, empathy and affinity, thus initiating alternative ways to communicate with each, creating a feeling of belonging to a community even where no community structure can be found" (p. 47).

The highly affective nature of not only ASMR videos themselves but of the perceived relations between members raises the question of whether ASMR communities are real communities. Jodi Dean (2010) writes, "Affective networks produce feelings of community or what we might call 'community without community'" (p. 22). "Affective attachments to media," she says, "are not in themselves sufficient to produce actual communities" (p. 22). ASMR communities, then, help us to think about how people not only turn to the internet to feel well but also to feel together.

Chapter 4

Treat Yourself: Self-care, Healthcare, and Affective Media

During the COVID-19 pandemic, it has become cliché to suggest that we all should take time for self-care. The term self-care originates from medical sociology in which the patient (particularly one with a chronic condition) treats themselves outside the authority of a medical professional (Prainsack, 2017, p. 17). Examples of self-care practices include monitoring symptoms, illness prevention measures, symptom management, and self-treatment. More recently, taking time for self-care has become linked to purchasing consumer products and services. The phrase "take time" implies that self-care is an activity that has a start and end point and that it should be scheduled in such a way that it does not detract from the completion of pressing matters. To practice self-care, people invest time, money, or both in order to rejuvenate the body.

In this chapter, I link the practice of watching ASMR clinical roleplay videos on YouTube with the dual definitions of self-care as a health practice and a commodity to show how ASMR videos on YouTube generate feelings of wellness in the 21st century, pandemic life. In Chapter 2, the ASMR video comments indicate the mental and physical health benefits of watching ASMR clinical roleplay videos from fake doctors providing authoritative, intimate care to virtual patients. For these viewers with recurrent conditions like depression, anxiety, insomnia, and chronic pain, watching ASMR medical roleplay videos is self-treatment. I probe why these artificial portrayals of clinical treatments resonate with an audience of viewers at this moment in healthcare provision.

As discussed in the previous chapter, ASMR watchers report a sense of community in response to the highly intimate videos yet prefer the solitary experience of viewing ASMR. Each person seeks out their own care. Viewing ASMR videos on YouTube, then, reflects a neoliberal practice, where individuals take responsibility for their own well-being in the free market. ASMR content creators, sponsors, and YouTube stand to benefit monetarily from the repeated consumption of videos. This exchange of money and affect characterizes "communicative capitalism" (Dean, 2015) as the political economy of social media. I begin with a genealogy of the phrase self-care, drawing on both definitions. I use focus group data and user comments to analyze ASMR clinical roleplay videos as a part of and expansion of discourses of self-care. I conclude by considering the implications of ASMR videos and other intimate media for affect theory going forward.

Genealogy of Self-care: Biopolitics, Feminism, and Neoliberalism

Humans have long maintained the importance of caring for themselves. Foucault (1986) recounts how "care of the self" has been a necessity for civilizations dating back to the Stoics. Unlike animals, which are already prepared with what they need to survive, humans must attend to themselves. For the Stoics, the cultivation of self was not only a duty but a gift. Foucault writes, "The care of the self ... is a privilege-duty, a gift-obligation that ensures our freedom while forcing us to take ourselves as the object of all our diligence" (p. 47). In other words, being able to take of ourselves makes us human and should not be taken for granted.

The evolution of care of the self to self-care is part of a historical shift in which the body replaces the soul as the object of care. Clough and Halley (2007) write, "What the body is thought to be...is a matter of historically specific organization of forces brought into being by capital and discursive investments" (p. 16). In other words, our conception of the body is a

historical, economic, and cultural phenomenon. The Stoics, for example, viewed the soul as the object of care. Foucault (1988) writes, “When you take care of the body, you don't take care of the self. The self is not clothing, tools, or possessions. It is to be found in the principle which uses these tools, a principle not of the body but of the soul” (p. 22). Foucault describes how a medical conception of care of the self comes to replace the soul in the cultivation of self. He states, “Permanent medical care is one of the central features of the care of the self. One must become the doctor of oneself” (1986, p. 31). The study of medicine as a source of knowledge overtakes the study of philosophy as the primary means of caring for the self. The idea that one becomes a “doctor of oneself,” as each person is responsible for their own bodily maintenance, foreshadows the neoliberal practice of medical self-care.

The medical definition of self-care emerges in the 1970s, when nursing theorist Dorothy Orem came up with a way to assess the ability of sick patients to manage their illnesses on their own (Patty, 2020, p. 62). Self-care in this context refers to “practices that individuals perform independent of medical experts, often in the context of lay communities, through which they seek to optimize their health or manage or recover from a particular disease” (Jones, 2018). While self-care has always involved the use of medical technology (heart-rate monitors, insulin pumps, etc.), self-care in the 21st century must be understood in the context of digitized healthcare and the rise of the “empowered patient” (Nettleton, 2004; Prainsack, 2017).

Contemporary self-care discourses emphasize the unprecedented access to medical knowledge for patients thanks to the advent of widespread internet and social media (Fiske et al., 2020; Bucci et al., 2019). Under this paradigm, there is an expectation that each person has the ability to care for themselves in the absence of constant treatment by medical professionals. Nettleton (2004) argues that doctor’s appointments are becoming more like a meeting between

experts rather than the doctor dictating treatment. The negotiation of authority over medical knowledge combined with the neoliberal distribution of healthcare in the United States makes self-care essential to a functioning health system.

Self-care in the "patient as expert" era is a double-edged sword (Fiske et al., 2020). While the internet allows laypeople to learn to monitor their illnesses, Lupton (2018) claims that overreliance on digital health strategies places the onus on patients to treat themselves while ignoring endemic societal barriers to health like lack of access to healthy food and generational poverty. Mediated self-care is linked to discourses of preventative medicine and, ultimately, ideas of citizenship (Lupton, 2018). After the 2008 financial crisis, policy makers emphasized preventative medicine to reduce the number of patients seeking care primarily at hospitals (Lupton, 2018, p. 32). Under a neoliberal healthcare regime, taking care of oneself before it becomes society's problem is a civic duty. To be sure, this paradigm of the empowered patient leaves out people who do not have access to digital technologies (Chadwani and De, 2017). Some patients, particularly low-income people of color, are relatively disempowered because they either do not have the reliable infrastructure to learn about their conditions online or are not trusted by medical professionals to advocate for themselves (Lupton, 2018). Self-care becomes even more crucial for these patients who cannot count on professional medical care to meet their needs.

In contrast to medical self-care, the commercial notion of self-care has roots in self-optimalization for labor. Under industrial capitalism in the 19th century, the body became a tool of capital. Foucault calls this development "body as machine." Just as machines must be maintained and monitored under capital, so too must labor bodies. Capitalism works as a biopolitical method for disciplining the body. Biopower works "to incite, reinforce, control,

monitor, optimize, and organize the forces under it" (Taylor, 2011, p. 43). Whereas the power of the sovereign served to take life and let live, biopolitics works to "make live or let die" (Taylor, 2011). Under capitalism, there is no absolute sovereign to force people to work. However, if you do not work, you will be left to die. Care of the self becomes self-maintenance of the body to prepare it for work under capitalism.

Self-care becomes articulated with consumption in the 21st century through the interplay of biopower and discourses of neoliberal feminism. Angela McRobbie (2015) captures the linkage between biopower and neoliberal notions of self-care:

> "Contemporary power works through the body, circling round it, often in enticing ways, offering an illusion of control, a promise of sexual pleasure, a promise of longevity to those who undertake the required amount of personal maintenance and so on" (p. 7).

Patriarchal capitalism tells women that through self-discipline, they can achieve and maintain the ideal female body. Biopower works by convincing subjects that they are in control because there is no one to tell them what to do. Biopower is not imposed from above by decree but instead functions through internalized norms that discipline bodies on a societal and individual level (Taylor, 2011, p. 43).

Mainstream feminist discourses reflect an internalization of patriarchal expectations by suggesting that women should pursue an impossible definition of perfection for their own well-being. This perfection is illusory. The self cannot be perfected through consumerism. Diane Negra (2009) laments what she calls "postfeminist status anxiety and the expression of that anxiety through perfectionistic domestic pursuits, shopping as a lifestyle practice, and new concepts of corporeality" (p. 116). While masquerading as empowering for women, self-

discipline reinforces an unachievable standard and displaces the blame from patriarchal capitalism onto women for their failure to conform to an impossible ideal.

Health and wellness corporations have capitalized on the concept of self-care to sell soothing products to weary customers in need of relief. A Google search for "self-care products" returns a slew of scrubs, lotions, make-up sets, spa kits, and perfumes. Women have been the primary targets of these advertisements, although pampering products for men such as beard oils, electric trimmers, and moisturizers have found a niche. An affective attachment to well-being has become articulated with beautification products that advertise at the site of the body (Kortesoja, 2015). Contemporary discourses of self-care represent patriarchal capitalism disguised in the form of mainstream feminist discourses about self-improvement.

Under the logic of capitalism, consumption is privileged as a form of emancipation absent solidaristic movements to challenge structural inequities (Negra, 2009, p. 116). In a free market, one's purchasing power determines one's ability to improve themselves. Patriarchal systems benefit by convincing women that self-perfection can be won at an individual level rather than in the form of mass movements to enact structural change.

On further examination, the definitions of self-care as a health practice and self-care as consumption emerge from power relations under neoliberalism. The phrase self-care (as opposed to care of the self) is easily marketable due to its brevity and conjures the idea that the individual is responsible for their own well-being. Both discourses locate the body as the object of care rather than the mind or the soul. During a pandemic, there is an imperative to practice self-care in both of these senses. Feelings of isolation combined with astronomical death tolls and economic distress have left many turning to knee-jerk "pandemic purchases" to provide a small

boost of joy.[2] In the medical definition, self-care in a pandemic has life or death consequences. Individuals have a humanitarian duty to wear a mask, monitor their symptoms, and reduce possible exposure to the disease from themselves or others. Self-care is a civic obligation in a pandemic that has pushed our hospitals and medical staff to their limits. ASMR clinical roleplay videos fit into these discourses of self-care as a pleasurable and relaxing outlet for people overburdened with the stress of the pandemic as well as a DIY treatment for chronic illnesses.

ASMR: Self-care as Healthcare

ASMR clinical roleplays fit into a medical conception of self-care by providing viewers feelings of relief from chronic conditions. I contend that the appeal of these videos is in large part because they represent what healthcare in the US in the era of the empowered patient is not: free, reassuring, and intimate.[3] Some people with chronic conditions turn to ASMR videos as a stopgap for medical treatment through their delivery of intimate care. ASMR clinical roleplay videos support the idea that the "care" part of healthcare is consequential and that care itself can produce feelings of well-being.

The types of problems commenters mentioned (anxiety, depression, chronic pain, insomnia) are experienced on a recurrent basis. There is no treatment that we know of that can cure these afflictions. Traditionally approved treatments like psychotherapy, physical therapy, medication, and surgery are inconvenient, almost always ongoing, and often prohibitively expensive. On the other hand, viewers can watch as many ASMR videos as they would like for free on YouTube at any time. The ease of watching YouTube videos as a self-care practice is a

[2] see *The New York Times'* "Our Most Ridiculous Pandemic Panic Purchases (and What We Did With Them)" https://www.nytimes.com/wirecutter/money/ridiculous-pandemic-purchases/

[3] ASMR communities are not confined to the United States. Some comments might be from a global perspective. They are still useful for this analysis because they provide insight into uses of ASMR videos.

key motivation of use for ASMR viewers. Commenters joked about the absurd impossibility of going to the real doctor as often as they watch ASMR doctor videos:

> "I walk in. 'Hello I'm here for my cranial nerve exam.' Receptionist: 'Sir this is the sixth time you've come in for a cranial nerve exam this week.' Me: 'I bumped my head a sixth time why would I lie about that?'"

Not only is ASMR a more affordable option for viewers, but it is also a form of treatment they pursue with much more regularity than doctor's visits:

> "I have had at least 250 ASMR physicals in my lifetime *[sic]* My real life GP last month: Well, haven't seen you in 16 years, you've gotten big 😂."

The comments about the excessiveness of the ASMR treatment speak to how medical care is viewed as something to be sought rarely. This is not to say that it would be wise or healthy to seek out healthcare from professionals daily. Rather, I contend that for habitual viewers of ASMR, ASMR videos serve the purpose of filling in the gaps in preventative medicine where the US health system cannot.

Further, ASMR clinical roleplay videos symbolize a return of authority to medical care during a time in which doctors are increasingly reliant on patients to monitor and treat themselves. Ideas of self-care arise from notions of the idealized doctor who dictates care while the patient obeys. In reality, the doctor as authoritarian of care has caused and continues to cause deaths for Black patients, disabled patients, trans patients, and patients with obscure chronic illnesses (or anyone outside of the false notion of the "standard" patient along intersectional lines) because the doctor did not believe their symptoms (Balsa and McGuire, 2003; Ashton et

al., 2003; Chapman et al., 2013). Nettleton (2004) describes how the age of the empowered patient alters the balance of authority in the patient-doctor relationship:

> "Unlike the classic sick role relationship where the doctor told the patient what was wrong and what s/he had to do or 'take' to get better, in the information age the doctor is just as likely to tell the patient what might be wrong and outline a range of possible risks, treatments or therapies." (p. 671)

We like to imagine that a doctor's job is to make us better. However, in the case of chronic conditions patients are left to their own devices to address illness. At a time when authority over medical care is increasingly shared between the patient and the doctor, modern medicine has begun to acknowledge that each patient brings a unique medical history and physical body to the interaction (Prainsack, 2017). Data and personal accounts from the patient about their condition have changed the role of physician in relation to medical authority (Nettleton, 2004). In this paradigm, the patient becomes an expert of their own medical condition and seeks out health care accordingly.

As I outlined in Chapter 2, a key component of ASMR performance in the medical roleplay genre is the perception of authority. The ASMR clinical roleplay performance is reassuring whereas the reality of medical care is colored by confusion. Given the uncertain state of people's health during a global pandemic, it struck me as strange that people continue to enjoy medical roleplay videos. One participant, Sarah, joked that in her home country of Canada, going to the doctor is possibly a bit less nerve-wracking when you have universal healthcare. Additionally, there is an expectation that the doctor is going to see to whatever affliction you have. Sarah and Drew explain:

> "You know you're checking up on your health, you're being seen to, you're being seen, you're being cared for. It's similar to like some of those more caring videos in my mind." – Sarah

> "When you go [to the doctor] and like the kind of just relief of like okay like whatever is happening is actionable, and like, it's not on my hands anymore I don't need to figure it out the doctors gonna figure it out. So videos in which, even if it's just someone wearing a lab coat and running down, like your symptoms quote unquote on, you know, a clipboard, I would say probably there's like the maternal or paternal aspect of like, okay, like I'm being taken care of." – Drew

ASMR clinical roleplays depict the delegation of care away from the self and toward a medical professional. ASMR viewers are tired of caring for themselves; ASMR doctors do all the care. Perhaps for ASMR viewers with marginalized identities who are rightfully wary of tyrannical doctors, the ASMR doctor's calming bedside manner puts them at ease. The viewer does not have to relay information about symptoms, make decisions about treatments, or worry about copays or insurance. Feelings of comfort arise from having someone tell you that you are going to be alright.

Finally, ASMR clinical roleplay videos return the intimacy of the medical visit to the environment of the clinic. At the beginning of the COVID-19 pandemic, telehealth appointments became the standard for conducting check-ups with chronically ill patients in order to limit the potential for transmitting coronavirus inside a medical practice. The virtual nature of telemedicine allows for long distance communication, but it hits closer to home both literally and figuratively as the patient assesses themself inside their own residence. Telemedicine alters the intimacy of the relationship between patient and doctor in unpredictable directions.

Doctors are trained to maintain affective neutrality in their dealings with patients to protect both parties from emotionally damaging the relationship. The idea of intimacy in care has been separated into knowing the patient and knowing about the patient (Piras and Miele, 2019). Oudshoorn (2012) argues that conducting telehealth appointments can lead to an impoverished form of a doctor-patient relationship because of its impersonal and mediated nature. Some scholars contend, however, that distant care technologies have the potential to strengthen the relationship between the doctor and patient because they find a lower barrier to communication when care is dispersed digitally rather than in-person (Piras and Miele, 2019; Andreassen et al., 2006). Telehealth technologies themselves do not dictate weaker doctor-patient relationships but instead reconfigure it so that the patient and doctor share in the exchange of information.

Telemedicine is arguably more intimate than in-person care because it brings healthcare into the home of the patient (Oudshoorn, 2012). The doctor's office is a rare space where intimacy is rightly expressed in the public sphere. We expect the doctor to examine our body in the context of the doctor's office. Proponents of telehealth technologies emphasize how one's location no longer matters in the age of distant care (Oudshoorn, 2012). This is untrue. Place still matters when conducting telehealth appointments. A study of medical care delivered through teleconferencing technology in India finds that "the physical environment of a clinic [is] essential for perception[s] of care" (Chadwani and De, 2017, p. 965). In ASMR clinical roleplay videos, the experience is not a re-creation of telehealth but rather in-person care.

In the era of telemedicine, touch has lost its authority. Training for healthcare administered through ICTs does not require the ability to diagnose patients by sight or touch anymore (Harris, 2016). Personal data and patient descriptions of symptoms are considered more objective than sensory observation (Nettleton, 2004; Lupton, 2018). Thus, telehealth fits into discourses of self-

care because the patient is responsible for reporting information and tracking data to help the doctor advise new courses of treatment. On the other hand, touch is a key aspect of intimacy in the clinical experience:

> "The senses have long constituted a major element in medical training, the doctor–patient encounter and other aspects of healthcare work. The act of medical diagnosis, for example, is traditionally undertaken by doctors, nurses and other healthcare providers using sensory information such as viewing patients' bodies and demeanour, touching them, smelling them, hearing the sounds of their bodies (often using a stethoscope) and listening to their accounts of their symptoms" (Lupton, 2018, p. 30).

In ASMR clinical roleplays, touch has authority. ASMR clinical roleplays use language and sound to elicit a sense of touch from the viewer/patient. The ASMRtist describes what part of the body they are going to check and the viewer imagines a sensation approximating touch created through the power of suggestion and spatial distributions of sound. For example, a common ASMR medical examination is an ear cleaning. The ASMR doctor "cleans" the patient's ears by stroking the microphone with an object. The noise coming through the headphones sounds like how an ear cleaning would sound. This touch is reassuring and restoring because it conveys the promise that the skilled hands of a physician can ameliorate pain and discomfort:

> "Yeah, that's funny I definitely like looking back on it I feel like in real life ear exams you know or just like a check-up, that's pretty intimate because it's like the doctor is looking into your ear, but also it's a medical roleplay for a reason, because of the touching of the ears and everything, I haven't had an ear exam or an eye exam in a while, but I definitely get that if someone was going to do an ear exam, I'd be like, 'Oh man, this is gonna be so relaxing, this is gonna be so nice.'" – Drew

For ASMR watchers devoid of touch in the context of a global pandemic, the ability to experience a sense of intimacy through clinical roleplay videos suggests a response to medicine becoming increasingly distant. The irony that medical exams on YouTube reflect a counterpoint to the increasingly digital provision of healthcare is not lost on me. Amid promises that telemedicine and the empowered patient will allow for healthcare on the patient's terms, ASMR clinical roleplay videos and their construction of free, authoritative, and intimate healthcare gesture at the inadequacies of self-care. While patients with chronic conditions have no choice but to cope with their illnesses, telehealth and self-care are no substitute for the direct care from a medical professional. Care is more effective (and affective) when it is given by another person.

ASMR as Pharmakon

Although ASMR clinical roleplay videos may help people cope with their chronic conditions, ASMR videos on YouTube simultaneously feed into the systems of "communicative capitalism" that leave us in need of self-care in the first place (Dean, 2015). Rhetoric about social media emphasizes that online publics are making us more connected than we have ever been before, yet we seem to be more anxious, depressed, and lonely. ASMR videos on YouTube represent a pharmakon - an ancient Greek word used to describe both a cure and poison - because they provide temporary relaxation yet reinforce the neoliberal narrative that technology can cure our ills.

ASMR is similar to other affective media. Advertisements designed to strike an emotional chord with viewers to sell products are not new. What is new in the age of social media and personalized data is how "media capture users in intensive and extensive networks of

enjoyment, production, and surveillance," or what Jodi Dean (2015) calls "communicative capitalism (p. 6). Communicative capitalism includes the modulation of moods with the currency of profile ratings, likes, engagements, and branding. "In an affect economy, value is sought in the expansion or contraction of affective capacity. In this sense, affect is a power or potential that cannot be limited," Clough (2008) writes (p. 221). The objective of capital has become the commodification of our capacity to feel.

In a literal sense, ASMR commodifies the feelings it produces. Some ASMRtists have produced a large enough audience to achieve influencer status. However, ASMRtists have difficulty monetizing videos because in-video advertisements shatter the effect or, worse, wake up audiences. Thus, ads risks costing ASMRtists supporters. Full-time ASMRtists rely on fan donations on platforms like Patreon or sponsorships from companies. Another way ASMRtists monetize videos is through corporate sponsors, who reach out to ASMRtists to advertise their products at the beginning of videos in the style of ASMR. The incorporation of the product into the intimate address of the video serves to fetishize the product and exploit feelings of care. For instance, a company called "Purple" that sells pillows and mattresses sponsors ASMR videos. A commenter found it both satisfying and relaxing when the ASMRtist incorporates the product into the video. As a result, the commenter wanted to buy the product:

> "Re: the ad. That was actually informative. I've seen a lot of Purple ads, but I didn't know what the material was like, and now I actually want one, because the squishy material that retains its shape was really similar to a silicone pillow I used to have that was fantastic. I also hope to see (hear) that sample hand squish sound in more videos, Ann. Thanks 😀"

"Purple" is trying to link their brand to the affective feelings of care that emerge from ASMR videos. This comment illustrates the conflation of watching ASMR videos and consumption as self-care practices.

ASMR occupies a place on the continuum of social media strategies that use the audience's affective attachments to sell products. Affective economies on social media work to produce a surplus of information to target tailored advertisements toward users. Boler and Davis (2020) suggest that surveillance capitalism reshapes attention economies as affective economies. Micro-targeting divides audiences according to bodily characteristics like race, age, and sex. Thus, advertising on social media is a biopolitical project. Surveillance of the body to solicit people with demographically targeted advertisements is contextualized as an objective of capital. ASMR epitomizes how people are increasingly turning to platforms to synchronize their consumption with affect.

ASMR and other self-care practices are also intimately tied to labor and productivity. Late capitalism necessitates the expenditure of affective labor. The combination of digital technologies and logics of capital accumulation has produced an economy that is based on and sustained by affect. The demands of capital require each laborer to have computer skills and a cultural competency to connect with consumers (Terranova, 2000). This immaterial labor is not compensated but is expected of everyone working in the so-called knowledge economy. During a pandemic, work is increasingly done at a distance. For those who can work from home, emotional labor (caring for children, over-emphasizing performance on Zoom, and feeling the "always on" stress of living at work) is multiplied. For essential workers, there is an uncompensated responsibility to keep themselves and customers safe during their interactions. In an economy that requires that care be directed to others, self-care is a form of reducing that

deficit of affective labor. One participant talked about her use of ASMR videos to address her feelings of stress and anxiety amplified by working from home:

> "When the pandemic hit so we were all very busy. And it was, it was that high level of stress with the isolation and the lack of a different location. So dealing with a lot of anxiety, dealing with difficulties focusing, and that really helped tune things down if I was sitting there saying, 'Okay I need to do this document. I'm feeling completely overwhelmed, I'm stressed out, and anxious, pandemic yada yada.' Okay, put on ASMR in the background. And that helped me sort of relax and calm down while I was working." – Sarah

In Sarah's example, ASMR videos on YouTube serve as mood modulators to achieve optimal psychological states. Mood playlists on Spotify, for instance, promise users the power to generate appropriate feelings to match the occasion (Karakayali and Alpertan, 2021). Affective economies teach us that algorithms can sort media texts by the feelings they bring out in us. Unlike muzak – background music employers implement as a productivity measure for workers - mood playlists ostensibly challenge this top-down usage of sound to create better workers. Because we have the ability to tune media to the proper affective tone, affective economies give us a false sense of empowerment. These forms of coping with the problems of late capitalism during a pandemic (feeling overworked, uncompensated affective labor, and loneliness) should not be confused with resistance; they merely help us get through the day.

In sum, ASMR videos on YouTube resemble other media that commodify affect under communicative capitalism. ASMR feeds into discourses of consumption as a temporary answer to larger systemic problems of feeling over-worked and under-cared for. As with any solution that relies on the free market, consumerist self-care will leave out those who cannot afford it. ASMR videos offer the illusion of free care, but they are symptomatic of the exhausting circulation of digital affect for money that makes us crave relief in the form of products.

Conclusion

Self-care, both medical and commercial, emerges from the unequal distribution of care in the immaterial, affective economy. In a global pandemic in which our government and corporate healthcare institutions have left people to look out for themselves, self-care is a necessary but insufficient coping mechanism for feelings of atomization and abandonment. Corporations benefit from the circulation and ability to manipulate affect. Companies have already figured out how to articulate desires of health and wellness with products in the self-care economy. ASMR videos on YouTube prove that affective attachments are sufficient to engender feelings of well-being, even to the extent of alleviating physical and mental anguish.

The rise of ASMR videos and ASMR communities is inextricable from the deficit of care associated with late capitalism. These are communities that emerge from the internet's affordances to name, reproduce, and commodify affect. Massumi considers affect liberatory because it has not been captured by language, while emotion is nameable and therefore limited (Boler and Davis, 2020). ASMR complicates the preconception that affect is unnamable and thus liberatory. Before the ASMR sensation came to be known as ASMR, the combination of a specific environment and intimate relationship to another person conspired to affect a pleasurable sensation in a fleeting moment. People may not have understood why they felt that way, but that sensation reminded them that they were not alone, that they were cared for. By harnessing this sensation, ASMR videos on YouTube alienate viewers from those connections while implicating them in the circulation of affective capitalism that produces feeling without connection, community without community.

Chapter 5

Conclusion

In the context of a global pandemic that necessitates maintaining distance, research on ASMR communities can help us think about what it means to be together, to experience intimacy, to feel community through online spaces, and to be cared for through media.

ASMR clinical roleplay videos are caught between two different framings of self-care. One the one hand, ASMR communities on YouTube use clinical roleplay videos to fill in the gaps of a neoliberal healthcare system constrained by a global pandemic. On the other hand, ASMR communities enjoy these videos as *treat*ments; they provide fleeting sentiments of well-being through the affect economy that commodifies users' capacities to feel. Despite seeming at first blush like an egalitarian form of resistance to the outrageous cost of healthcare in the United States, ASMR communities and the videos they consume are implicated in the same neoliberal circuits of affect that stand in for a welfare state lacking in care. ASMRtists and advertisers generate revenue by commodifying the parasocial relationships between content creators and viewers to sell sponsored products. On balance, media corporations benefit from convincing people that feeling well is within their individual control. The age of the informed consumer and the age of the empowered patient blur together when self-care is articulated with health.

The overarching perspective I support in this thesis is that affects are contingent upon social, cultural, political, and economic realities at particular junctures in history. This study takes place at a time when public spaces are being reconstructed and reimagined. There are markers everywhere reminding us to stay six feet apart at all times. Our infrastructure is being refitted to comply with the health and safety protocols in sometimes disorienting directions. (Is an outdoor restaurant dining area that is completely enclosed still outdoors?) The responsibility

to wear masks encourages different ways to communicate facial affects.[4] On top of all this, police violence against predominantly BIPOC lives and the threat of daily mass shootings erode feelings of safety when out in public. In short, our perceptions of physical public spaces are changing to keep us farther apart. This provides new possibilities for digital spaces to fill needs of intimacy and togetherness.

Taking real world intimate interactions and simulating them online is the domain of ASMR roleplay videos. Environments, including those constructed online, matter for the transmission of affect. ASMR medical roleplay videos imitate the clinic as their domain of practice. In this immersive environment, the viewer plays the role of the patient, and viewers' expectations for medical interactions are brought to bear on the fantasy. The intrusion of artifice allows the viewer to play along in the fiction. The viewer knows that the doctor cannot possibly be administering treatment. Like in the childhood rhyming game when a friend says there is an egg on your head and the yolk is dripping down, the willed credulity of the viewer somehow makes the performance all the more intimate.

Domains of practice also include attachments between bodies and (digital) bodies that allow affect to flourish. The ASMR doctor must come across as authentic to viewers or else risk shattering the pretense for the situation. This performance is neither natural nor effortless - it often involves deftly manipulated vocal performance and leaning into gendered notions of care. For medical roleplays, the performance requires the added layer of authority to give the patient a sense they are cared for. In the so-called era of the empowered patient, doctors and patients share duties of care; in ASMR videos, the doctor has a monopoly on care. Dictatorial doctors who

[4] See "smizing" https://www.urbandictionary.com/define.php?term=Smize

ignore patient concerns have caused devastating outcomes for those outside the conception of a "typical" white, cis patient. However, ASMRtists perform authority through bedside manner and competency without having to worry about the outcomes of treatment. Together, the immersive setting and the performance of the doctor are necessary for feelings of well-being to emerge.

These gratifications (or imaginations) of wellness and pleasure arise from the ASMR sensation. ASMR videos provide free care at any time. During COVID lockdowns, commenters express how ASMR videos help alleviate symptoms of mental health problems chronic illnesses. For these users, ASMR videos fill in gaps in care that are typically addressed through hit-or-miss therapies. Other users watch ASMR videos solely for the euphoric sensation of ASMR tingles. For viewers, the benefit of pleasure may be difficult to explain to others in a way that does not provoke suspicions of sexuality.

To reduce this stigma, viewers imagine themselves as part of a community of others like them to guard against feelings of being misunderstood. ASMR videos on YouTube produce affects not only between users and the people on their screens but also between users and other users. Members form emotional attachments with people who they will not meet in real life by virtue of watching the same videos online.

They perceive that others are like them and understand them through a shared narrative, common language, and similar experiences. ASMR communities replicate coming out narratives where they come to the realization that the feelings they could not explain as a child are not unique. These narratives replace sex with affect as the subject of personal discovery. Finding out they are not alone in experiencing ASMR creates a sense of belonging. In addition, having a shared language takes on new importance in the context of networked publics. The capability of YouTube's algorithms to match user searches to a neologism is crucial to the proliferation of

ASMR communities. Further, when speaking with ASMR community members, participants articulated a sense of freedom that they could express what they were thinking without judgment or misunderstand from outsiders. Once participants deemed one another to be a part of the in-group, they felt comfortable describing who and what is not welcome in ASMR communities.

According to participants, people who attempt to normalize and respectfully address ASMR communities are on the team; people who sensationalize and sexualize ASMR communities taint them. ASMR communities chart boundaries of videos and mainstream representations that cross over into sexual territory. ASMR communities have little power to enforce these boundaries, but boundary charting is an important element of ASMR community identification. ASMR community members are both skeptical of mainstream representations of ASMR and reliant on them to convince outsiders that there is nothing improper about the videos. ASMR community members want to be understood but fear misunderstanding.

Even though participants maintained that ASMR videos are not sexual to them, they acknowledged a certain level of discomfort at the prospect of sharing in the ASMR experience with people offline. Members express a distinction between solitary relationships with ASMR videos and public displays of intimacy. In heteronormative practice, intimacy is rightly confined to the private sphere. The advent of the internet has led to new possibilities for intimate interactions that is both public and outside the view of those who would disapprove. Crucially, ASMR videos on YouTube are cordoned in a space that is at once public enough to generate feelings of community and private enough to elicit intimacy without shame. ASMR communities might be called community without community because they express affinity with one another through a shared disavowal of nonstandard intimacy.

Online intimacy may be frowned upon as weird or uncomfortable, but it is exactly the direction in which we are headed. I have spent a little over a year finishing a master's degree completely online. I have not met most of my cohort in person, yet I feel like I know them. Like ASMR communities, we are bound through affects produced online (and through our shared struggle of pursuing a graduate degree). There is something eerie about the fact that I cannot meet with my classmates offline. I feel estranged from them in small ways that add up: we do not get to walk out of the classroom together to continue conversations from class, nor run into each other at the library, nor grab drinks after a long seminar. These moments of togetherness, afforded by public spaces, generate feelings of solidarity, presence, and inclusion. Instead, when class is over everyone shuts down Zoom, and we are transported back into our homes. I feel a sense of community without some benefits of community. As our communities are increasingly located online, we should consider what virtuality does to these communities and with what effects.

ASMR communities on YouTube show us that online publics are sufficient to produce feelings of care. In the example of ASMR communities, the potentiality of virtual intimacies to produce a sense of community without community might be cause for concern. Participants demurred at the idea of being together in public to experience ASMR. In the end, they preferred to watch videos on their own and pursue their own care. There is a distinction between *feeling* together and *being* together. Real communities care for one another; communities sustained through affects give the illusion of care while leaving people to look after themselves. If we rely on feelings of care and not material realities, we can be tricked into thinking we are cared for. Sure, self-care is important and at times necessary when dealing with persistent medical problems and the difficulties of daily life. However, for issues affecting us on a societal level

self-care will not do. The COVID-19 pandemic has illustrated how neoliberal measures do not suffice to keep everyone safe; we cannot count on individual solutions when each person's actions affect others. We need a communal notion of care in which caring for your community is caring from yourself. By taking care of one another, the self will be cared for.

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