Caught in a lie: the rise and fall of a respectable deviant

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Abstract

In this study we draw on the concept of respectable deviance to understand the journey into deviance – from her rise as an alternative health expert through to her public disgrace – of Belle Gibson, a young Australian blogger, app publisher and alternative medicine advocate who falsely claimed to have cured cancer without reverting to science-based medicine. Through the rigorous analysis of a series of media and documentary sources where Ms Gibson provided autobiographical accounts of her life experience, the argument is presented that the promotion of one's self as a health expert and subsequently being outed as a fraudster encourages techniques of neutralization and particular presentations of self to respond and manage negative labelling and the stigma attached.

Keywords

Introduction

In September 2017, former Australian wellness blogger Belle Gibson was ordered by the Federal Court to pay a substantial sum of money after she sold a successful app and recipe book claiming to have cured cancer without recurring to science-based medicine, and did not donate parts of her proceeds to several charities as she promised. Previously, it was discovered that Ms Gibson never had cancer in the first place, and for years had misled people from all over the world with her claims on how to treat cancer "naturally". Ms Gibson is only one of many wellbeing, lifestyle and health-related fraudsters who make a business out of people's fear of illness, and the search of a healthier way of living.

Her case is particularly interesting to analyze. First, Ms Gibson was a public persona: she had several appearances on TV shows and magazines, and was very active on social media; her relative celebrity allowed her to reach a broad number of potential victims.

Second, because of the type of data available, this case allows us to see the whole parabola of her deviant behavior, from the building of her deceitful story, to the peak of her success, to the final fall (up to the end of the court trial). In this study, by analysing a series of media and documentary sources where Ms Gibson provided autobiographical accounts of her life experience, we draw on the concept of respectable deviance (Sugiura 2016, 2018) to provide insight into her journey into deviance – from her rise as an alternative health expert through to her public disgrace. This study will show how Ms Gibson's' actions came to be viewed as deviant, and her attempts to respond and manage such label and the stigma attached.

Background

Fraudulent medical and therapeutic practices are not new. Despite the consensus in the medical discipline that certain approaches lack scientific evidence and are worthless, the promotion and selling of fake cures advertised as safe and effective has long plagued healthcare systems, praying on vulnerable patients and their beloved ones (Greenberg 1975; Herbert 1986; Sampson 1995). Sadly, cancer traditionally has a central role in these frauds. As unfolded by Lerner (1984), the inability to effectively cure – but only to treat – certain types of cancer has led to a sense of frustration both with the general public and with the medical profession itself. Furthermore, fear of cancer treatments such as chemotherapy has had a pivotal role in driving patients to "alternative" treatments. While supporters of alternative treatments often invoke "freedom of choice" as a guiding principle, opponents remind us that regulations are needed to protect vulnerable patients from misleading information or worse. Alternative treatments, indeed, can cause significant social (and at times criminal) harms and, as such, should be of much interest to policy makers – and also

to criminology as a discipline (for an in-depth discussion on this issue, see Lavorgna and Di Ronco 2017b).

Many alternative treatments are now recognized under the umbrella term of Complementary and Alternative Medicine (CAM), which includes a broad and heterogeneous range of health care approaches developed outside standard regularized science-based medicine (EFCAM 2017). Some CAMs approaches can effectively integrate science-based medicine in addressing specific patients' needs, including those psychological and spiritual (Bausell 2007; Deng and Cassileth 2013). However, CAMs are at times marketed with promises that play on people's trust, ignorance or desperation (Herbert 1986; Offitt 2013; Sense about science 2013; Rojek 2017).

People's perceptions of CAMs often depend on what they learn about them through the media (both "traditional" and "social"). Recent research on media representation of CAMs indicates that traditional media convey ambivalent messages on alternative treatments and their risks; voices of experts are still missing in the press discourse on subjects that have an impact on people's health, and journalists' preparation on CAMs is generally lacking (Lavorgna and Di Ronco 2017b). The Web and social media are playing a fundamental role in the propagation of alternative treatments and fraudulent medical claims, and in the rise of false health and lifestyle experts (Lavorgna and Di Ronco 2017a). As explained by Rojek (2017), in a struggle for acceptance and approval through digital storytelling, individuals without recognized qualifications use the Internet to peddle dubious remedies, self-help and resourcefulness as better ways of healing than the knowledge and practice of medical experts. Cyberspace and its convergent technologies gave these individuals a platform for global, large-scale, interactive and commercial communication, and the possibility to construct a highly curated and cleansed version of themselves; they can become quasi-experts, taking a role that was once reserved for highly trained specialists (Khamis, Ang, and Welling 2016). The combination of neoliberal individualism, marketization and monetization

did the rest, creating an environment in which exaggeration and over-glamorization are extremely common (Khamis, Ang, and Welling 2016; Rojek 2017).

The case study

Annabelle ("Belle") Gibson, an Australian woman in her late twenties, has been a successful blogger, app publisher, and CAM advocate. In only a couple of years (from 2013 to 2015) she built a social media empire as a wellness expert, but – as we will see – her climb did not last long. Ms Gibson claimed that she was diagnosed with a malignant brain cancer, and that this was self-treated since 2009 through diet and a series of CAM practices. She reported her story on a blog that later became a popular app and a recipe book – all branded *The Whole Pantry*. In her publications, Ms Gibson contrasted her healthy eating approach with conventional medicine, encouraging cancer sufferers to learn from her experience (Khamis, Ang, and Welling 2016; Konnikova 2016; Rojek 2017). As stressed by Konnikova (2016), the narrative used by Gibson was powerful: the story of a cancer survival appeals to our emotions rather than logic, blurring our judgement; in addition, the fact that Gibson was "an ordinary girl next door" made her trustable, somehow familiar. Indeed, a promise of authenticity is one of the most important features of social media-enabled micro-celebrities, as it makes their branding both accessible and intimate (Khamis, Ang, and Welling 2016).

In 2015, Ms Gibson was exposed as a con artist, and her story as a lie. She revealed during an interview that she did not have cancer; in addition, it was discovered that the proceedings from her app that were supposed to be donated to several charities were never received by said charities. Ms Gibson did not face criminal charges. Rather, the Consumer Affair Victoria (the state's consumer watchdog) began in 2015 a judicial case pivoting around the contravening of consumer laws due to her false claims. In September 2017, Ms Gibson was

fined AUS$410,000 by the Melbourne Federal Court. Ms Gibson never participated in the proceedings against her.

Before concluding, it is worth remembering that in Australia the CAM industry is flourishing: even if the National Health and Medical Research Council has recognized over the last decade that certain CAMs, when used to treat chronic or serious conditions in lieu of evidence-based treatments, can be a major health issue (NHMRC 2017), according to the local main CAMs' lobby group two out of three Australians use CAMs (Complementary Medicines Australia 2017).

Theoretical framework

This paper is informed by the theoretical framework of respectable deviance (Sugiura 2016, 2018). Respectable deviance can be understood in three stages, as detailed below: first, a particular behavior is constructed as deviance (in this case, the initial exposure as CAMs expert followed by the revelation that a health authority has been built on fabrications); second, people are compelled to provide justifications for engaging in such behavior (even if they themselves do not consider it deviant); and third, the presentation of self is carefully managed in order to (try to) maintain respectability, with the unique affordances of being online further facilitating such presentations. Fraudulently posing as a health authority can be positioned as rule breaking and deviant in its potential to cause social harm.

Constructing deviance

Labelling theory contends that no behavior is inherently deviant or criminal, but is only perceived as such when others bestow the label upon the act. Becker (1963) defined the labelling of deviance as the creation of social groups and not the feature of some act or behavior: deviance is simply rule-breaking behavior labelled deviant by powerful persons or groups to maintain and increase their power (Jensen 2007). Attention is shifted from the rule-breaking act to the societal reaction to rule-breaking (Taylor, Walton and Young 1973). Dynamic social conditions enable citizens to challenge expert forms of knowledge, and this may be viewed as a problem. The development of mass information tools, including computers, mobile phones and the Web, means that knowledge and expertise are no longer limited to the privileged that have undergone specialist training, as anyone can access the same knowledge and information. In a world where individuals increasingly need to manage risk and problem solve in their everyday lives, such knowledge and expertise is crucial (Giddens 1990), though not possessing the authority to exercise it attracts the deviant label and thus justifications for such behaviour are required.

Justifying deviance

Techniques of neutralization are rationalizations offenders use to convince themselves that it is admissible to transcend dominant norms of conduct, thereby allowing them to deviate and justify that deviation (Sykes and Matza 1957). These techniques also help to mitigate any feelings of remorse, guilt and shame that would otherwise be experienced in the aftermath of deviant behavior. Although the legal, moral, and ethical issues are not entirely rejected, individuals are able to temporarily absolve themselves from these codes; the usual social controls that restrict deviant and criminal behavior are inefficient, allowing individuals the ability to contravene societal conventions (Sykes and Matza 1957). Techniques of neutralization comprise various denials and appeals. Denial of responsibility involves the offender denying that the wrongdoing was their fault and blames instead an external factor such as alcohol or drugs. Denial of victim sees the offender denying the victim their victim status, for example in a rape case where the offender claims that the victim led them on.

Denial of injury involves the offender claiming that the victim was not really hurt by the crime; this could be used to justify theft from companies as opposed to the individual in that they can afford it. Appealing to higher loyalties is another way of justifying deviant behavior, for example if the rule of law had to be ignored due to more important issues being at stake, such as standing up for race/religion/political beliefs. Criticism might be expressed of those who pass judgment, therefore condemning the condemners; for example the government might be viewed as corrupt.

Managing deviance and maintaining respectability

Erving Goffman (1957) through his exposition of the concept of dramaturgy discussed "regulation" – that is, the way people handle or manage themselves in face-to-face interactions with others. He suggested that social interactions are like a play or dramatic performance within which individuals perform different selves through multiple performances (Goffman 1957). The presence of others, namely the audience, allows individuals to adjust and perfect their behavior, a technique Goffman termed "impression management". One way of overcoming the deviant label is to manage identity; Goffman examined how stigmatized persons struggled to reconcile gaps between their own perceived reality and the identity expected by the social group, and used performance to deal with this (1963). Presentation of self is therefore carefully managed to avoid the stigma associated with being labelled deviant. If certain behaviors have been framed as problematic, then those engaged in such activities are less respectable than their conforming counterparts. Managing presentation is intrinsic to appearing respectable, despite being associated with behavior that others may view as deviant.

Yar (2014) has already integrated Sykes and Matza (1957) and Goffman (1957)'s ideas to look at the narratives of disgraced sports celebrities, investigating how individuals manage the consequences of being labelled a deviant. By using autobiographical narratives

accompanied by a high level of public visibility and interest (accounts constructed with mass public audiences in mind), Yar demonstrated how techniques of neutralization are employed to face, handle, resist and ultimately attempt to transcend the stigma that accompanies public shaming. More recently, the framework of respectable deviance has been successfully utilised in a book investigating online medicine purchasing (Sugiura 2018), to show how online medicine consumers use techniques and legitimations to offset the potential negative connotations of their actions. Similarly, in this study a novel form of online deviancy relating to narratives of health fraud is considered. The application of the respectable deviance conceptual framework provides insight into Ms Gibson's overall transgressive journey and demonstrates how the Web has created a new space for potentially deviant behavior to occur, and enables justifications and management of performances.

Methodology

Data collection

In this study, we carried out documentary analysis of several media (online social media posts, webpages, video and paper interviews, a book preface) and judicial sources where it was possible to find autobiographical accounts of Ms Gibson (see Table 1 below for further details). As explained in detail by Yar (2014), looking at autobiographical accounts is a long-established practice in criminology, which allows to uncover the dynamics of an individual's self-relations and self-understandings, as well as to shed light on the wider social context within which the offending behaviour emerged. In seeking to expand the boundaries of existing knowledge, this research has not compromised on theoretical and empirical robustness and has collated a wealth of diverse resources and grounded them in criminological and sociological concepts. Participating in what Chris Greer refers to as a

"more fully interdisciplinary, theoretically and methodologically rigorous, qualitative engagement with the crime-media nexus" (2009:1), our attention is focused on the narratives presented by Gibson and the various storytelling techniques she utilized in the first instance to construct herself as an alternative health expert, before turning to different narratives concerning techniques of neutralization to humanize and deflect the stigma and deviant label of fraudster after being discredited.

As well as being methodologically sound, ethics were also a significant consideration, despite not requiring an official ethical review due to the use of secondary data. This research concerns published material in the public domain and online media sources that are readily accessible to anyone, including archived content akin to newspaper and television content available offline. The researchers did not have to become members of any sites nor access any private groups or spaces in order to collect the data. It can be determined that the sources utilized were recorded especially in order to be disseminated to a wide public audience, by the very virtue of the platform used and the manner in which they were presented. These are not accounts divulging personal or private information, only meant for a select few, nevertheless for the purposes of this study they divulge interesting insights into the performances of the rise and fall of a CAMs "expert". The authors have been careful not to reproduce sources that are reportedly from private social media accounts, irrespective of these being posted on publicly available sites actively denouncing Ms Gibson. However, these have been mentioned in the analyses as they indicate other representations away from the performances in the public eye.

Table 1 - Data used and challenges in obtaining it

Ms Gibson's online "official" presence	Unfortunately, once the hoax was exposed, many claims and controversial posts were deleted from the Internet, and successfully all the Whole Pantry and Belle Gibson-related accounts across social media platforms were deleted or made private. However, thanks to the Internet Archive "Wayback Machine" – a service that allows users to view archived webpages – we

	were able to retrieve a few parts of the website *TheWholePantryApp* (and specifically the pages "home", "contribute", and "contact"), which we used for the analysis.
Ms Gibson interviews (video)	Through a keyword search (Belle Gibson + interview) on YouTube, and then following the suggested videos, we were able to retrieve a total of 7 interviews to Ms Gibson. Three videos are from before the fraud was exposed (VD1 Belle Gibson: the entrepreneur behind; VD2 Fairfax interview; VD3 Sunrise video). Four videos from after (VD 4 Tara Brown confronts Belle Gibson on 60 minutes parts I, II and III; VD5 Disgraced health guru Belle Gibson fined $410,000 for fake cancer claims). Two of these videos (taken down from YouTube) were retrieved indirectly through a debunking Facebook page dedicated to the Gibson case (please see below for further details).
Ms Gibson interviews (magazine) and book preface	We tried to have access to these sources in their entirety (via interlibrary loans, contacting the publishing house), but without success. However, we were able to find online a preview of parts of the book's preface (which contains autobiographical accounts, the rest of the book is about recipes) and of the magazine interview online through Google searches.
Judicial files	Through the Commonwealth Courts Portal database, we accessed eight court files from the Federal Court of Australia, Victoria Registry, filed in between June 2016 and September 2017 (VID535/2016, Director of Consumer Affairs Victoria v Annabelle Natalie Gibson & Anor). Not only did these files provide us with a detailed understanding of the legal facts, but they also contained excerpts of Ms Gibson's interventions and interviews, and their interpretation by the judges.
Sources that were excluded	Recent research on fraudulent CAMs has already underlined that, if the voice of academics is still relatively absent in this research area, the debunking work of activists from several countries has been substantial (Lavorgna and Di Ronco 2017b). In the Gibson case, this holds true. We found a debunking website (with an associated Facebook group) dedicated to uncovering Gibson's story. While these sources gave us access to a couple of the videos otherwise unavailable on YouTube (as the media outlet responsible for the interviews erased them after the scandal), we decided not to reference them for ethical reasons: in fact, these sources make some references to Ms Gibson's private Facebook posts (she is currently using an alias) and personal pictures. It worth noting, however, how these sources bring evidence on the fact that Ms Gibson (at least to the date of March 2017) was still making health-related claims online, promoting controversial – to use a euphemism – treatments.

Data analysis

After having collected the data, the researchers manually carried out qualitative thematic analysis on the files identified. Relevant passages in the text and the videos were categorized according to the coding scheme detailed in Table 2. This coding framework is an adaptation of the one used by Sugiura (2016) to study how people engaged in illicit online medicine purchasing challenge the construction of their deviance by using techniques of neutralization and forms of impression management to appear respectable. This approach proved successful to take into consideration the construction, justification, and management of Ms Gibson's deviant behavior, in line with previous research on framing narratives of deviance (Yar 2014; Sugiura 2016, 2018). While the coding framework was predisposed before the beginning of the analysis, we had to slightly modify it as we progressed with the analysis of the data: particularly, we added some sub-codes (under the code "identity") as new unexpected categories manifested themselves.

Table 2 - Coding framework

"Big" codes	Codes	Subcodes
Deviancy	Positive deviance (i.e., the subject challenges the societal norms)	
	Negative deviance (i.e., harmful behaviors)	
	Illegal act (as recognized by the law)	
Neutralization	Denial of responsibility	
	Denial of injury	
	Denial of the victim	
	Condemnation of the condemners	
	Appeal to higher loyalties	
	Othering	
Self-presentation	Identities	Victim

		Survivor
		Mother
		Inspirational/bringer of hope
		Lifestyle guide
		Empowerer/healer
		Entrepreneur/innovator/leader
		Part of a community
		Friend
		Expert/author
		Philanthropist/empathetic
		Honest
		Gullible
		Mentally ill
	Body-language	
	Clothing/appearance	
	Staging/setting	
	Life history	
Cyberspace	"It gives"	
	"It takes"	

Our methodological approach has limitations that need to be acknowledged, both in terms of the sources and the analytical approach adopted: the sources used necessarily depict only a partial view of our object of analysis, and thematic analysis has the inherent limitation that it relies on the researcher's own categorizations and interpretation of the meaning of a text. Despite these limitations, this study in applying the social constructivist conceptual framework aligns itself with the interpretive paradigm and demonstrates how there can be a variety of truths and multiple realities, highlighting the integrated perspective of the person and the environment (Weaver and Olson 2006). As qualitative researchers as Cole

(2006:26) maintains, our research is "more concerned about uncovering knowledge about how people feel and think in the circumstances in which they find themselves, than making judgements about whether those thoughts and feelings are valid".

Results and discussion

By following the coding framework introduced above and in the light of the respectable deviance framework, this section presents a description and analysis of Ms Gibson's autobiographical accounts, taking into consideration material retrieved by all the sources mentioned above. Some attention has been specifically dedicated to the role of cyberspace, as it is a fundamental enabling factor as it emerges from the sources analyzed.

Constructing deviance: the challenge of negative labelling on the positive self

The Web has become a "safe site" for people's second life (Presdee 2000:54). It provides an environment "where we can enjoy in private immoral acts and emotions" (Presdee 2000:64). Since the very beginning of her public persona, Ms Gibson presented herself as someone breaking, or at least challenging, social norms – what we called *positive deviance* in our coding framework. In Ms Gibson's discourse, westernized healthcare paternalism is often questioned. Consider, for instance, the following snippet, describing Ms Gibson's early credit to science-based medicine, before realizing she wanted something different for herself:

> *"I would have been 21, yeah, about six months after my diagnosis now. And then –
> so I was not working at all and then was travelling up and down in between
> treatments, and I went through about three months' worth of treatment and realised*

that it's not my thing" (statement from the Penguin media training interview, retrieved from Director of Consumer Affairs Victoria v Gibson, Order 15 March 2017: 18).

She takes pride in dumping her doctors because of the side effect of anti-cancer treatments and actively promotes this ideology on social media: *"I pulled myself out of the chemo and radiotherapy"* and *"my doctors freaked out"* (VD4). Castells (2001) has argued that the Internet society has altered relationships of power, production and consumption and thus transformed deviant behavior. The Web has increased change and emphasized the idiosyncrasies of late modernity, specifically the "discontinuities" highlighted by Giddens (1990) that isolate modern and traditional social orders. This is confirmed in the narratives of Ms Gibson, which suggest that the roles of the expert and the novice in relation to healthcare have become more fluid online. In what she presents as a self-discovery journey, she constantly encourages other people to *"get back to the fundamentals of life"* (VD3), such as eating *"more fundamental foods from nature"* (TheWholePantryApp website, Home Page).

Her self-presentation is centred around positive characteristics. Not only she is a "victim" and "survivor" (of fate, a dysfunctional family, cancer, and bad doctors[1]), but also a young "mother". She is depicted as "inspirational/bringer of hope", a "lifestyle guide" (in a natural, environmental-friendly way), a "empowerer/healer". She is an "entrepreneur/innovator/ leader" but also simply a "part of a community". She is an ordinary "friend" trying to help, but also an "expert/(published) author". Last but not least, she presents herself as "philanthropic/emphatic".

Consider, for instance, the following snippets:

> *"Belle Gibson in an inspirational young mother [...] Diagnosed with terminal brain cancer at the age of twenty, [...] she began a journey of self-education that resulted in her getting back to basics, as she set out to heal herself through nutrition and lifestyle*

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[1] Her life history is explicitly detailed in her book (section "The story so far"), where she describes her past as a troubled teen and then a young woman struggling for survival.

changes" (statement from the Whole Pantry book, retrieved from Director of Consumer Affairs Victoria v Gibson, Order 15 March 2017: 9).

"[I] Felt much more empowered. Whatever the outcome was going to be, I felt more empowered to treat myself traditionally, through traditional medicine" (statement from the Penguin media training interview, retrieved from Director of Consumer Affairs Victoria v Gibson, Order 15 March 2017: 19)

Her self-awareness journey brings her to share with others her cognizance:

"[App] Filled with resources, utensils and encouragement needed to inspire the life you've dreamt of" (TheWholePantryApp website, Home Page)

"There was a moment when it was how am I going to make everything that I've learnt, that I know accessible to the masses…" (VD3)

She wants to help others, through her newly formed online community:

"Josh [Schwartz] has a similar malignant, inoperable brain tumor to the one I have. From the greatest ache and pains in my heart, I feel this little boy journey and story. Like I said last night - for the week, we chose this family to donate 100% of app sales to, in hopes to find them a medicine, holistic or happy miracle" (Instagram statement, in or about December 2013, retrieved from Director of Consumer Affairs Victoria v Gibson (no 3) 2017 FCA 1148: 23).

Presenting her positive self, Ms Gibson's body language and appearance are relaxed and serene, she is seen being playful with her young child (VD1). The interviews' settings are in line with her calm and simple lifestyle, for instance she is filmed while doing meditation, or working from home on her laptop, with some jaunty music in the background (V1).

Cyberspace had a pivotal role in allowing the creation of this positive self. As summarized by the federal Court, Ms Gibson had the capacity

"to follow through on the representations she had made in the social media, which representations were made to serve her own commercial interest and those of her

> *company, as well as marketing an image of herself in the media which she clearly took advantage of"* (Director of Consumer Affairs Victoria v Gibson, Order 15 March 2017, VID 535 of 2016: 68)

Being present and publishing online becomes Ms Gibson's source of legitimation: she is promoted as a tech and lifestyle expert by the Web, and through the Web she validates her work. Consider for instance the following snippet from her website:

> *"Awarded Best App of 2013 our core goals moving forwards are to continue delivering digital content filled with the community motivating resources, inspiration and information, including guide contributors from some of the world's most inspiring and respected innovators and thinkers in their fields"* (TheWholePantryApp website, Home Page).

Before the scam was revealed, Ms Gibson almost completely ignored the (scarce, but existing) criticisms moved to her, and the harm caused to potential victims. Neutralization techniques at this stage were not identified, with the small exception of a snippet from an article published in *The Age* newspaper in September 2014 (retrieved from Director of Consumer Affairs Victoria v Gibson, Order 15 March 2017: 10), where Ms Gibson seems to deny potential responsibility over other people's choices:

> *"We are not trying to convert people from one diet or [endorse] one medical journey over another. We are just trying to encourage people to drink more water, eat more whole foods, more your body a little more – small things that can have an incremental impact. I feel better than when I was on conventional medicine - but that's just my path and may not be right for everyone".*

Regardless of her positive self-presentation, Ms Gibson's behavior has been fraudulent and (at least potentially) very harmful. Only part of this behavior has been recognized as *illegal*, and specifically that that some of her claims were misleading, deceptive, and unconscionable from a consumer protection point of view[2]. However, Ms Gibson's harmful

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[2] According to the Court, the claims that Ms Gibson had been diagnosed with a cancer in 2009, was given four months to live, and had taken and rejected conventional treatments in favour of natural healing practices were "misleading and deceptive"; furthermore, the claims that certain specific parts

behaviors – what we call *negative deviance* – go beyond what was recognized as illegal by the Federal Court. Not only she *"had played on the public's desire to help those less fortunate [...] [but] her claims that she healed her own cancer through ensuing conventional treatments and pursuing natural remedies [...] might have led other patients or their beloved ones to imitate her behaviour, with potentially lethal outcomes"* (Director of Consumer Affairs Victoria v Gibson (no3) [2017] FCA 1148: 7). The Court, therefore, recognized this additional dimension of harm, but could not condemn Ms Gibson under these causes. However, the public recognition of the negative deviance started to severely challenge the positive self as constructed by Ms Gibson's earliest public appearances; rather than of affection and encouragement, Ms Gibson increasingly becomes object of indignation.

Interestingly, as alluded to by television presenter Tara Brown (VD4), the fact that criminal charges were not brought forward disregarded the public perception that Ms Gibson should go to jail for her lies and the harms she has caused by driving vulnerable people away from science-based medicine. Nonetheless, though incredibly emotive and morally ambiguous, the behaviour itself is not necessarily inherently criminal: it is only perceived as such when others bestow the label upon the act (Becker 1963) and this has an impact on the reaction of the individual concerned. Lemert (1951) posited that there are two stages to deviancy – primary and secondary deviance. Primary deviance is rule-breaking behaviour, whilst secondary deviance is behaviour that has been publicly labelled such and hence becomes central to identity. This leads to a "master status" (Hughes 1945), which overrides all other roles and sources of identity and is extremely difficult to disavow or shake off. This construction of Ms Gibson's deviance is evident throughout the course of interview V4 and we can now see how this leads to the presentation of new performances and identity management from her.

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of the *Whole Pantry*-related revenues were donated to certain charities and good causes were "misleading and unconscionable" (Director of Consumer Affairs Victoria v Gibson (no3) [2017] FCA 1148).

Justifying deviance: resisting the new master status

After the scam emerged and Ms Gibson was confronted (for instance, during media interviews), her self-representation drastically changed: she insists she is honest *"I've been really transparent [...] I am being honest with you"* (VD4) and gullible (*"I believed he was a real doctor"*, describing her encounter with the alternative medicine practitioner who allegedly diagnosed her brain tumor in the first place, in VD4), denying responsibility for the situation. However, she rejects the insinuation that her behaviour might have a mental health cause (namely, the Munchausen syndrome, a mental disorder in which an individual act as having an illness, without being really sick): *"with Munchausen it's a disorder where you create these syndromes and you believe it and you cause physical pain to be um… believed, and I'm not doing that and I didn't do that"* (VD4). Her body language is different: she is visibly upset, emotional and distressed (VD4). Her appearance is also different: she has darker hair and an austere hairstyle, and a thick jumper and polo neck, almost as means of protection (VD4). The staging has changed: during the interview, there is a dark background, cut to images of Ms Gibson alone and reflective (for instance walking isolated on a bridge or on the beach); the music is now sober (VD4).

In Ms Gibson's discourse, neutralization techniques have now become very common. She concedes she might have caused damage to others (*"I'm really sorry and it hurts me. I beat myself up everyday for how I have hurt those who mean a lot to me",* in VD4), but strives to maintain the victim status for herself, also by denying the victimhood of others: *"Tara, I have lost everything and I'm not here to regain it. [...] I lived with the fear for years that I was dying and that is horrible and I'm still coming to terms that I can take that off my shoulders"* (VD4).

Ms Gibson denies responsibility in various way. First, upon being confronted with the fact that she did not have brain cancer, she shifts the responsibility to others, namely the

eponymous neurologist "Mark Johns" (of whom there are no existing records) who conducted "alternative medicine" tests and diagnosed cancer – "*I believed he was a real doctor*" (VD4). Second, she justifies her false claim by insisting she believed that they were in fact true: *"No, I didn't [have brain cancer] "when I was writing that I thought that I did, and I was feeling well"* (VD4). Third, she links her lack of responsibility to her troubled upbringing. Consider, for instance:

> *"[...] at the time, I think going back, I was late teens, and I was going through a lot of emotional trauma, a lot of abuse at the time. [...] "I also think when you are young and gone through the situation I had just gone through, you are melodramatic"* (VD4).

Fourth, Ms Gibson denies her responsibility via a lack of businesses and financial acumen. For instance, when questioned on her profits, she explains:

> "[I] *took my books and my finances to business managers and accountants and I said I'm in way over my head, can you please help me out and get this up to date, and eight months on it's still not finalised"* (VD4).

Lastly, she denies that she (willingly) misled her follower ("*I wrote 5 introductions [to the book], it's nobody's fault, it is a very brief version of my story"*, VD4), and that she is *"no expert in anyone else's health"* (VD4).

These claims appear to be excuses rather than justifications. Scott and Lyman (1968:47), in their study of accounts, which they define as "statements made to explain untoward behavior and bridge the gap between actions and expectations", set out the differences between justifications and excuses. Extending Sykes and Matza's denial of responsibility, they state that excuses are "accounts in which one admits that the act in question is bad, wrong, or inappropriate but denies full responsibility". In contrast, justifications are "accounts in which one accepts responsibility for the act in question, but denies the pejorative quality associated with it". The key distinctions are the recognition of the negative act and whether

responsibility is assumed for it. These contrasting concepts also fit with the rest of the denials and appeals within Sykes and Matza's techniques of neutralization. In denying her responsibility and shifting the focus on to her inaccurate beliefs at the hands of others, her troubled upbringing, and her deficient business knowledge, Ms Gibson is providing excuses rather than justifications for her behaviour. Forced to face the consequences and negative connotations of her actions, she is compelled to remove her responsibility via such excuses.

Among the various neutralization techniques, it was possible to identify also the denial of injury to others and appeal to higher loyalties. For instance, when questioned about the Schwartz family who she allegedly pressed for information about their 7-year-old son's actual condition, Ms Gibson emphasizes that no harm was done to this family from her behavior, as *"that family was one that I did have little interaction with. [...] I understand that they are hurting but I also know that I never questioned Joshua or his mother about his symptoms"* (VD4). Moreover, as a justification for her behaviour, Ms Gibson explains that she *"was empowering [herself] to save [her] own life through, nutrition, patience, determination and love"* (VD4). As already stressed by Rojeck (2017), the "Belle Gibson story" is all about Belle: in her discourse, the focus is never on the thousands of people that were conned or suffered from the hoax, as if this was a sort of victimless crime – which is not.

Managing deviance and maintaining respectability: contending with the new deviant self

The denial of responsibility continues also in the last stage of the respectable deviance framework. Here, trying to manage the framing of her new master status, Ms Gibson attacks those who criticised her, and the media for having outed her without giving her the chance to come forward in her own time. At the conclusion of the *60 Minutes interview* (V4), for instance, Ms Gibson states that just ten days before the news was broken by the media she

was planning to tell her community that she had been lied to, and that she did not have cancer.

However, as recognized by the Federal Court, Ms Gibson had several opportunities to arrange media appearances in order to come clean and apologise, *"acknowledging responsibility for her conduct, but she has chosen not to"* (Director of Consumer Affairs Victoria v Gibson (no 3) 2017 FCA 1148: 31), and Ms Gibson's absence from the proceedings suggests that Ms Gibson

> *"has elected not to take any public responsibility for her conduct [...] There can be no allowance for contrition, remorse, apology or acceptance of responsibility by Ms Gibson"* (Director of Consumer Affairs Victoria v Gibson (no 3) 2017 FCA 1148:26).

While Ms Gibson had not used the proceeding to manage her negative label, she tried to do so via other types of communications. In non-public statements, for instance, Ms Gibson tried to avoid the heat of the situation by presenting herself as still ill and in need of calm and privacy:

> **"***The advice from my doctors is that I allow myself time to digest the idea of surgery, something I've always been resistant to, and also allow myself privacy through it all, preventing me from becoming further overwhelmed by my situation"* (statement from an email sent to Penguin in January 2015, retrieved from Director of Consumer Affairs Victoria v Gibson, Order 15 March 2017: 57).

In public statements, she persisted in presenting herself as a victim of the situation. For instance, she claims that cancer become a part of her identity, whose loss is hard to manage:

> *"'It's just very scary, to be honest', she says, her voice sobbing. 'Because you start to doubt the crux of things that make up who you are. You know, I'm blonde and I'm tall, and I've hot hazel eyes and I've got cancer. And all of a sudden, you take away some of those high-level things and it's really daunting'"* (statement from the article in the

Australian Women's Weekly in May 2015, retrieved from Director of Consumer Affairs Victoria v Gibson, Order 15 March 2017: 25).

If cyberspace is what initially legitimized her, cyberspace soon became the main source of backlash and public shaming. In December 2015, *The Washington Post* listed Ms Gibson among the most 15 hated persons of the Internet (Dewey 2015). Over the last two years, and especially after the Court ruling in September 2017, there have been news from all over the world depicting Ms Gibson as a dangerous impostor. Her earliest attempts to manage the labelling the the superimposition of a new (negative) master status soon became insufficient. Ms Gibson, at least for now, seems to have retired from the public scene, even if debunking sites have shown that – at least until a few months ago – she seemed to be still active online with an alias, still discussing health issues (see Table 1 – "sources that were excluded" for further details).

Further discussion and conclusion

In this study, we have demonstrated how Ms Gibson's' actions came to be viewed as deviant and highlighted the dichotomy between the positive "master status" she attempts to create via her self-representation and the negative "master status" she acquires via labelling. In responding to being labelled deviant we see how justifications are turned to in order to legitimize the very behavior that invited said label initially. The accounts attempt to present the actions as acceptable in order to win back the dissipated respect and faith of the public and media.

The three stages of construction, justification and management of deviance provided a comprehensive overview into how deviance is appropriated and acknowledged such that it is forged into a unique behaviour that can be understood as respectable deviance. This is

further enabled by contemporary technology, whereby the affordances of being online, including the curation of identity, community support, global reach, "expert" information, and use of a public platform, are utilised throughout the process. However, this can be both to the benefit and detriment of the "respectable deviant" concerned: the Web concurrently provides the space for deviance and provides the scope for people to manage how their behavior is received, yet is also an unforgiving arena, where transgressions can be permanently preserved and alluded to, such as in the case of Ms Gibson.

Although, in this case, Ms Gibson's false health claims per se have not been subject to prosecution, it is clear she is aware of the pejorative connotations of her online assertions and how they may be viewed in a comparable manner to more overt types of criminality, from the beginning whereby she challenged the norm of traditional medicine but especially now that her stories have been revealed on a public scale as fictitious. Therefore, she is compelled to downplay the severity of her behavior via the use of the various stages of respectable deviance. In this regard, Goffman's concept of stigma proved particularly useful for thinking about identity management also in cyberspace (Goffman 1963). In her interviews, Ms Gibson recognized that her behavior induced stigma, however she managed her presentation of self to reduce the negative impact of stigma by making herself appear as the victim. The success of a performance is threatened by cues and information that could undermine the image that is being purported. Hence, for Goffman (1968:13), stigma is "an attribute that is deeply discrediting" and one that is "incongruous with our stereotype of what a given type of individual should be". A stigma is a discrediting attribute that an individual may be proved to possess, which, if known to others, would shatter the illusion of the projected social identity. Goffman makes an important distinction between the *"discreditable"* and the *"discredited"* (1968:14): the former is an individual whose discrediting information remains concealed, and who may make significant efforts to ensure the discrediting fact is not disclosed in order to protect their desired social identity. This was Ms Gibson before her deception was exposed. However, once she moved from "discreditable" to "discredited", she

employed legitimizing strategies and the opportunity to benefit from engaging in online media appearances to challenge the stigmatizing effects. The prime dramaturgical task is one of "managing tension"; the Web provides new ways to manage "the self" or selves and potential stigmatization.

The study also highlights the Janus-faced role of (traditional and social) media in enabling both the rise and the fall of wellbeing, lifestyle and health-related fraudsters. Media have a pivotal role in informing the general public perception of alternative medicine; with such a great power should come great responsibility, but unfortunately – as Belle Gibson's case shows – too often this is not the case (Lavorgna and Di Ronco 2017b). If media outlets, publishing houses and tech companies had done proper checks before advertising and rewarding Ms Gibson and her app, many vulnerable people would have not been deceived.

Online spaces in particular are difficult for the authorities to regulate and this opens up the potential for health frauds. The Web has opened up a set of health behaviors that are impossible to regulate in the same way as they are offline. This is due to the global accessibility of the Web and the affordances it provides including expert information and identity possibilities – narratives that were evident in our analyses. The Web simultaneously offers the opportunity to engage in deviance and manage performance; it has created new opportunities for the management of potentially deviant behavior, and assists in the generation of respectable deviance. This research has demonstrated that Ms Gibson is aware of the way her actions may be construed negatively even though she continues to make various claims defending her illegitimacy – thus suggesting that she does not view herself as deviant. This corresponds with criminological literature on people's management of their criminal and deviant behavior via the use of justifications and legitimations (Sykes & Matza, 1957; Maruna & Copes, 2005; Copes & Williams, 2007). This contradiction in Ms Gibson's behavior reveals respectable deviance; however, it is acknowledged that her behaviour was not necessarily an illegal act per se, which raises implications for the

regulation of potentially dangerous discourse online. This is a socio-legal maze with critical consequences for the future of cyberspace, whose discussion goes well beyond the scope of this study; nonetheless, this debate will be of the foremost importance to see how the delicate equilibria between free speech and the necessity to counter dangerous online content, and in the allocation of responsibilities between public and private entities in this type of interventions, will develop.

Last but not least, we hope to have raised further criminological attention (in line with Lavorgna and Di Ronco 2017 a,b) to the issue of fraudulent alternative medicine claims and fake experts, a long-standing issue worsened in the online realm, where it is easier to find quick recognition and quasi-legitimization by communities of potentially vulnerable people. Even something very positive like wellness – which, after all, is simply about the promotion of the positive aspects of health – can be at the heart of dangerous fraudulent activities. As stressed by Donelly and Toscano (2017), since wellness became part of an extremely profitable economy, wellness became deprived of much of its original meaning. It has become, in some extreme manifestations, a cult-like and taken to the extremes lifestyle where science-based medicine is distrusted, exposing vulnerable individuals to physical, emotional, and financial harms.

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