Therapy Culture Goes Online:

Exploring The Use Of Illness Identities On Social Media

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Abstract

There is growing concern across social institutions, professional contexts, and society at large regarding the impact of social media on mental health. Previous studies have predominantly explored how social media exacerbates mental health issues and utilises machine learning to identify affected individuals, underscoring the intrusion of therapy culture into online environments. By contrast, this study examines mental health discourse on Twitter, Tumblr, and TikTok, drawing from Goffman's self-presentations, Foucault's social surveillance, Delsol's loss of meaning, and critiques of therapy culture by Furedi and Lasch, adapting these concepts to the digital realm.

The study seeks to comprehend the language, meanings, and cultural values embedded in online identity formation and how identity interacts with mental health discourse. It explores the role of algorithms and other factors in shaping self-presentation and identity. Through extensive online observation, the analysis identifies patterns and meaning-making processes evident in mental health discourse and identity construction. This study contributes methodologically by blending netnographic content analysis (NCA) and semiotic analysis, offering insights into online mental health communities across multiple platforms where multimedia serves as modern forms of folkloric expression.

This study identifies three intertwined themes including: humour, individualisation, and self-expression, found within mental health narratives on social media. On the basis of this study's findings, it is suggested that users delicately navigate these discussions to avoid stigma, despite ongoing efforts to reduce it. In addition, algorithms not only influence content curation but also reinforce users' self-perceptions by validating their experiences through exposure to similar narratives. This engagement fosters a 'looping effect' that perpetuates illness identities, imbuing them with personal significance amid shifting societal values. Thus, continual exposure to these narratives on social media sustains users' illness identities, reinforcing the meaning derived from these identities. This study, underscores how digital platforms serve as arenas for both constructing and negotiating identities in the context of mental health discourse.

Declaration and Statements

This work has not previously been accepted in substance for any degree and it not being concurrently submitted in candidature for any degree.

Signed 

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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CONTENT WARNING

This thesis contains discussion of suicide and suicidal ideation, as well as artwork depicting self-harm. These materials may be distressing for some readers. Reader discretion is advised.

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Acknowledgements

Embarking on this PhD journey has been deeply challenging yet rewarding experience, marked by many hurdles, years of dedication, and relentless hard work. The opportunity to study mental health and identities in an online context has not only enriched my academic knowledge but has also deepened my understanding of how society and the world at large approach mental health in contemporary times. This research has been as enlightening as it has been demanding, and though there were moments of frustration when I wished the process would move faster, I've come to appreciate that a PhD is not a race, it's a journey of growth and discovery.

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List of tables and illustrative examples

Abbreviations

ADHD- Attention Deficit Hyperactivity Disorder

AI- Artificial Intelligence

API- Application Programming Interface

ASD- Autistic Spectrum Disorder

BD- Bipolar Disorder

BPD- Borderline Personality Disorder

CSA- Child Sexual Abuse

DOB- Date of birth

DSM- Diagnostic Statistical Manual

ECA- Ethnographic Content Analysis

ED- Eating Disorder

FYP- For You Page

GDPR- General Protection Regulation

GIF- Graphics Interchange Format

GT- Grounded Theory

ICD- International Classifications of Diseases

MDD- Major Depressive Disorder

NCA- Netnographic Content Analysis

NSFW- Not Suitable For Work

NSSI- Non-Suicidal Self Injury

OCD- Obsessive Compulsive Disorder

PTSD- Post Traumatic Stress Disorder

PSMU- Passive Social Media Use

RT- Retweet

SAD- Seasonal Affective Disorder

SH- Self-Harm

SI- Self-Injury

SSRI's- Selective Serotonin Reuptake Inhibitors

TW- Trigger Warning

Chapter 1: Introduction

1.1 An introduction to the thesis

This study explores therapy culture online across three social media platforms: Twitter, Tumblr, and TikTok. The topic of mental health has become widely discussed online, in addition to how people identify and explore their identities through the use of social media. As I have a background in Psychology, this study is interdisciplinary and discusses research from a number of fields including sociology, social policy, psychology, psychiatry, and philosophy. In this context, mental health refers to overall well-being, while mental ill health denotes diagnosable conditions (Elmer, 2023). The widespread confusion between these terms has led to their frequent interchangeability.

Digital mental health has also become a significant public issue, attracting widespread media attention and prompting government intervention. High profile cases, such as the death of Molly Russell and the subsequent campaigning by her parents have fuelled anxieties about the potential harms of social media, including cyberbullying and exposure to harmful content.[1] [2] [3] These concerns contributed to the introduction of the UK's Online Safety Act (2023), one of the most widely debated pieces of legislation in recent years. The prominence of this Act signals how questions about online safety and mental health have entered mainstream public consciousness, underscoring the urgency and relevance of this study. It is within this context that the present study explores how mental health discourse develops across social media platforms, examining the ways users engage with therapeutic ideas,

[1] The Conversation (2022). Coroner finds social media contributed to 14-year-old Molly Russell's death. How should parents and platforms react? Available at: Coroner finds social media contributed to 14-year-old Molly Russell's death. How should parents and platforms react?

[2] Sky News (2022). Molly Russell: Friend of 14-year-old who died from self-harm speaks out over Online Safety Bill. Available at: Molly Russell: Friend of 14-year-old who died from self-harm speaks out over Online Safety Bill | UK News | Sky News

[3] CBS News (2022). A 15-year-old boy died by suicide after relentless cyberbullying, and his parents say the Latin School could have done more to stop it. Available at: A 15-year-old boy died by suicide after relentless cyberbullying, and his parents say the Latin School could have done more to stop it - CBS Chicago

construct identities, and navigate the digital mental health ecosystem, including discussions of suicide and self-harm (SH).

This study focuses on how people discuss mental health online, including how people use mental ill health language when exploring these topics within online spaces. Therapy culture as critiqued by scholars like Frank Furedi and Christopher Lasch, reflects a pervasive psychological mindset and therapeutic language that extends beyond conventional realms like academic departments or therapy offices (Madsen, 2014). Furedi argues that therapy culture cultivates a societal inclination towards viewing individuals as inherently vulnerable and in constant need of therapeutic intervention, thereby fostering dependency on therapeutic experts and undermining resilience (Furedi, 2004). Similarly, Lasch critiques the prevalence of therapeutic explanations and self-help techniques in addressing personal and social issues, suggesting that this trend prioritises self-fulfilment over collective responsibility and genuine interpersonal connections (Lasch, 1979). By applying these concepts, this study explores the influence of therapy culture within an online context.

In this introductory chapter, I will outline the aims of my study and the rationale behind selecting mental health discussions across three social media platforms as the focus of my research. I will also explore my positionality, reflecting on my background and how it informs this study. Additionally, I will provide a brief overview of the study and introduce the chapters that follow in this thesis.

1.2 The study aim, objectives, and research questions

The overall aim of the study is to explore how individuals discuss mental health online across three social media sites: Twitter, Tumblr and TikTok. It focuses on the language used in these discussions and the meanings users attach to mental health topics. Additionally, the study also considers how this influences identity formation and the significance of identifying with illness identities.

The objectives of this study are:

1. To develop a deeper understanding of how mental health-related language is used and discussed on Twitter, Tumblr, and TikTok.
2. To examine the meanings and cultural values that shape the construction of online personas.

3. To explore the relationship between identity construction in online spaces and the language of mental health.
4. To evaluate how algorithms and other platform-specific factors influence users' self-presentation and discussions of mental health.

The study is guided by the following research questions:

1. How do individuals on Twitter, Tumblr, and TikTok use language to discuss mental health, and what cultural meanings and values are conveyed through this language?
2. In what ways does mental health-related language shape identity formation and the significance of identifying with illness identities on social media platforms?
3. What role do algorithms and platform-specific features play in shaping users' self-presentation and discourse about mental health on Twitter, Tumblr, and TikTok?

1.3 Why study mental health online?

In this section I explore the historical development of mental health and its rise to prominence as a popular topic of online discussion today.

The history of mental illness is something cyclical as there is constant re-evaluation as to whether behaviour(s) are considered 'normal,' which changes over time, throughout history, and within various cultures (Farreras, 2019, p.247). There have been three primary theories throughout history that account for the aetiology of mental illness which include, supernatural, somatogenic and psychogenic. Supernatural theories suggests that mental illness is the result of being possessed by evil or demonic spirits, curses, or sins. Somatogenic theories focus on the physical disturbances that have stemmed from illness, imbalances, and brain damage (Farreras, 2019). Lastly, psychogenic theories observe traumatic and stressful experiences that impact the individual's cognitions and perceptions. All these theories have played a role in the care and treatment of individuals who are mentally ill. Although treatment methods have changed over time, the theories have remained the same (Farreras, 2019).

At the beginning of the 16th century, asylums were established with the goal to confine those who were 'insane,' homeless, unemployed, poor or criminals. Both war and economic depression caused an influx of people being separated from society and institutionalised. Confinement laws aimed to protect the public from the insane, with many people being

institutionalised against their will. During this period mental illness was influenced by somatogenic theories, which suggested treatments such as purging and bleeding, commonly used for physical ailments (Farreras, 2019, p.247-248). Insanity was compared to animalism, suggesting that people with mental illness were incapable of having self-control, were violent without provocation, and did not share the same physical sensitivity to pain or temperature compared to others. As a result, governments believed that instilling fear in people with mental illness would be the best way to restore a disordered mind. By the 18th and 19th centuries, growing protests against the conditions endured by the mentally ill led society to adopt a more humanitarian perspective of mental illness (p.248).

The historiography of asylums indicated that their origins can be traced back to traditional Christian evangelism and liberal reform movements, which aimed to establish a welfare state (Houston, 2019). Michel Foucault argued that people were treated worse during the modern ages compared to the Middle Ages. Foucault suggested that by the 18th century the 'medieval dialogue between madness and sanity had ended,' which resulted in people being classified as 'mad' and dehumanised once subjected to medical discourses (Foucault, 2006, p.3). Similarly, several sociologists were criticised for their pessimistic views, as they perceived asylums as a response to societal changes, such as the rise of the bourgeoisie, capitalism, the growth of psychiatric professions, and the belief that these institutions were as much about control as about cure (Scull, 1980, p.3). This system also provided 'big pharma' with an opportunity to profit by pushing various medications, further entrenching the focus on control rather than care (Burns, 2006).

Prior to the creation of the NHS, mental health care remained largely stagnant, with outdated practices and widespread stigma. Those affected by mental health conditions and disabilities were often confined to Victorian asylums, separated from their communities and the public, until the movement towards deinstitutionalisation (NICE, n.d). The terminology used to describe mental health was often derogatory, with terms like 'lunacy' and 'mental deficiency' being common. A decade after the NHS was established, The Mental Health Act of 1959 was introduced, which allowed for hospitalisation based on medical reasons rather than legal ones, aiming to incorporate mental health care into the broader NHS framework. By 1961, the government began closing asylums, shifting care to hospital wards and community settings (NICE, n.d). However, it took several more years for mental health services to fully integrate into the NHS, and many asylums remained operational until the 1970s. In 1983, The Mental health Act was amended to incorporate consent. Although individuals could still be detained under the Act if they posed a risk to themselves or others, many people now sought help voluntarily (NICE, n.d).

This shift in approach was part of a broader transition from institutional to community-based mental health care, driven by humanitarian principles, potential cost reduction, evolving attitudes toward mental health, and growing evidence that hospital-based services were insufficient (Thornicroft, Deb & Henderson, 2016; Chow, Ajaz & Priebe, 2019). This shift led to deinstitutionalisation movements, which aimed to replace custodial care and social exclusion with more integrated and person-centred approaches. Long-term mental health facilities, such as psychiatric hospitals and asylums, were frequently marked by ineffective treatment, social isolation, inadequate living conditions, limited resources, and overcrowding (WHO, 2024). Research suggests that community-based treatment models are more effective than hospital-based care due to their emphasis on coordination between health and social services (Shen & Snowden, 2014; Thornicroft, Deb & Henderson, 2016). These approaches have been linked to decreased relapse rates and fewer hospital admissions (Shen & Snowden, 2014), reinforcing the case for deinstitutionalisation as an effective approach. However, despite these improvements, the transition from institutional care to community-based services has left significant gaps, particularly for individuals with severe mental health issues who are at greater risk of self-harm or harm to others (Chow, Ajaz & Priebe, 2019). To address these gaps, there is a need for alternative services, such as forensic and residential care, alongside enhanced risk management strategies within communities.

In response to these unmet needs, the Assertive Community Treatment (ACT) model was created in the 1970s in the United States and has since been expanded to over 21 countries, including the UK (Kent & Burns, 2005; The Economist, 2014 as cited in Honyashiki et al, 2023). The ACT model provides intensive, long-term, individualised support to individuals at high risk of relapse through small interdisciplinary teams, ensuring continuity of care. These expanded services address key areas such as housing, employment, healthcare and interpersonal relationships, promoting social integration and enhancing overall well-being (The Economist, 2014; WHO European Ministerial Conference on Mental Health, 2005 as cited in Honyashiki et al, 2023). The shift toward deinstitutionalisation was also driven by the understanding that, although institutional care was meant to offer refuge, it often led to social isolation and insufficient treatment, highlighting the need for a more comprehensive approach (WHO, 2024). However, despite significant progress in deinstitutionalisation, achieving full social integration for individuals with mental health issues remains a persistent challenge.

To address continuing challenges, the Welsh Government has introduced a new 10-year mental health and wellbeing strategy aimed at addressing these issues through a more

person-centred, preventative approach. For instance, the new strategy will focus on early intervention, prevention, and timely, person-centred support. A major feature is the development of open-access services, including same-day help without referrals, supported by initiatives like the '111 press 2' service for urgent mental health needs. The strategy adopts a stepped care model, ensuring individuals receive the right level of support when needed, and emphasises the importance of non-clinical, community-based support such as social prescribing. Shaped by lived experiences, it also aims to address wider determinants of wellbeing, like housing, employment, and loneliness, reflecting a holistic vision for mental health in Wales. [4]

As traditional forms of care became less central, the internet has increasingly emerged as a key space for accessing information, forming supportive online communities to reduce stigma, and facilitating help-seeking and prevention for mental ill health (Webb, Burns & Collin, 2008). Early online communities, however, presented a double-edged sword. While they provide support, some members organised suicide pacts, described self-harm and suicide methods, or discussed their intentions openly. Studies have shown that young people, in particular, often turn to online forums to share their experiences and seek support, but these platforms can also harbour harmful content that may exacerbate distress. The unregulated nature of these online spaces allows for the dissemination of detailed methods of self- harm and suicide, which can lead to 'copycat' behaviours (Robinson et al., 2023; Marchant et al., 2017; Powell, 2018). The increasing prevalence of mental health issues among young people could be linked to both the influence of online communities and the pervasive culture of therapy.

While the internet was initially used for information seeking and community building as a means of reducing stigma and to facilitate help-seeking, it has evolved into a double-edged sword. On one hand, online forums and social media provide spaces for sharing experiences and seeking support. While on the other hand, these unregulated environments often host harmful content as previously mentioned by Robinson et al., (2023), Marchant et al., (2017) and Powell (2018). Simultaneously, therapy culture has arguably become deeply embedded within society, encouraging individuals to interpret their distress through a therapeutic lens. According to Furedi (2004), this has contributed to a rise in reported mental health issues, as everyday struggles are increasingly pathologised. The convergence of these factors is

[4] Welsh Government. (2025). New vision for mental health in Wales paves the way for same-day support. Retrieved from: https://www.gov.wales/new-vision-mental-health-wales-paves-way-same-day-support

reflected in recent statistics. A 2023 survey found that 20% of children and young people in England are likely to have a mental health disorder, marking a 12% increase since 2017 (Baker & Kirk-Wade, 2024). Additionally, NHS England reported that more than 2.3 million diagnostic tests were carried out in November 2023.[5] This trend highlights the complex interplay between therapy culture and online influences in shaping contemporary mental health trends.

1.4 An introduction to the researcher

My interest in mental (ill) health began in my early teenage years. In my spare time I familiarised myself with the history of mental illness, including the rise of insane asylums as a method of treating those with mental illness during the Victorian era. Learning about the history of insane asylums taught me how society categorised people experiencing pain, labelled as criminals, living with disabilities, or facing 'female problems' as burdensome, which often led to their committal to asylums and being labelled 'insane.' Asylums provided some of the first diagnostic names such as mania and melancholia (Blashfield, n.d, p.9), which are still used within our current classification system. Moreover, the meanings surrounding these terms have altered over the decades. Revisiting the history of mental ill health provided me with insight of how behaviours have been classified and de-classified over time, which is still ongoing today. Treatment methods of the past were often deemed barbaric, ranging from early practices like bloodletting and witch hunts to the confinement and punishment of individuals in institutional settings (Roberts & Kurtz, 1987). The different understanding of 'madness' and mental ill health have been prevalent throughout history, evolving from perceptions of evil to modern understandings of insanity. Western societies were responsible for creating more inhumane methods of treatment, which were dehumanising (Foucault, 1965).

Since then, there has been a movement toward more humane treatment, shifting the perception of intuitions from 'insane asylums' to 'mental hospitals' to 'psychiatric units.' Despite significant advancements in the care and treatment of individuals with mental health conditions, I remain concerned about certain therapeutic approaches, particularly the over-prescription of medication and the potential side effects. This concern deepened by the fact that, as a teenager, I noticed how mental health discussions were becoming more prevalent

[5] NHS England. (2024). Monthly operational statistics- January 2024. Retrieved from: https://www.england.nhs.uk/long-read/monthly-operational-statistics-january-2024/

among my peers and online, while still being considered taboo. Everyday challenges, emotions, and behaviours, such as grief and self-esteem, were increasingly labelled as emotional issues. Today, we continue to view even more of life's difficulties through an emotional lens, reflecting a societal trend that has persisted throughout the history of mental health, often leading to further unintended consequences.

In addition to exploring the history of mental illness, I immersed myself in various aspects of pop culture that either directly addressed mental ill health or included implicit messages regarding the topic. For example, the films *One Flew Over the Cuckoo's Nest* (Forman, 1975) and *Girl, Interrupted* (Mangold, 1999) were among the first movies I encountered that portrayed mental illness within a hospital setting. Both films are well known for their depictions of psychiatric institutions. In *One Flew Over The Cuckoo's Nest* (Forman, 1975), the story is set in a mental hospital, focusing on patients labelled as 'disturbed' due to their language, attitudes, and habits, who are subjected to dehumanising acts by medical staff. Throughout the film, the protagonist, who feigned his illness, helps patients regain control over their lives (Sutherland, 1972). The movie highlights society's stigmatising views of people with mental health issues, while simultaneously challenging the system.
In contrast, *Girl Interrupted,* also set in a mental hospital and based on autobiographical events, explores stereotypical mental health conditions, including borderline personality disorder (BPD), eating disorders (ED), schizophrenia, and obsessive-compulsive disorder (OCD). The film also exposes systemic issues, such as withholding of diagnoses and treatment information from the patients. However, at the time of their release, these films were criticised for their reductive representations of mental health issues, which sometimes contributed to further stigmatisation.[6]

I was also influenced by other aspects of pop culture, particularly the work of singer Emilie Autumn. Emilie Autumn is an artist known for exploring mental health themes within her music and writing. The singer is known for her onstage theatrical performances that depicted a glamorised version of the Victorian era, including props and references to 'insane asylums.' Her music primarily addresses themes of abuse, suicide, and self-harm, balanced with a strong social and political message. In 2009, she published a book titled *The Asylum for Wayward Victorian Girls,* which included personal journal entries on topics such as suicide, self-harm, hospitalisation, and her experiences with medication like lithium[7]. At the

[6]Clouse, L. (2024). How does 'Girl, Interrupted's depiction of mental health hold up today? Collider. Retrieved from: https://collider.com/girl-interrupted-mental-health/

[7] Autumn, E. The Asylum for Wayward Victorian Girls. (2009). The. Asylum Emporium.

time, I saw her work as a creative outlet for coping with her bipolar disorder diagnosis (BD). However, as I grew older, I recognised that these on-stage performances romanticised not only mental illness, but also the experience of being 'mentally ill' during the Victorian era. Additionally, much of her work was monetised, and this trend only increased over time.

In the late 2000s and early 2010s, I started exploring social media platforms and online forums. While there were occasional references to mental health issues on sites like Bebo and across various online forums, it wasn't until I became an active user of Tumblr and DeviantArt that I noticed a broader range of mental health topics being discussed and displayed online.[8] DeviantArt allowed users to share their artwork, with many expressing their struggles with mental health through various artistic forms.[9]

On Tumblr, I encountered many online communities centred around mental health, where discussions often focused on depression, self-harm, eating disorders, and suicide. There was a substantial amount of graphic imagery on the platform that included pictures of self-harm cuts, scars, young, underweight people who focused on capturing their protruding bones and thigh gap, and even pictures of suicide that were labelled 'Suicide Sunday,' which included graphic depictions of individuals with severe head injuries. Additionally, there were altered stills from films and TV shows, edited in black and white and layered with depressing quotes. Growing up on Tumblr, I didn't initially find this content shocking; it seemed normalised and commonplace. However, as time passed, I began to question how exposure to such material could affect both myself and others.

Studying art at GCSE and A-level played a significant role in deepening my interest in mental health issues. I started to explore the works of renowned artists like Van Gogh, Paul Cézanne, and Edvard Munch, who were believed to have struggled with various mental health issues.[10] I began to incorporate what I learned from my earlier exposure to music, art, TV, and film, as well as what I was seeing on Tumblr, into my own artwork. I chose the theme of 'ugliness' to explore the concept of suicide. I looked at how earlier art forms

[8] Bebo was a social networking site which launched in 2005 which overtook myspace as the new blogging platform.

[9] DeviantArt is an online art community website that features a variety of art formats, similar to an online gallery. The site still operates today.

[10] Rustin, T.A. (2008). Using artwork to understand the experiences of mental illness: Mainstream artists and outsider artists. Psychosoc Med. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2736519/)

depicted suicide as something beautiful, like in the portrait of Ophelia, while society treated it so differently.[11]

Alongside Art, I studied Psychology, Sociology, and Religious Education, and soon noticed significant overlaps among these subjects. One of the first case studies I encountered in A-level Psychology was David Rosenhan's 1973 study 'On Being Sane in insane places.' Although Rosenhan's work was often cited as an example of unethical research (e.g. Cahalan, 2020), I found the study itself fascinating. Drawing on what I had seen in social media and pop culture, I began to see how Rosenhan's findings could be applied to everyday situations, particularly in how easily individuals might identify with a set of symptoms and articulate them in medicalised terms. This marked the first time that I seriously questioned the validity of the medical model. It also sparked a deeper interest in mental illness diagnoses, prompting me to read the Diagnostic Statistical Manual (DSM) in my own time to better understand the criteria used to classify psychological disorders.

In 2013, I began my BSc Psychology degree at Swansea University. Although I had prior interest in mental health before attending university, I didn't get to study mental health until my third year, despite discussions about mental health becoming increasingly prevalent across campus. For example, during my undergraduate studies, I witnessed faculty and student union members discussing mental health regularly, which was subsequently integrated into student life. At freshers fayres each year, they had stalls from 'Time to Change' and 'Mind' that advocated for mental health, by handing out free gifts and leaflets containing information about student mental health.[12][13] I worked as a campaigns officer for the LGBTQ+ committee during my first year of university and was often approached by members of the group asking for mental health awareness to be incorporated into the campaigns.

[11] Ophelia is a fictional character from a Shakespearian play called 'Hamlet.' Ophelia depicts a person who is in a state of madness who drowns, but the cause remains ambiguous with many speculating a suicide.

[12] Time To Change was a mental health campaign that launched in 2007 and closed in 2021 with the objective of reducing mental health stigma and discrimination.

[13] Mind is a mental health charity based in England and Wales that provides people with information and advice on mental health issues (see https://www.mind.org.uk/about-us/ for more)

As a psychology student, I learned that there was a widespread recognition that mental health issues were increasing within the population, along with the expectation that job opportunities for psychologists would be abundant by the time I graduated. In October 2016, I began my master's degree in clinical and abnormal psychology, as well as working part-time as a relief support worker for adults with autism and learning difficulties. I initially intended to become a clinical psychologist to support individuals with mental health difficulties. However, my experiences as both a master's student and a relief support worker led me to re-evaluate my career path. For instance, I found that the academic environment was quite rigid, with faculty members often reluctant to challenge anything to do with mental ill health. Classes were often one-sided and did not encourage students to challenge mental health-related topics. The psychology department endorsed the medical model, refused to question the validity of the chemical imbalance theory, or critique the expansion of the DSM and its consequences. Instead, I felt that the department instilled a sense of fear, that mental illness was right around the corner, especially within the student demographic. Lectures emphasised to their students that psychology was a field for developing critical thinking skills, but I grew frustrated as I felt we were not sufficiently encouraged to criticise a range of topics. My time as a support worker also made me realise how rigid the services were. It became clear that I was powerless to challenge or even question how things were run or to suggest improvements. I felt uncomfortable continuing my journey to becoming a clinical psychologist if it meant that I couldn't challenge the system.

In a qualitative methods class led by a lecturer from the sociology department, I observed a notable contrast in teaching approaches compared to those in the psychology department. Although the class focused solely on methodology, the teaching style encouraged me to critically question and challenge concepts in a way that was not available in other classes throughout my degree. This experience led me to connect with Ashley Frawley, lecturer on that methodology class, who would go on to be my PhD supervisor. Our discussions allowed me to express my frustrations with the psychology department and the mental health system. Ashley suggested I consider pursuing a PhD to explore mental health topics, which are often presented in a one-sided manner. I had already been inspired to research this area by observing claims in news media and on social media about the negative impact of social media on mental health. While I had personally noticed the effects of certain content on my mood, I suspected there was a deeper issue. Additionally, I was intrigued by the increasing prevalence of both diagnosed and self-diagnosed mental health issues. My specific interest was in the language used in mental health discourse and how its meanings evolve.

Given my established interest in mental (ill) health, I was eager to explore mental health discourse within a digital context. Initially, I considered studying a singular platform but later decided to explore more than one platform as I felt that the data collected would showcase a broader understanding of the similarities and differences of online mental health discourse across social media sites. I began by analysing Tumblr and Twitter and later added TikTok to my research. I viewed the exploration of the three platforms as an opportunity to conduct a comparative analysis of mental health discourse across three different platforms. I was particularly excited to examine Tumblr as I had used it extensively during its peak and had encountered a lot of graphic material related to mental health. I was curious to see how discussions on the platform had evolved and how the demographics participating in these discussions had changed.

1.5 The study

I have chosen to explore how mental (ill) health is discussed across three social media platforms: Twitter, Tumblr, and TikTok. There is a wealth of literature that looks at mental health within a digital context (see Chapter 2). Still, very little literature is critical of how the mental health ecosystem is contributing to the medicalisation of everyday problems online. In this study, the concept of a mental health ecosystem refers to the interconnected and dynamic network of platforms, tools, practices, and cultural phenomena that shape how mental health is experienced, treated, and understood in the digital age. Throughout this thesis, I will explore how this ecosystem is shaped by various elements, including mental health apps, social media, diagnosis practices, and therapy culture, each contributing to the broader narrative of mental health in contemporary society. Lastly, this study attempts to gain a greater understanding of how mental health communities are discussing mental health-related topics, the language they use, and the meaning-making around illness identities, which all contribute to the process of online identity construction.

The approach I have chosen for this study involves observing and collecting data on mental health-related discourse across three social media platforms, each featuring various multimedia. My research sample included online users from the three social media platforms who were actively engaged in mental health-related content. Data collection began in 2021 following ethical approval from Swansea University's Research and Ethics Committee. I also conducted interviews with four individuals, but encountered difficulties in recruitment, which led me to focus more extensively on the online data. Although these interviews were completed, the data were not ultimately included in the analysis presented in this thesis (see Chapter 4, section 4.15.1, for further discussion of this decision). Data was downloaded

using various methods, including Ncapture, screenshots, and downloads that were transferred and stored on NVivo 14.[14] [15] Through analysing the data, I was able to gain an understanding of mental health-related topics, trends, and patterns across each platform. Analysing the selected data provided me with deeper insights into the language that online users use about mental health and the meanings they attach to this language.

My ambition in completing this research is to make a critical contribution to mental health within social sciences, as well as a methodological contribution, as I use my own amalgam to study the research topic. I have made previous contributions in this area as I have publications that discuss mental health in higher education (Frawley, Wakeham, McLaughlin, & Ecclestone, 2024; Frawley, Wakeham & Mclaughlin, 2024). My previous publications have helped inform the direction of my thesis by exploring key aspects of the mental health crisis as highlighted by the news media, with implications extending beyond university students. In Chapter 2, I examine how claims makers in news media help shape public perceptions of mental health issues. Additionally, I have analysed the role of 'professionals' in intervening within everyday problems, noting their influence both in university environments and within online contexts. This body of work feeds into a broader understanding of the mental health ecosystem, which I refer to throughout this thesis, illustrating how these interventions and narratives contribute to the creation of mental health discourses that later appear and proliferate online.

1.6 Studying mental health on social media

Before discussing previous literature on mental health online, it is imperative to provide an overview of the social media sites included in this study. The following section will give a brief background on each platform, describe its functionalities, and review previous literature on mental health across these social media sites. Lastly, the section will discuss the complications that exist on social media sites, especially when discussing sensitive issues relating to mental health, including algorithms and shadowbanning. Providing this contextualisation at the outset is essential as it lays the groundwork for the information that follows. Understanding the specific environments in which mental health discussions take

[14] Ncapture is a free browser extension that allows researchers to collect online content and import it into NVivo.

[15] NVivo is software that is used for qualitative data analysis and is mostly used within social sciences.

place will enhance comprehension and analysis in Chapter 2 of the literature review, which will focus on mental health online. This foundational knowledge is critical for a nuanced understanding of the interactions between social media platforms and mental health discourse.

Virtual communities materialised between the 1990s and the early 2000s. Online communities continued to surface as many companies encouraged individuals to seek out a variety of online experiences. Many of these early online experiences laid the groundwork for social media features that helped develop industries such as retail, entertainment, travel, and journalism. It later became apparent to researchers and academics that people were not only accessing the internet for information, but also to be able to experience these new activities. This included online gaming (including multiplayer games), live chats, and communicating through email lists. As online experiences evolved, people began to seek out interest-based forums and support groups, leading to the formation of early online communities. These online spaces allowed people to openly discuss, debate, exchange knowledge, seek emotional support, find friends, and even love (Rheingold, 1993, p.49-53). Rheingold (1993) originally coined the term 'virtual communities' and defined it as a form of online human social experience. As online communities continued to expand, connectedness would continue to evolve.

However, some researchers questioned the validity and connectedness of these early online communities. For example, Jones (1998, p.53) argued that this connectedness was superficial, as minimal investment in a community (e.g., subscribing to a bulletin board) was insufficient to truly unite people. By the early 2000s, numerous social media sites appeared on the internet. Initially, social media took the form of blogging websites and dynamic webpages, which eventually evolved into early social networking platforms like Twitter and YouTube (Kozinets, 2020, p.69). The evolution of these virtual communities is closely tied to the concept of social surveillance, where users monitor and observe each other's online behaviour (Marwick, 2012). Participating in social surveillance can provide significant insights into individuals' social norms, behaviours, and methods of self-presentation (Trottier, 2011). This is crucial as researchers can leverage these online platforms to gain a deeper understanding of cultural dynamics, particularly in the context of therapy culture (see Chapter 3 for further discussion on social surveillance).

In the following three sections, I will introduce each platform used in this study, starting with Tumblr, then progressing to Twitter, and concluding with TikTok.

1.6.1 An introduction to Tumblr

Tumblr is a microblogging platform which surfaced online in 2007 (Chang, Tank, Inagaki & Liu, 2014; Correnti, Boyers, Karimkhani, Roth & Dellavalle, 2014). By 2023, Tumblr was most popular among individuals aged 15 to 35, whereas in 2011, the site was predominantly used by those aged 12 to 24, who constituted 50% of Tumblr's users and visitors.[16] [17] According to The New Yorker, Tumblr was most popular in 2013, with seventy-three million accounts. However, by 2018, the platform issued a ban on adult content, resulting in a 30% loss in traffic, which has only declined since (Chayka, 2022). While Tumblr is a blogging platform, it differs from traditional blog sites like BlogSpot, as Tumblr has incorporated a social interaction component. While some microblogging services offer traditional blogging alongside social networking features, their content quality and social interaction elements are often less developed compared to Tumblr (Chang et al., 2014). Kanai (2015) characterised Tumblr as a 'promising hub of burgeoning visual youth cultures,' attributing its appeal to its norms of anonymity and the substantial pop culture content in its posts (p.1).

Signing up to Tumblr allows users to oversee their own blog. Each user will have a homepage, otherwise known as a 'dashboard', which consists of posts from other blogs that the user follows (Xu et al., 2014). Following other users on Tumblr is non-reciprocal, meaning that users have the freedom to follow anyone they like without the need for a follow-back, similar to other social media sites like Twitter and Instagram (Chang et al., 2014). Tumblr allows users to create and repost eight different types of posts, including text, photo, quote, link, chat, audio, video, and answer. Tumblr posts are not restricted by character limits, unlike other social media sites like Twitter. On Tumblr, users can interact with posts in two main ways: by 'liking' and 'reblogging.' Reblogging is the process of reposting an original post to one's own blog and for other users to view and potentially engage with, whereas liking a post simply indicates the user's approval. Both actions are collectively known as 'notes,' which indicate to users how many times a post has been liked and reblogged. In addition to these actions, Tumblr enables users to assign 'tags' to their own posts and reblogged posts (Xu et al., 2014). Applying tags to posts allows Tumblr users

[16] Kumar, N., & Ruby, D. (2025). Tumblr Statistics (2025)- Active users & Demographics. Demandsage. Retrieved from: https://www.demandsage.com/tumblr-statistics/

[17] Lipsman, A. (2011). Tumblr defies its name as user growth accelerates. WebCite. Retrieved from: https://webcitation.org/64UXrbl8H

to find a collection of posts related to a specific topic. The original search mechanisms only apply to these tags, meaning that the only way of retrieving specific posts in the search engine is through the tag itself (Xu et al., 2014). As Tumblr does not have a separate comment section for posts, the tag section allows users to discuss, express their opinions and reactions (Bourlai, 2018).

Other features such as 'quote' and 'chat,' are available, with 'chat' being found on various platforms, while 'quote' is unique to Tumblr. For example, the 'quote' function is a form of Tumblr content that presents posts in enlarged text and a number of font styles within double quotation marks. These functions enable users to share a quote or chat history from iChat or MSN directly from the source. Additionally, the 'answer' function allows users to send questions to specific individuals. Users have the option to accept anonymous questions by adjusting their preferences in Tumblr's settings. Answered questions will be displayed on the user's blog as a post for others to view and engage with, unless the post is set to private (Chang et al., 2014; Xu et al., 2014).

One of Tumblr's most compelling qualities is its provision for pseudo-anonymity. This feature allows users to maintain multiple pseudo-anonymous identities, enabling users to 'engage in practices intended to facilitate non-identifiable content' (Hogan, 2015, p.1). Donath (1999) suggests that internet identities exist on a spectrum ranging from 'completely anonymous' to 'named,' while a true state of anonymity is very rare to achieve online (as cited in van der Nagel, 2017). Pseudo-anonymity allows users to adopt online names or handles that differ from their legal names, essentially functioning as pseudonyms or false identities (Heaton, 2021). This anonymity enhances their ability to express a wide range of culturally devalued emotions, such as sadness and anger, to an imagined audience (Shorey, 2015; van der Nagel, 2017). The medium itself often shapes the norms and rules regarding pseudo-anonymity, as some social media platforms do not permit it (Gerrard, 2020). The platform's pseudo-anonymous nature and image-dominant communication remain compelling for today's online communities, allowing users to share and interact with content that resonates with their interests and experiences. Partial anonymity and the ability to follow individuals outside of real-life appeal to users who wish to post content free of judgement (Reeve, 2016). Although many users adopt a pseudo-anonymous identity, most of the site's content remains publicly accessible. Tumblr's policies offer more flexibility in terms of self-presentation compared to other sites that enforce 'real name only' policies, therefore providing users with greater freedom to express themselves with fewer consequences (Shorey, 2015).

In addition, Tumblr is widely known for its content sharing, allowing both users and non-users to freely search for keywords and tags (i.e., hashtags) associated with visible posts on the platform (Bourlai, 2018). Tumblr is primarily used as a place to create and share posts which are of interest to the user (Xu, Compton, Lu & Allen, 2014). The site is particularly famous for its creation of memes as it is a part of the remix culture, as well as sharing GIFs (short clips of moving photo files) created from a variety of pop culture references, including film, television, and YouTube videos (Kanai, 2015).

Previous studies on Tumblr have delved into various subjects, including fandoms (e.g., Devle, 2023), which are characterised as groups or communities formed around engaging with specific media, typically within popular culture, that become a shared 'object of affection' (Reinhard & Miller, 2020). Additionally, researchers have examined topics such as sexuality (Byron, Robards, Hanckel, Vivienne & Churchill, 2019), gender (Oakley, 2016), Not Suitable For Work (NSFW) content (Pilipets & Paasonen, 2022), and mental health (McCloskey, 2020; Griffith & Stein, 2021).[18] As mentioned in Chapter 2 on 'online communities,' mental health research on Tumblr often examines controversial groups that promote harmful behaviours, such as pro-ana communities that encourage purging and binging, or those that glorify self-injurious behaviours like cutting.

McCloskey's (2020) study examined the use of Tumblr GIFs within these mental (ill) health communities and found that GIFs were a popular choice of multimedia on the platform. Previous research has shown that depression and suicide-related content are the most prevalent mental health content on Tumblr, further highlighting the platform's complex role in mental health discussions. McCloskey (2020) observed Tumblr GIFs that included content from TV shows, such as Skins UK and American Horror Story, and movies like Girl Interrupted and Silver Linings Playbook. McCloskey's (2020) study analysed the relationship between the circulation of mental health-related GIFs within the 'sad' community on Tumblr (i.e., a group known for sharing downbeat posts and the users who shared them).

McCloskey intentionally chose to study the GIFs derivative of film and TV shows that were known for representing depression and risk-behaviours like self-harm and suicide. The study found that these GIFs often glorified mental illness. For instance, GIFs from '13 Reasons

[18] NSFW is an abbreviation for Not Safe for Work, which typically includes explicit digital content (articles, videos, and images) that may be of sexual nature, violent, and graphic material https://www.dictionary.com/browse/nsfw

Why' depicted suicidal thoughts and self-harm with dramatic filters, while those from 'Euphoria' showcased depressive episodes and substance abuse with a visually appealing presentation. Additionally, GIFs from the movie 'The Perks of Being a Wallflower' used nostalgic imagery to artistically depict struggles with depression, while 'BoJack Horseman' GIFs employed dark humour that could trivialise the seriousness of mental health issues. According to the authors of this study, each of these examples demonstrates how GIFs can romanticise and glamorise mental illness, potentially affecting viewers' perceptions (McCloskey, 2020). McCloskey interviewed some of the community members and discovered that many of the users engaged with this kind of Tumblr content during intense periods of depression during their teenage years. McCloskey suggested that this content may be frequently reblogged as it could be the only way some individuals can express themselves, a method of shaping their online identity, and a way of romanticising mental illnesses (2020).

Griffith and Stein (2021) examined public blog posts of Tumblr in which users shared personal disclosures about their mental health, using mental health-related hashtags such as #depression, #bpd, and #selfharm over a four-month period. The study selected a total of ten mental health-related hashtags, each representing major types of psychiatric disorders that are outlined in the DSM-5. The authors selected them by identifying the most frequently used hashtags on the platform. Disclosures were defined as public blog posts containing hashtags where users self-identified with a specific mental health diagnosis. The study also identified two factors that might influence the frequency of these disclosures, including reinforcement from the online community (reception effects) and users who viewed mental health diagnoses as a social identity (self-effects).

Griffith and Stein found that most users' mental health-related disclosures were centred around emotions and thoughts, which were common across all the observed hashtag communities. They also identified two recurring themes: interpersonal loss and change over time. The study found a correlation between disclosure frequency and community membership, suggesting it is an indicator of user expression. The frequency of disclosure varied based on the specific diagnosis with which users identified. For instance, users who received more interactions (e.g. likes, reblogs) on their posts had a higher disclosure frequency, but this was particularly true for certain hashtags like #anorexia and #autistic. Previous research by Valkenburg (2017) suggests that disclosing a trait or opinion in writing can enhance the identification with that trait, subsequently influencing behaviours that align with a specific identity (see more discussion in Chapters 5-7).

Another study by Shankar (2022) evaluated a ‘fandom’ associated with the singer Marina and the Diamonds, specifically in relation to her 2012 album ‘Electra Heart.’ The album was written satirically from the perspective of the singer’s alter ego, which referred to topics such as depression and suicide. The recent resurgence in discussion of this album across other social media platforms is what intrigued Shankar to study the topic further. While Marina Diamandis’s album attempted to satirise narcissistic behaviour, it was interpreted by the fandom as not only promoting this behaviour but also glamorising mental health issues. Shankar (2022) aimed to investigate how culture influences identity formation, particularly given the strong impact of social media at the time of the album’s release. When the album came out, the singer debuted a series of images on Tumblr, each corresponding to one of her archetypes. The album’s upbeat tone and pink aesthetic contrasted sharply with its dark and tragic lyrics, causing many fans to miss its satirical intent. For example, numerous Tumblr posts paired these sombre lyrics with the vibrant pink theme and sparkles. These posts often used hashtags such as ‘suicide,’ ‘trauma,’ ‘depression,’ ‘cutting,’ ‘pink,’ and ‘dead inside.’

The album recently experienced a resurgence on TikTok, where users discussed its impact on them. While some reflected on how they had misunderstood the album’s meaning, others joked about the situation, commenting, ‘imagine releasing a satire album and oops the kids are all manipulative narcissistic sociopaths’ (Shankar, 2022). The study found that the album’s misinterpretation played a role in identity formation, as its lyrics, which openly addressed distressing emotions and thoughts, offered comfort for listeners. Shankar concluded that identifying with an unstable character may cause some individuals to internalise suffering and instability as central aspects of their identities. Furthermore, Shankar (2020) suggested that this tendency contributes to the romanticisation of mental illness in online spaces, potentially harming identity formation for some adolescents.

Including Tumblr in this study is essential and can be justified through the work of Griffith and Stein (2021). Their research highlighted that Tumblr hosts a substantial volume of personal disclosures about mental health, with users frequently sharing detailed accounts of their experiences through various mental health-related hashtags. Additionally, the study’s four-month duration underscored the platform’s potential for longitudinal analysis, revealing temporal trends and patterns in mental health discussions.

Moreover, Tumblr’s allowance for anonymity encourages more open and honest disclosures, providing a less filtered view of users’ mental health challenges. In addition, the presence of highly stigmatised topics like ‘self-harm’ further indicates that Tumblr serves as a crucial space for discussing sensitive issues. Finally, examining Tumblr’s algorithms and their

impact on content visibility can elucidate how exposure to mental health content affects users, thereby highlighting the platform's influence on mental health outcomes. Each of these factors collectively highlights the importance of including Tumblr in this study to gain an understanding of mental health discussions in digital spaces.

1.6.2 An introduction to Twitter

Since Twitter's launch in October 2006, the site has become a popular microblogging tool.[19] At the time, microblogging was a fairly new concept defined as a type of blogging that allows users to write brief textual updates about their life to an audience of friends or interested observers via email, text messaging, instant messaging (IM), or on the web (Java, Finin, Song & Tseng, 2007). Microblogging provides an easier and faster way of communicating, broadcasting, and sharing information regarding a person's activities, opinions, and status updates (Pontin, 2007). Twitter was originally designed to foster a global community of friends and strangers by answering the question, 'What are you doing?' (Kozinets, 2020, p.69). Shortly afterwards, the site began to evolve into a social media site which offered short exchanges between members, information sharing, opinion, and news (Kozinets, 2020, p.69). Originally, Twitter posts were limited to 140 characters but increased to 280 characters in 2017 (Kozinets, 2020, p.72). Twitter's format, with its concise posts known as 'tweets,' encourages users to engage and update their followers more frequently (Kwak, Lee, Park & Moon, 2010). On Twitter, following others is non-reciprocal, meaning that while users may choose to follow someone, only those followed will see the user's tweets on their 'feed' or homepage, alongside recommended posts (Kwak et al., 2010).

Twitter allows users to post publicly or privately, depending on personal preference. Every tweet will appear in chronological order on the user's homepage. Alternatively, users can choose to keep their posts private, allowing only those who follow them to access them (Honeycutt & Herring, 2009). There are two main functions on Twitter that allow users to post directly and indirectly. Indirect updates are displayed for anyone who chooses to engage with the post, while direct updates target communication with specific users (Huberman, Romero & Wu, 2008). During direct posting, the user will use the '@' syntax to address others when messaging them directly (Boyd, Golder & Lotan, 2010).

[19] It's important to note that Twitter is now referred to as 'X' since Elon Musk bought the platform. But current literature, including my own will still refer to the platform as Twitter within this thesis.

Furthermore, users can use hashtags (#s) to categorise tweets topically, enabling others to follow specific conversations surrounding a topic of interest (Honeycutt & Herrings, 2009). Twitter is a microblogging service which encourages users to exercise several communicative practices, including conversing with individuals, groups, or the public at large (Boyd et al., 2010). Twitter enables conversations to be experienced by broader audiences beyond its interlocutors. Twitter also combines other social networking sites (Boyd & Ellison, 2007) and blogs (Marlow, 2005), allowing users to connect and share their tweets across different social media platforms, including Facebook and Instagram (Boyd et al., 2010). Tweets can be published by posting on Twitter's homepage, through instant messaging, text messaging or via third-party clients, i.e., posting through Twitter's mobile application. Twitter is particularly popular as users are able to share their ideas and/or coordinate activities on the platform (Quan-Haase, Cothrel & Wellman, 2005). Although Quan-Haase et al's (2005) work predates Twitter's launch, it is still relevant due to the broader applicability of their findings on social media dynamics. Their work discussed the fundamental aspects of online social networks, as previously mentioned (e.g., sharing ideas and coordinating activities), which are core functions of platforms like Twitter. Their study provides a theoretical foundation for many social media platforms, and their insights remain valuable to understanding how social media facilitates communication and coordination among users.

A third aspect of Twitter conversation is 'retweeting', also known as 'RT.' This action allows users to re-broadcast a post by another user to their Twitter feed. Although the act of retweeting has been deemed as copying or rebroadcasting, Boyd et al, (2010) argued that the practice contributes to conversation ecology, which highlights the user's emotional intent within the shared conversation. This has been observed among notable marketers, politicians, and celebrities on the platform. Thus, the action of RT is built to invite new people to engage with a particular thread, without necessarily directly addressing the original source. Retweeting is also used to distribute information, validate, and engage with new audiences and users.

Previous Twitter research has covered many topics, including political polarisation (Conover et al., 2011), discrimination towards gender (Burger, Henderson, Kim & Zarrella, 2011), influencer culture (Bakshy, Hofman, Mason & Watts, 2011) and using Twitter data as predictive markers for flu (AchreKar, Gandhe, Lazarus, Yu & Liu, 2011). In addition, several studies have looked at mental health discourse on Twitter. For instance, Coppersmith, Dredze, Harman and Hollingshead (2015) evaluated the linguistic aspects of

mental health by identifying self-reported diagnostic statements within tweets to study a wide array of mental health conditions. In another study, Coppersmith et al (2015) analysed self-reported diagnoses using Twitter's Application Programming Interface (API). Self-reported diagnoses were identified within tweets that made statements like 'I have been diagnosed with depression.' The study identified 10 common self-reported diagnoses, such as OCD, Post Traumatic Stress Disorder (PTSD), Borderline Personality Disorder (BPD), and Attention Deficit Hyperactivity Disorder (ADHD). Self-reported diagnosis statements excluded jokes, quotes, and disingenuous statements. In total, the API collected approximately 100 posts per user. The study identified that certain mental health conditions showed different trends upon analysis. For example, anxiety was often paired with the words 'health' and 'cognitive mechanisms,' while eating disorder language was paired with words like 'ingestion' and 'negations.' The aim of these studies was to create a framework for future research on understanding online mental health discourse.

In another study by Berry et al (2017), the researchers investigated why people use Twitter to discuss their mental health issues. The researchers of the study created a unique hashtag (#WhyWeTweetMH) to gather their data for the study. Using Twitter's API, 131 tweets were collected using the hashtag. The study identified four primary themes, including: 1) sense of community, 2) safe space for expression, 3) coping and empowerment, and 4) raising awareness and combating stigma. According to Berry et al (2017), the themes highlight the therapeutic benefits of the platform when it comes to information sharing, peer support, and self-management strategies. The study also indicates that Twitter can play a role in raising awareness and reducing stigma, offering societal benefits in the process. Additional mental health research has used Twitter to measure disorders like PTSD (Coppersmith, Harman & Dredze, 2014) or to monitor online mental health discussions (McClellan, Ali, Mutter, Kroutil & Landwehr, 2017). Recent research is using machine learning tools on platforms like Twitter as a means of detecting mental health issues such as depression (Jakate, Lavangare, Bhoir, Das, & Kadam, 2023).

These previous studies underscore the value of incorporating Twitter into the present research, demonstrating potential benefits. Twitter serves as a rich data source, offering a vast amount of real-time, self-reported data on various mental health-related topics, allowing for a comprehensive analysis of mental health discourse. Additionally, earlier studies have shown that analysing tweets can highlight distinct linguistic patterns associated with mental health issues, enhancing understanding of how mental health is discussed online. Despite these advantages, few studies have employed Twitter to study mental health discourse qualitatively or to provide in-depth insights into the complexities of mental health

discussions across multiple social media platforms. This study aims to fill the gap by comparing mental health discourse across Twitter, Tumblr and TikTok.

1.6.3 An introduction to TikTok

Mobile video apps have become a popular way of disseminating information and displaying acts of creativity. These short videos seem to be the best way to sustain onlookers' attention (Hara, Mitchell & Vorbau, 2007). One video app called 'Muscial.ly' was founded in 2016 by a Chinese company known as Bytedance. The company created a secondary app called 'Douyin' before later deciding to combine both apps to create TikTok in 2017 (Montag, Yang, Elhai, 2021; Omar & Dequan, 2020; Muliadi, 2020). TikTok is a video streaming app that allows users to create, share, and watch three-minute or shorter video clips. The app is particularly popular among younger people, with 60% of its users between the ages of 16 and 24. The app has successfully attracted millions of users worldwide, with an estimated 45.8 million downloads (Hartmans, 2018). By November 2020, 800 million users were reported to be using the app.[20] TikTok videos are often highly energetic and help empower users' self-expression (Muliadi, 2020). The platform differs from other social media sites as its defining feature focuses on the expression of creativity through video (Bresnick, 2019). TikTok is unique as it is an algorithm-based platform, which determines what kind of content users will encounter. Users access this content on their 'For You' page (FYP), which is determined by artificial intelligence (Gallagher, 2021). Users also influence the algorithm by liking content and using the 'not interested' button, enabling the platform to recommend more tailored content. Although TikTok allows users to follow each other, the platform was primarily designed for entertainment purposes rather than social networking (Haenlein et al., 2020). This means that the FYP does not exclude anyone based on their following, as the platform showcases a mix of videos regardless of how many views the video clip has (Ohlheiser, 2021). This allows TikTok users to informally join communities of their choice.

Moreover, the algorithm adapts to the user's preferences, leading the app to display increasingly more content on the same topic. Communities are formed based on the user's interests, which is encouraged by the algorithm, which motivates users to explore all their interests and identities on the app (Gallagher, 2021). Video popularity is not linear on TikTok, as some videos become popular after a brief amount of time, while others gain their

[20] Aslam, S. (2024). TikTok by the numbers: Stats, demographics & fun facts. Omnicoreagency. Retrieved from: https://www.omnicoreagency.com/tiktok-statistics/

popularity through sharing activities via social media and email (Omar & Dequan, 2020). Most studies found that the majority of TikTok's users use the app passively to read, watch, and browse content (Omar & Dequan, 2020; Preece, Nonnecke & Andrews, 2004).

Mental health is a topic which is frequently explored on TikTok, specifically how users struggle with their mental health. TikTok has become a hub for sharing mental health-related experiences, with users offering support and praise while simultaneously exploring TikTok's creative aspects (Gallagher, 2021). Herrick, Hallward and Duncan (2021) explored TikTok's Eating disorder (ED) recovery content by performing a thematic analysis on the hashtag ED recovery. Although most social media platforms have censored or flagged pro-ED content, these communities continue to exist online and will often attempt to share content in hidden ways. In addition, there is a blurred line that exists between pro-ED content and thinness, which makes content difficult to control online (Cassilli, Pailler, & Tubaro, 2013; Cobb, 2017). However, TikTok, like other social media platforms, has explicitly banned eating disorder-related hashtags, especially those that promote disordered eating (e.g., #proana). TikTok banned this content in attempt to reduce further promotion of EDs (Garson, 2020; Kaufman, 2020; Lantos, 2020). TikTok's ED recovery content is currently overshadowed by the pro-ED content, which prevents more positive content from being used as a tool to assist individuals throughout recovery (Herrick et al., 2021). The study attempted to observe the pro-recovery content before TikTok was branded as a toxic application for EDs.

Herrick et al (2021) evaluated how users were expressing their personal experiences with ED recovery by exploring content under the hashtag #EDrecovery, which was the most popular hashtag related to ED recovery on the platform. For Herrick et al's study, the first 150 posts under the hashtag were collected. The study identified that TikTok users expressed their personal experiences through trendy video formats of storytelling and producing large amounts of educational content. Herrick et al (2021) identified five key themes relating to ED recovery, including 1) ED awareness, 2) inpatient story time, 3) eating in recovery, 4) transformations and 5) trendy gallows humour. The majority of the ED recovery content was created for the purpose of spreading ED awareness by sharing encouraging stories regarding personal victories. However, some content was found to be discouraging. For example, the study suggested that the fifth theme, 'trendy gallows humour,' could be harmful to some users on the platform. Previous research suggests that ED narratives of 'full recovery' versus 'struggling to recover' may reflect on how these TikTok users would perceive ED recovery (Shohet, 2007, 2018). For instance, the study's theme 'inpatient story time' refers to creators re-telling their experiences of ED treatment. Individuals who have undergone inpatient programs may find TikTok to be an empowering and therapeutic platform for content

sharing (Herrick et al., 2021). In addition, the amount of video editing (e.g., including the addition of music) that goes into each TikTok could be considered a 'creative cinematic therapy' in itself.

According to De Vos et al (2017), users with these inpatient experiences use the platform to reengage with their past in a new way, which potentially promotes personal growth and self-acceptance. While Herrick et al's (2021) study attempted to observe ED recovery content, the authors found that there was a fine line between recovery and pro-ana content, despite TikTok's efforts in removing promotive content. For example, some users produce content that combines a recovery narrative with 'before' images, which might be interpreted as a form of pro-ED content.

The study also found that creators using the ED recovery hashtag relied on some form of self-identification as being disordered to justify their experiences. Although having a medical diagnosis is not required for creators to use #EDrecovery, there is heavy use of clinical discourse among TikTok users. To quote Herrick et al (2021), 'this heavy reliance on ED diagnosis and treatment may limit access to those seeking ED recovery communities who do not have the privilege to access a formal medical diagnosis' (p.524).

1.6.4 Shadowbanning on social media platforms

The term 'shadowbanning' is believed to have originated in 2001, coined by moderators of the online forum 'Something Awful.' It described the practice of concealing posts from everyone except the original poster, leading the user to continue posting to a fictional audience (Savolainen, 2022). While the concept of shadowbanning dates back to the 2000s, by the 2010s it was also known as 'hell banning' (Nicholas, 2022; Atwood, 2011; Rao, 2013). By 2018, shadowbanning gained wider public awareness when conservatives accused Twitter of shadowbanning 'prominent republican' politicians by removing them from Twitter's search bar (Stack, 2018). Although many creators and users are now aware of shadowbanning, it remains a controversial issue. For example, platforms like Twitter, Instagram, and TikTok continue to deny the practice's existence (Savolainen, 2022).

The existence and definition of shadowbanning is one of the main controversies seen throughout the literature. Previous research suggests that 'shadow' implies that the practice has multiple levels of opacity, which keep platform users 'in the dark' about how their content is being moderated (Burrell, 2016; Eslami et al., 2015; Myers West, 2018). Nicholas

(2022) describes this practice as sending users' content to the 'shadow realm' where no one else can see it. Nicholas goes on to suggest that 'shadowban' is a term of convenience used by platform users who feel they are not getting the social media attention they deserve.

Nicholas's (2022) research considered platform users definition of shadowbanning and how they view and use the term. Although definitions of the term vary, most people understand shadowbanning as a practice where users' posts are hidden from others while appearing publicly visible to the user themselves (Nicholas, 2022). This is regarded as the 'classical' definition of shadowbanning. However, this definition no longer reflects the evolution of social media, its new features, and algorithms. As a result, this traditional view fails to encompass the various forms of content moderation, such as not sending notifications, hiding posts from recommendations, and banning search suggestions (Nicholas, 2022).

Nicholas (2022) argued that defining shadowbanning in a way that includes all existing interpretations makes the concept overly broad and therefore unhelpful. For example, the Wisconsin bill suggested that shadowban definitions sometimes encompass all forms of moderation, describing it as limiting or eliminating the visibility of a user, their content, or material they've posted. This restriction could result from actions taken by either an individual or an algorithm, whether the user is aware of it (Wisconsin Senate Bill 582, 2021). In other words, shadowbanning has become a practice that blends human and machine agency (Savolainen, 2022).

A paper by Savolainen (2022) suggested that shadowbanning is an example of algorithmic folklore, as the concept consists of beliefs and narratives about the moderation on these social media platforms. Savolainen (2022) suggests that the folklore around shadowbanning tends to repeat this practice of reducing the visibility of certain posts from the public eye without warning. In an earlier study, Blunt, Wolf, and Coombes et al (2020) employed a similar definition but noted that shadowbanning encompasses various forms beyond reduced follower engagement, including search suggestion ban and an action ban. Additionally, this research highlighted that significant shadowbanning frequently occurs within vulnerable online communities such as sex workers (Blunt et al, 2020), the LGBTQ+ community (Franzén, 2022) and mental health communities (Gillespie, 2022).

As a result, the modern understanding of the term shadowbanning no longer captures its evolved role in today's digital landscape, where algorithms and AI are increasingly used to govern and moderate online content (Savolainen, 2022; Katzenbach, 2021). Savolainen (2022) contends that the prevailing interpretation of shadowbanning corresponds closely

with the current digital context. Platform companies continue to avoid comments regarding shadowbanning by providing some information on moderation practices and suggesting that any actions taken against users, or their posts, are used to keep 'people safe' and give users 'what they want' as a form of justifying content suppression (Savolainen, 2022). Drawing on traditional understandings of folklore, Savolainen views shadowbanning as a collection of myths, stories, and narratives that have developed within communities (Savolainen, 2022; Bronner, 2007).

While digital folklore may appear disconnected from traditional contexts, Natale (2019) argues that algorithmic technologies render these myths susceptible to interpretation by AI, resulting in various narratives that help users make sense of their functionality in the online world. Savolainen (2022) proposes that shadowbanning originally appeared as a folktale in which users inferred meaning to the technological and power relations on the platforms by articulating these uncertainties within their online experiences.

Savolainen suggests that while engaging in algorithm talk does not increase the ability to understand the technicality of how algorithms work, algorithmic folklore does reveal that this idea of platform governance falls short of actionable knowledge, which remains too uncertain to be contested as a basis for claims-making. This is relevant to this thesis as the threat of shadowbanning necessitates that users exercise caution in their online interactions, regardless of its actual occurrence, thereby influencing the language and behaviour they adopt on these platforms. Chapters 5-7 of this thesis demonstrate how shadowbanning interferes with the language and construction of identity on the platform.

While the practice of shadowbanning remains a controversial topic, there is no doubt that platform users are aware of how newer technological advancements may be influencing and restricting what content is viewed publicly. Many users have even identified certain actions that have been taken against them and other content which has limited their viewability and engagement. In response to the practice of shadowbanning, many users have adopted the use of 'algospeak' in an attempt to further avoid shadowbanning on popular social media sites like TikTok, as it's a known algorithmically programmed platform (Steen, Yurechko & Klug, 2023).

Algospeak is defined by abbreviating, misspelling, or substituting a certain word, such as 'seggs' for 'sex' (Curtis, 2022; Delkic, 2022). Users participate in algospeak in an attempt to avoid the platform's content moderation systems (Levine, 2022). Although algospeak is a linguistic phenomenon that exists across many social media sites, it is largely associated with

TikTok (Lorenz, 2022). While previous linguistic phenomena pre-existed algospeak (e.g., Textspeak), linguistic modifications enabled users to communicate more easily within their online communities, which aid their online identities and self-presentations (Herring & Kapidzic, 2015; Lee, 2014; Seargeant & Tagg, 2014). However, according to Steen et al (2023), algospeak is not used to establish online identities or to gain community membership; it is simply used in reaction and to bypass content moderation on the platform.

TikTok stated that any content posted on the platform is processed through TikTok's algorithms, which is then reviewed by human moderators, and actions are taken if the content violates community guidelines (TikTok, 2021). Notably, the number of videos removed saw an increase between 2020 and 2022 (Statista, 2023c). The main reasons for removing content were related to adult nudity, illegal activities, and minor safety (Statista, 2023b). Malik (2022) contends that many of these incidents are inconsistent, lack transparency, and disproportionately target groups such as the LGBTQ+ community, disabled individuals, and obese users who do not breach the platform guidelines (Zeng & Kaye, 2022). This includes videos on topics like sex education, mental health, and LGBTQ+ activism that do not violate TikTok's community guidelines (Steen et al., 2023).

Steen et al.'s (2023) study interviewed TikTok users who used algospeak when creating and sharing videos. They compiled a list of algospeak examples including auti$m (autism), depressi0n (depression), kermit sewer slide (commit suicide), le$bian (lesbian) and unalive (dead, suicide). The study concluded that the use of algospeak tends to increase as users experience unjust content moderation. Participants of the study acknowledged that they initially used algospeak as a substitution for video captions and hashtags that the users originally thought were inciting the algorithmic content moderation. The participants later realised that TikTok's content moderation was able to learn the semantics of algospeak and subsequently ban them. As a result, many users have resorted to using emojis, making gestures, miming, and whispering certain words to avoid further content moderation. However, since TikTok heavily relies on machine learning tools and algorithmic detection for content review, the study found that its moderation often fails to grasp specific topics users discuss. This indicates that TikTok may impose restrictions on certain content by default, which is problematic given that algospeak evolved largely among creators from marginalised communities, whose content seems unfairly targeted despite adhering to the platform's guidelines.

Research by Franzén (2022) analysed the censorship and shadowbanning of LGBTQ+ creators on TikTok, which resulted in the use of 'le$bean.' The study observed discussion

surrounding the content moderation and algospeak on the Reddit forum r/actuallesbians. Previous research by Ryan, Fritz and Impiombato (2020) discovered that LGBTQ+ related hashtags had been suppressed on TikTok in at least eight different languages. The study found that TikTok was categorising LGBTQ+ community's content in the same way as terrorist groups and being suppressed and controlled on the platform (Ryan et al., 2020).

However, Franzén's (2022) study identified two themes within the lesbian community, including 1) the algorithm as it is and 2) the algorithms as you make them. The first theme relates to the theory that the algorithm has a set code that is unchangeable, which means that creators must conform to the platform's norms to avoid counteraction. The second theme suggests that platform users believe that they can influence the algorithm to align with their preferences. For example, users believe they can change the algorithm by engaging with specific content through likes, comments, and searches, thereby guiding the algorithm to display similar content in the future. Those who subscribe to the second theme also believe that diverse communities can thrive on these platforms, provided you explore more niche areas of the online community.

The study also revealed that while there is discussion about shadowbanning on Reddit, searching the words 'shadowbanned' or 'TikTok censorship' rendered zero results on the platform (Franzén, 2022). Other research by Gillespie (2022) looked at how platforms have moderated borderline personality disorder (BPD) content. Platforms such as YouTube and Facebook have policies in place to restrict 'borderline content' as they view the content as potentially harmful and misinforming users. These guidelines also apply to videos claiming that the Earth is flat and making false claims about historical events like 9/11. This suggests that harmful content is being characterised on a spectrum. In other words, content that approaches the violation of community guidelines is included, though some argue that borderline content does not.[21]

The concept of 'borderline content' policies has now caught the attention of other platforms, leading them to adopt similar measures. For instance, platforms like Twitter, TikTok, LinkedIn, Tumblr, Reddit, and Instagram have all implemented strategies to address such content.

[21] Maddox, J., & Malson, J. (2020). Guidelines Without Lines, Communities Without Borders: The Marketplace of Ideas and Digital Manifest Destiny. Social media + Society, 6(2), 1-11. Retrieved from: https://journals.sagepub.com/doi/pdf/10.1177/2056305120926622.

The findings sections of this study will delve into various examples of algospeak, including terms such as ‘unalive’ and other phrases related to suicide (see chapters 5-7). These terms may initially appear to be humorous or ‘cutesy’ approaches to discussing a serious topic. However, they reflect a strategic modification by users in the way they discuss mental health topics, influenced by the platform’s operational dynamics. Specifically, these modifications are employed to circumvent instances of ‘shadowbanning.’ This exploration will shed light on how each platform’s algorithmic governance impacts user communication strategies, particularly in sensitive areas such as mental health.

Previous research has demonstrated the importance of using TikTok to investigate various mental health issues (see Herrick, Hallward & Duncan, 2021. These issues are often shared through creative and engaging video formats, such as storytelling, educational content, and transformative narratives, which foster a sense of community and support among users. Despite TikTok’s efforts to moderate harmful content, the platform still harbours a mix of beneficial and harmful material, which may influence how users discuss mental health online. Additionally, the phenomenon of algospeak, as explored by Steen, Yurechko, and Klug (2023), reveals how users modify their language to avoid content moderation, a practice particularly prevalent among marginalised online communities. This adaptation highlights the dynamic nature of online discourse and the importance of understanding the strategies users employ to communicate sensitive issues.

Furthermore, the presence of shadowbanning and its impact on content visibility, as discussed by Franzén (2022), emphasises the need to study how platform algorithms affect the dissemination of mental health information. Thus, including TikTok as the third platform in this study can help facilitate our understanding of how content and platform moderations interact with the ways users discuss mental health online.

1.7 The outline of the thesis

Throughout this introductory chapter, I have explored the history and prevalence of mental ill health and its relevance in online spaces. I have also introduced the study, set out the research aim and objectives, and presented the conceptual framework that underpins this research.

Chapter 2 presents the literature review, beginning with a broad examination of mental health to gain a comprehensive understanding of the multiple influences on mental health discourse and identity formation. This broad perspective allows for the identification of overarching patterns and connections before focusing on the specific aspects of this study. This chapter initially reviews claims made in the news and media suggesting that social media exacerbates mental health issues, including concerns about the impact of the COVID-19 pandemic. It then considers the role of platform interventions and mental health governance, such as tools designed to identify social media users who may be struggling and the use of trigger warnings (TW).

The literature review then narrows to the core issues of this study, examining the medicalisation of social problems, the expansion of diagnostic criteria in the DSM, and the critiques of the DSM 's tendency to treat social issues as purely clinical. This discussion provides a foundation for understanding the emergence and use of illness identities. The chapter then explores online communities, including research on Pro-Ana communities and the rise of self-diagnosis online, before examining labelling theory and how users actively seek out and adopt diagnostic labels within these spaces.

Chapter 3 focuses on the theoretical frameworks that underpin the study's findings, providing tools to interpret and understand the results in depth. It begins with Erving Goffman's concepts of self-presentation and their application to online environments. This is followed by an exploration of online social surveillance and its influence on how users present themselves and interpret others' content. The chapter also examines the loss of meaning in modernity, offering insight into the significance of illness identities. Finally, Chapter 3 introduces the concept of folklore, including its history, examples over time, and relevance in digital contexts such as meme culture. This discussion highlights how mental health has become intertwined with folkloristic forms of multimedia and the implications of this for the cultural medicalisation of everyday life.

Chapter 4 details the methodological approach of netnographic content analysis (NCA), which explores how online users discuss mental health across TikTok, Twitter, and Tumblr. I explain my approach to observing and analysing users' content across each of these platforms. I discuss my approach to collecting social media data and the techniques used, as well as the rationale for initially incorporating semi-structured qualitative interviews as a secondary part of my data collection, which was subsequently discounted. Although a small number of interviews were conducted, the data were ultimately not included in the analysis presented in this thesis. The reasoning for this decision is explained in section 4.15.1. I also

provide an explanation of why I combined Netnography and Ethnographic Content Analysis (ECA) and acknowledge both the limitations of this approach and the ethical procedures undertaken.

Chapters 5-7 detail the key findings of this research, which are organised around three main themes: Humour, Individualisation, and Self-Expression. Each chapter begins with a historical overview and definition of each theme, followed by previous research, as well as research that relates to social media and/ or mental health, followed by examples from each data set and each platform that explore various sub-themes and patterns. At the end of each findings chapter, the results are synthesised and discussed in relation to the theoretical frameworks outlined in Chapter 3.

In chapters 5-7, I also bring together the main findings of my three analysis chapters to reflect on the deeper meaning of how mental health discourse is shaped and influenced by social media platforms and the implications for identity formation in online spaces. In addition, I explore additional themes that were identified during data collection that were not explored at length in the analysis chapters but nonetheless contribute to the broader understanding of online mental health communities and identity construction. Lastly, I emphasise any other overarching themes and points that I discovered throughout my thesis, particularly the role of algorithms in reinforcing self-perceptions and the 'looping effect' where users' exposure to mental health narratives perpetuates and validates their illness identities.

Finally, in Chapter 8, I draw conclusions for my thesis. I begin by summarising the main findings and then highlight its key contributions, including insights into the intersection of technology, culture, mental health, and the role of illness identities. A notable contribution that I make is the innovative methodological approach that integrates netnography and ethnographic content analysis (NCA), offering a more profound understanding of online mental health discourse. Additionally, this study contributes to the growing body of comparative platform literature, especially regarding TikTok, and highlights the evolving influence of therapy culture in digital spaces. This chapter also discusses the limitations of this study, followed by suggestions for further research. Lastly, I reflect on the challenges and benefits of my doctoral journey.

Chapter 2: A Literature Review of Mental Health in the Digital Age: Social Media, Medicalisation, and the Construction of Identity.

2.1 Introduction

This chapter provides a critical review of the literature relevant to this study, bringing together two key strands of research: the relationship between social media and mental health, and the broader cultural context of therapy, medicalisation, and identity formation. In doing so, the chapter establishes a comprehensive foundation for understanding how mental health is discussed, performed, and negotiated in digital spaces.

The chapter begins by situating mental health within the context of social media, a topic that has received considerable attention in both academic and public discourse. Much of the existing literature focuses on the negative impacts of social media, including concerns that it exacerbates mental health issues through excessive use, exposure to harmful content, or the pressures of online self-presentation. These concerns intensified during the COVID-19 pandemic, when online activity surged and mental health services were increasingly mediated through digital technologies. Additionally, there has been growing interest in the use of algorithmic tools and machine learning for early detection of mental health issues within online communities, an approach that reflects broader shifts towards digital intervention and surveillance.

Alongside this, the chapter explores trigger warnings and content moderation, which have become central to online mental health discourse. These measures reflect changing norms around emotional safety, censorship, and responsibility, and raise important questions about how online environments are shaped by platform governance. The chapter also considers the rise of mental health and wellbeing apps, which promote therapeutic values and self-improvement logics, further illustrating the expansion of the digital mental health ecosystem. These broader developments inform how users talk about, understand, and manage mental health online, often in ways that blur the boundaries between care, commerce, and community.

In addition to this digital context, the chapter engages with critical perspectives on therapy culture and the medicalisation of everyday life. Drawing on sociological critiques of the disease model, it examines how identity and emotional experiences have become increasingly subject to diagnostic categorisation. This includes the expansion of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the rise of psychological therapies and pharmaceuticals, and the tendency to pathologise ordinary emotional responses to social problems, such as grief or distress. The chapter revisits key studies, such as Rosenhan's (1973) *On Being Sane in Insane Places*, to highlight the enduring questions about psychiatric legitimacy and the social construction of mental illness.

Building on this, the chapter traces the emergence of online mental health communities as spaces where users seek validation, share experiences, and construct illness identities outside of formal healthcare systems. These communities have a long history and play a formative role in shaping how users express and perform mental distress online. Early forums focused on self-harm, suicide, and eating disorders laid the groundwork for contemporary platforms like Tumblr, TikTok, and Twitter, where mental health discourse has become both hyper-visible and increasingly aestheticised. These spaces allow for support and solidarity, but also raise concerns around performativity, self-diagnosis, and the reinforcement of labels as identity markers.

Finally, the chapter considers the rise of self-diagnosis and its relationship to identity, recognition, and stigma. Using labelling theory and critiques of therapeutic culture, it explores how psychiatric language is adopted and adapted by users online, not only as a way of seeking help, but also as a means of making the self legible in a digital environment. In this context, traditional values and collective meanings appear increasingly displaced by individualised narratives of trauma, vulnerability, and emotional struggle, highlighting the broader cultural shifts that underpin this thesis.

Taken together, this chapter offers a comprehensive review of the literature that informs the study, examining both the macro-level developments in therapy culture and mental health discourse, and the micro-level dynamics of digital self-presentation and identity formation. By mapping these interrelated strands, the chapter lays the groundwork for the empirical analysis that follows.

The remainder of this chapter is organised into eight sections. Section 2.2 explores how news media have constructed a narrative of mental health crisis, including its amplification during the COVID-19 pandemic. Section 2.3 examines platform-level interventions and mental

health governance, including the role of trigger warnings, wellbeing apps, and predictive technologies. Section 2.4 addresses the broader cultural shift from social problems to medical diagnoses, tracing the rise of medicalisation and its influence on identity. Section 2.5 focuses on the Diagnostic and Statistical Manual of Mental Disorders (DSM), analysing its role in defining and shaping mental illness. Section 2.6 explores the evolution of online communities and their role in forming mental health and illness identities. Section 2.7 investigates the phenomenon of self-diagnosis within digital spaces, while Section 2.8 considers the influence of labelling, stigma, and the performance of identity online. The chapter concludes in Section 2.9 by drawing together the main arguments and outlining how this literature informs the empirical focus of the thesis.

2.2 News media and the mental health crisis

The notion that social media coincides with the worsening of mental health has been a continuous cause of concern within newspaper and journal articles, which proclaim that heavy social media use is linked to poorer mental health. For instance, recent news articles included the following titles: ‘Six ways social media negatively affects your mental health’ (Barr, 2022), ‘Social media: how to protect your mental health’ (The Conversation, 2022), and ‘Global study finds ‘alarming’ link between social media use and eating disorders’ (Theocharous, 2023).

While all these articles recognise social media as a factor that can negatively impact people’s mental health, they exhibit considerable variability and a lack of clarity regarding the specific mechanisms by which this impact occurs, as each article proposes varied pathways and effects. For example, previous journal articles focused on the negative effects of social media, including the promotion of stress (Meier, Reinecke, & Meltzer, 2016), loneliness (Liu & Baumeister, 2016), and depressive symptoms (Appel, Gerlach, & Crusius, 2016). Recent studies have utilised social media as a tool to predict online users’ mental health status (Chancellor & De Choudhury, 2020) by examining the link between time spent on social media and mental health (Coyne, Rogers, Zurcher, Stockdale & Booth, 2019).

Additionally, research has investigated the impact of social media use on mental health during the COVID-19 pandemic (Sujarwoto, Saputri & Yumarni, 2023; Zhong, Huang & Liu, 2021; Zhao & Zhou, 2020). These studies suggest that a ‘disaster stressor’ like a pandemic may amplify social media’s role as a risk factor for mental health issues, contingent on the amount of time spent online. This chapter will further explore the effects

of COVID-19 and social media on mental health, highlighting how information on mental health is disseminated online, and how news media scaremongering can shape societal perceptions that external factors like COVID-19 lead to a rise in mental health issues, thereby reinforcing self-beliefs and attributing illness identities.

Further research has evaluated the impact of time spent online on mental health by looking at passive social media use (PSMU). PSMU refers to the behaviour of endlessly scrolling through social media feeds without actively engaging with content or other online users (Aalbers, McNally, Heeren, De Wit & Fried, 2018). Many studies suggest that engaging in PSMU could lead to poorer well-being (Winstone, Mars, Haworth & Kidger, 2023; Yue, Zhang & Xiao, 2022; Aalbers et al., 2018) specifically noting an increase in depressed mood (Frison & Eggermont, 2016) and loneliness (Mellor, Stokes, Firth, Hayashi & Cummings, 2008). An article by the Telegraph claimed that those who spend three or more hours a day online are more likely to report feelings of depression, anxiety, and loneliness compared to infrequent users of social media (Donnelly, 2019).

While claims-makers cannot conclude causation, they suggest that users should reduce their time spent on social media to see an improvement in mental well-being. Furthermore, Gonzales and Hancock (2011) suggest that engaging in self-promotive behaviours online contributes to low levels of self-esteem, e.g., revisiting previously posted photos, biographical data, and viewing a user's own profile page.

Moreover, other news articles are concerned that individuals are exaggerating their emotional problems online through posts to gain attention. This type of online behaviour was dubbed 'sadfishing' by some press and categorised as a 'behavioural trend' aimed at generating sympathy (Coughlan, 2019). Some reports in the popular press suggest that people engage in so-called 'sadfishing' partly as a way of seeking support or attention. These same reports also caution that, if such posts are misunderstood by other users, the person posting may be left feeling worse rather than helped. Although there is no reliable method for identifying whether someone online is in a genuine crisis, news media frequently encourage social media users to look out for signs of distress in others' posts, as these may hint at underlying mental health difficulties. Hebert (2024) refers to this act as 'attention-seeking behaviour' as a means of receiving sympathetic comments and reactions from online users. While popular psychology claims that people are more likely to sadfish if they have an anxious attachment style and require more validation through consistent online engagement. The article contends that there is a difference between 'sadfishing' and being vulnerable

online, but misinterpreting someone's post can prevent individuals from receiving the help and support that they need.

We might expect such concerns to be further amplified during periods of heightened isolation and digital dependence. In March of 2020, the world encountered the onset of a global pandemic caused by the coronavirus (COVID-19). As countries implemented lockdowns to control the outbreak, claims-makers began to surface, warning that we were facing 'a pandemic of mental health disorders.' They predicted that a 'pandemic of severe depression and anxiety' would sweep across the globe due to rising unemployment rates as a consequence of COVID-19 (Daley, 2020). In addition, other news articles proclaimed that the pandemic had contributed to the development of psychological symptoms (Made in America, 2020), in particular, an increase in levels of anxiety and stress (Mathers, 2020).

According to the World Health Organisation (WHO), the global prevalence of depression and anxiety increased by 25% during the first year of the COVID-19 pandemic (WHO, 2022). Other research focused on the dissemination of information, noting that during the pandemic, the public was continuously informed about the prevention and intervention strategies and exposed to daily updates on social media (Bao, Sun, Meng, Shi, & Lu, 2019). There was concern that an overload of social media (mis)information could lead to mental health problems (Bontcheva, Gorrell & Wessels, 2013; Roth & Brönnimann, 2013; Gao et al.,2020). Previous research by Neria and Sullivan (2011) suggested that exposure to trauma through the media could worsen symptoms of PTSD. In an age of heightened information seeking, exposure to misinformation has been referred to as an 'infodemic' (Zarocostas, 2020).

While content on public health has previously populated platforms like YouTube and Instagram, COVID saw a movement of information being disseminated on newer platforms like TikTok (Sehl, 2020; Basch, Hillyer & Jaime, 2020). TikTok was used as a tool by public health professionals to communicate health information (Basch et al., 2020). In China, both medical staff and the general public utilised mental health education on platforms like WeChat and TikTok during the pandemic (Made in America, 2020). Basch et al's (2020) study analysed TikTok videos associated with the hashtag 'coronavirus' and discovered that 1 in 10 videos discussed the transmission of COVID, and the symptoms and prevention methods. They also discovered that 'anxiety' and 'quarantine' were the most discussed topics on TikTok (Basch et al., 2020).

Although previous research has observed the dissemination of health information on other platforms during outbreaks like Ebola and Zika (Odlum & Yoon, 2018), the concern during the pandemic centred on how the idea that anxiety should be widespread was disseminated. For example, Dodsworth and Frawley (2020) explored the impact of lockdown on the nation's mental health. Their study revealed that as many as 10 million individuals, including 1.5 million children, felt they required new or additional mental health support. Moreover, 15% reported feeling depressed, anxious, or fearful due to the government's COVID-19 advertising, resulting in fewer people accessing mental health services per month in 2020 compared to 2019.[22]

Furthermore, an article in The Guardian by Korducki (2022) suggested that the pandemic may have incentivised individuals to seek ADHD diagnoses, which were easier to obtain during this time, leading to a surge in prescriptions for treating the condition. In addition, TikTok and Instagram heightened the visibility of ADHD through hashtags and platform algorithms, effectively promoting ADHD treatment. While the current study does not primarily focus on COVID-19 and mental health, it was important to include this information as the research took place during the pandemic.

Therefore, to some extent, the data collected may have been influenced by the prevailing circumstances. In addition, there are similarities in the dissemination of information and its influence on society's perception of life as potential mental health issues, a pattern reflected throughout the finding's sections of Chapters 5-7.

This entanglement of social conditions, media, and mental health discourse has not gone unnoticed on the platforms themselves.

2.3 Platform interventions and mental health governance

An emerging body of research has explored how digital platforms increasingly govern mental health through predictive technologies, content moderation systems, and harm minimisation strategies. These practices often reflect a technocratic logic, where mental

[22] Dodsworth, L., & Frawley, A. (2020). The government's lockdown campaign of fear. People's Lockdown Inquiry. Retrieved from: https://peopleslockdowninquiry.co.uk/articles/the-governments-lockdown-campaign-of-fear/#post-225-ref-3

distress is reframed as a data-driven problem, something to be monitored, managed, and pre-empted. For instance, researchers have developed machine learning models to detect signs of emotional struggle on social media platforms. One early and influential study identified markers of Major Depressive Disorder (MDD) among Twitter users by analysing behavioural patterns such as reduced social interaction, negative affect, self-referential language, and expressions relating to medication and religion (De Choudhury, Gamon, Counts, & Horvitz, 2013). Coppersmith, Dredze, and Harman (2014) extended this approach, seeking linguistic and behavioural indicators of PTSD, Bipolar Disorder, and Seasonal Affective Disorder (SAD).

While these studies represent significant advances in mental health informatics, they rely on the assumption that users disclose meaningful symptoms online. Consequently, individuals who do not present in expected or detectable ways remain absent from these predictive models (Coppersmith et al., 2014). Although much of this work focuses on textual data, other studies have turned to visual media. Reece and Danforth (2017), for example, analysed Instagram photos for signs of depression, evaluating features such as colour palette, number of people depicted, and time of day. Drawing on earlier work by Carruthers et al. (2010), they suggested that darker imagery may correlate with emotional distress. However, such approaches are grounded in the premise that online activity transparently reflects psychological states. From a constructionist perspective, this is a problematic assumption. Social media posts are not neutral expressions but are shaped by self-presentation, social norms, and platform affordances. Rather than treating these expressions as diagnostic symptoms, a constructionist view considers them as culturally and socially situated performances. While automated systems may be designed to detect unacknowledged mental health challenges, this often overlooks the symbolic, relational, and communicative functions of such content. The present study does not adopt a diagnostic lens but instead focuses on the cultural significance of mental health discourse, the forms and ease of self-disclosure, and how these practices relate to the construction of identity.

Ethical concerns also emerge in relation to data interpretation and validation. Privacy restrictions often prevent researchers from directly engaging with users, leading many to infer mental health status through proxies such as hashtag use or community participation (Coppersmith et al., 2014; Mitchell, Hollingshead & Coppersmith, 2015). These methods risk collapsing complex, multifaceted experiences into binary diagnostic categories. For instance, repeated engagement with mental health communities or use of hashtags may be interpreted as evidence of pathology (Jamil, 2017; McManus et al., 2015; Shen et al., 2017; Cai, Wei & Cai, 2024). However, these behaviours may also signify identity exploration,

community-building, or acts of political or cultural expression, rather than symptoms in a clinical sense. From a constructionist position, digital expressions of distress can be viewed not simply as indicators of psychological suffering but as acts of meaning-making, legitimacy-seeking, and negotiation of social belonging.

Altable (2012) critiques the tendency in such studies to overlook the absence of clinical interviews or context, highlighting the limitations of algorithmic classification. A constructionist approach instead focuses on how mental health is enacted and made meaningful through digital practices. This study explores how the language of distress functions as a communicative resource shaped by platform features, subcultural norms, and user intentions rather than a direct reflection of internal states. Existing literature often overlooks how the language of mental health contributes to identity formation and social positioning within digital subcultures. Communications are frequently treated as transparent indicators of mental states, rather than strategic, situated acts of cultural expression. In contrast, this study foregrounds how mental health language is used, the forms it takes, and how it circulates, particularly in relation to sensitive topics like suicide and self-harm.

A parallel body of work has explored how certain online communities may perpetuate harmful behaviours, particularly in relation to eating disorders. Studies on ‘pro-ana’ and ‘thinspiration’ forums suggest that such spaces may delay recovery or reinforce damaging self-concepts (Ransom et al., 2010; Williams & Reid, 2010). While automated detection systems are sometimes proposed as tools for early intervention, these approaches often assume that the content is pathological in nature, thereby neglecting its community-based or expressive dimensions. This thesis does not seek to classify such content diagnostically. Instead, it investigates how users discuss distressing topics, what types of content are produced and circulated, and how these are shaped by algorithmic visibility and community norms.

The use of trigger warnings (TWs) further illustrates the cultural dynamics of online mental health discourse. Originating in online spaces for survivors of sexual violence, TWs have since become a widespread practice across social media, education, and entertainment (Jones, Bellet & McNally, 2020). They function as notices alerting viewers to potentially distressing material, allowing users, particularly those who identify with trauma experiences, to prepare for or avoid certain content. Yet the rise of TWs has sparked debate. Some scholars argue they support inclusivity and acknowledge lived experiences (Karasek, 2016), while others suggest that they risk pathologising a broad range of emotional reactions and may contribute to the formation of trauma-based identities (Berntsen & Rubin, 2006; Brown

et al., 2010). Carter (2015), for instance, critiques the contemporary use of terms like 'trauma' and 'trigger,' suggesting they collapse nuanced emotional and political responses into clinical language, conflating discomfort with psychological harm.

Empirical studies offer mixed findings. Bellet, Jones, and McNally (2018) found that TWs had minimal impact on viewers without trauma histories, though they slightly reduced emotional resilience in future exposures. Other studies suggest that TWs may reduce short-term distress but could also encourage avoidance, a strategy linked to longer-term difficulties in processing distressing experiences (Sanson, Strange & Garry, 2019; Hofmann & Hay, 2018; Foa & Kozak, 1986; Brewin & Holmes, 2003). However, this literature often focuses on educational settings, with limited attention to how TWs are used and understood within social media ecosystems. In these spaces, TWs serve not only as content filters but also as expressions of community values, platform etiquette, and discursive positioning. While this study does not focus in depth on TWs, it considers how communicative practices such as disclaimers, hashtags, and content warnings mediate how mental health content is shared, interpreted, and responded to.

Therefore, the literature reviewed in this section informs an understanding of the digital mental health ecosystem as shaped not only by predictive technologies and platform design but also by everyday user engagement. This thesis examines how social media, identity construction, and mental health language intersect in online environments. Mental health apps also play a central role in this landscape, offering tools for emotional tracking, therapy, and self-help under the guise of empowerment and care. Yet this engagement is not neutral; it reflects broader social and technological trends, including responsibilisation, datafication, and the platformisation of care. Through gamification, push notifications, and personalised metrics, such apps encourage ongoing participation in systems where emotional categories and therapeutic norms are increasingly shaped by commercial and algorithmic interests.

This thesis approaches the digital mental health landscape not as a space of objective diagnostic tools, but as a cultural and communicative system. Here, users are not passive recipients of mental health narratives but active participants in their construction, navigating tensions between personal experience, cultural norms, and platform logics.

This framing highlights how digital spaces serve as sites where meanings of mental health are negotiated and reinforced. To understand how these meanings take shape, it is necessary to consider the broader historical shift in how society has come to interpret distress, not

simply as a social or moral issue, but increasingly through the language of medicine and diagnosis.

2.4 From social problems to medical diagnoses: The expansion of medicalisation

While mental health literature historically supported the disease model, it has become hegemonic within mental health practice and discourse, asserting its dominance as the prevailing framework through which mental health issues are understood, diagnosed, and treated. Despite this dominance, voices like Peter Kinderman (2014) advocate for a shift towards adopting more psychological and social approaches to address emotional distress. He acknowledges that states of anxiety and depression are common human experiences, and many people know others who have faced significant mental health challenges. Yet, Kinderman critiques the current discourse within psychiatry and psychology, noting that it often relies too heavily on the disease model. This approach suggests that without an identifiable illness, there is no problem, which can limit individuals' access to support. As a result, help is often reserved for those who meet diagnostic criteria and receive medical treatment, rather than those who benefit from psychological or social interventions.

The disease model's focus on symptoms of illnesses and diseases has influenced how people perceive personal responsibility for their mental health. Consequently, campaigns have surfaced to reduce mental health stigma and discrimination. Nonetheless, many of these campaigns still reference the medical model, often using slogans like 'mental illness is as real as a broken arm,' reinforcing the notion that individuals are 'sick' or 'ill.' At the time, the system prioritised identifying pathologies within individuals over recognising social causes. This enabled professional bodies to treat 'illnesses' with drug treatments, benefiting pharmaceutical companies. Over the past decade, there has been an attempt to move away from this strictly medical model by incorporating a more social perspective on mental health. Claims-makers aimed to highlight the social factors contributing to mental health issues.

However, this shift has resulted in an unintended consequence: the pathologisation of various aspects of everyday life. Instead of truly addressing social problems, the focus has shifted to medicalising them, framing social issues as causes of 'mental ill-health.' This tendency to medicalise social problems has further entrenched the medical model in a new guise. In Kinderman's (2019) book, he argues that diagnoses often do not match the pattern of problems an individual presents with. For example, despite the unproven 'chemical

imbalance theory,' drug treatments impact mood as they are designed to alter brain chemicals within the synapses. Consequently, many psychologists do not question the disease model and its ethical issues, preferring to embrace and practice more traditional methods. However, other psychologists argue that a significant portion of psychiatric practice addresses what are essentially normal emotional reactions to challenging life events. In his view, psychiatry should focus less on typical human responses to everyday difficulties.

Adopting a social psychiatry model can help reconceptualise mental health conditions like schizophrenia as natural responses to challenging life experiences, encouraging a more compassionate understanding. By focusing on social factors, this approach frames mental health issues as social problems rather than purely biological or medical conditions. While acknowledging that physical and biological factors do play a role, the emphasis shifts away from diagnosis and drug treatments towards social and psychological support. This perspective encourages people to view their difficulties as manageable problems, promoting recovery based on adaptation rather than medical treatment or cures. Additionally, this model calls for changes in psychiatric language by moving away from terms like 'symptoms' and 'illnesses' and minimising the long-term use of medication (Kinderman, 2014).

In online mental health ecosystems, diagnostic language naturally dominates conversations, while other approaches and treatments appear more marginalised. This emphasis on diagnosis reinforces a medicalised view of mental health, where individual experiences are categorised and treated within a narrow framework. Historically, mental illnesses were viewed as protection from moral judgements. For example, if a person was not labelled 'ill,' they would be deemed lazy or weak. Thus, moral judgements are an addition to illness labels and are not viewed as alternatives like sexuality. When the psychiatry movement was booming, homosexuality co-existed alongside the growth of medicalisation and the implementation of various treatments. Although homosexuality was once classified as a mental illness, it is a stretch to claim that illness labels exist to protect us. Instead, it is likely that using the disease model to frame our thinking supports the idea of physiological pathology, which supports derogatory moral attitudes (Kinderman, 2019, p.7).

Kinderman (2019) argues that the diagnostic approach can be harmful because it assumes that only formally recognised 'illnesses' are real. How we conceptualise mental health deeply affects lived experience. For instance, beliefs about life's meaning or bleakness may not manifest as symptoms of illness but reflect learned worldviews, complicating the boundary between 'sane' and 'insane.' If diagnostic definitions are too narrow, they risk

excluding many experiences; if too broad, they risk pathologising normal human struggles ('the whole human race are involved in the drag-net,' The Times, 1854, p.13).[23] These tensions illustrate ongoing challenges in reliably categorising mental health conditions (Kinderman, 2019, p.13).

This is relevant to the thesis because if the categories used in diagnosis are socially constructed or inconsistently applied, online mental health discussions may be shaped by contested or unstable meanings. This can influence the authenticity and formation of users' self-identities, potentially leading to advice and self-help practices that reflect dominant medical narratives rather than individual lived experiences. Kinderman's (2019) critique of diagnostic cultures also helps explain the appeal of mental health apps, which, although not official diagnostic tools, frequently adopt clinical language to frame users' behaviours and emotional states. From a social constructionist perspective, this reflects a broader cultural shift in how distress is understood, not as an individual moral or existential struggle, but as a set of symptoms to be managed. By engaging with these apps, individuals may begin to interpret everyday experiences through a medicalised lens, reinforcing culturally sanctioned illness identities. This thesis explores how such framings are not neutral but embedded in platform design and social norms, shaping how people articulate and make sense of their emotional lives.

One of the clearest examples of how medicalised framings shape our understanding of everyday experiences can be found in the evolution of formal diagnostic systems like the DSM. In particular, the DSM-5 demonstrates how increasingly broad definitions of mental disorders have reclassified normal human experiences, such as grief as symptoms of pathology. This expansion of diagnostic boundaries reflects deeper ideological shifts in the governance of emotion and mental health, where social problems become increasingly absorbed into the medical domain.

2.4.1 The medicalisation of social problems

The DSM-5 has expanded beyond this, enabling patients to receive a diagnosis of MDD two weeks following a bereavement. They made this alteration once 'grief' became known as 'bereavement,' which was later considered a mental illness. The purpose of the expansion was to enable more patients to have access to psychological and drug treatments (Kendler,

[23] Quote found on The Times archives: www.thetimes.co.uk/archive

Myers & Zisook, 2008). These changes are particularly beneficial for the US-based health systems, as a person with a diagnosis can help funders agree to the cost of treatment.

Furthermore, it seems that diagnosis is not only useful for health systems but can also be used as a valid reason for taking a leave of absence from work. Okuda (2020) explored the increasing number of people taking depression-related absenteeism in Japan. The study explored the rise of this type of absenteeism, which is influenced by social factors that contribute to the medicalisation of social problems.

In Japan, social factors are corporate systems which affect working people's psychology and mental health, driven by media coverage on disease awareness campaigns, which are often supported by pharmaceutical companies to help boost sales. The study used two independent surveys to identify social factors behind the rising number of individuals taking a leave of absence. A total of 50 men and women with a history of depression-based absenteeism took part in the study. They were each re-evaluated by six physicians post-interview and provided with new diagnoses. The study concluded that the rise in depression-related absenteeism was due to individuals wanting to escape from harsh working environments. From a cultural perspective, Japan's work ethic is known to overwork individuals. Despite mental illness remaining relatively taboo within Japanese societies, it may become an increasingly used excuse to escape from overwork (Okuda, 2020).

The study found that patients would visit their doctor and present with symptoms of depression in order to receive a diagnosis, which would guarantee them a leave of absence from work. A diagnosis was often provided even if the patients failed to meet the criteria following the DSM-5 guidelines. They found that physicians often provided a diagnosis out of sympathy for the patient. Although work-related social problems are often addressed by public policy measures, they are still subject to medicalisation. The study also highlights how often patients engage in 'self-medicalisation' as a way of providing a solution to social problems, which only contributes further to the medicalisation of social problems (Okuda, 2020).

Okuda's research explains why social media users self-diagnose with mental health issues, using this as a means to address or rationalise their social difficulties. Chapters 5-7 further explore this pattern, suggesting that some users may self-identify with a mental health issue as a way of seeking validation and reaffirming beliefs about the self.

These dynamics underscore the socially constructed nature of psychiatric categories, drawing attention to the ways in which diagnostic labels are mobilised, negotiated, and applied within specific cultural and institutional contexts. Rather than reflecting an objective reality, diagnoses can operate as strategic tools, both for navigating social systems and for articulating lived experience. This concern with the instability and context-dependence of psychiatric knowledge echoes earlier critiques of diagnostic practices.

Rosenhan's (1973) landmark study critically challenged the validity and reliability of psychiatric diagnosis amid the rising influence of the anti-psychiatry movement, which questioned the power and impact of diagnostic labels (Cummings, 2017). He highlighted how definitions of 'normality' and 'insanity' are culturally and socially contingent, arguing that diagnostic categories are less fixed and objective than commonly assumed. Crucially, Rosenhan questioned whether symptoms leading to diagnosis originate from individuals themselves or are shaped by their social and institutional environments.

In Rosenhan's study, psuedopatients feigned auditory hallucinations and were admitted to psychiatric hospitals, where they were diagnosed primarily with schizophrenia. Despite behaving normally afterwards, they were not recognised as 'sane' by hospital staff and remained bound by their diagnostic labels until discharged with the ambiguous status of 'schizophrenia in remission' (Rosenhan, 1974). This illustrated how diagnostic labels can override the nuanced and context-dependent ways individuals express distress, positioning them within a fixed medical identity. Rosenhan argued that psychiatric practice is inclined toward what he called a 'type 2 error,' a tendency to identify disorder where there may be none. Rather than uncovering an underlying 'truth,' this reflects a clinical and institutional bias toward pathologising behaviour to avoid missing what is culturally defined as illness. This insight foregrounds the role of power and social context in shaping psychiatric knowledge and practice, reinforcing concerns that psychiatric diagnoses are socially constructed phenomena rather than purely scientific truths.

This critique remains highly relevant today, particularly in light of ongoing debates about the expansion of diagnostic categories in successive editions of the DSM. Scholars have argued that broadening criteria have contributed to the over-diagnosis of conditions such as major depressive disorder (MDD), leading to increased prescription of antidepressants for cases that may reflect normal variations in emotional experience rather than clinical illness (Frances, 2013; Wakefield & Schmitz, 2013; Healy, 2004). Pharmaceutical marketing and clinical pressures can further reinforce medicalised interpretations of common psychological and social distress, often neglecting contextual and cultural factors that influence emotional

wellbeing (Callahan & Berrios, 2005; Pratt et al., 2011). Moreover, the medicalisation of natural human experiences like grief risks transforming private emotions into pathological conditions, which can stigmatise individuals and undermine their sense of agency (Horwitz & Wakefield, 2007; Dowrick, 2009). Such shifts illustrate how diagnostic categories not only classify behaviours but also shape the lived realities of those diagnosed.

Rosenhan's findings resonate beyond clinical settings, as diagnostic labels and medicalised understandings increasingly permeate digital spaces. Online platforms provide vast access to medical information, including DSM criteria, enabling users to self-diagnose and internalise psychiatric categories through continuous exposure to medicalised narratives. This phenomenon contributes to the construction of illness identities and shapes public perceptions of mental health, themes explored further in later chapters (Allsopp et al., 2019; Nettleton et al., 2004).

Today, users frequently list symptoms that overlap with multiple mental health conditions, blurring the distinctions between diagnoses. Many of these symptoms, however, reflect everyday behaviours. As demonstrated in Chapter 6 (Individuation), users across platforms often present 'symptom lists' as a way for others to relate. Previous research by Nettleton, O'Malley, Watt and Duffey (2004) suggests that patients increasingly seek medical validation for their symptoms, actively pursuing diagnoses rather than avoiding them. Social media appears to support this shift, allowing users to internalise diagnostic labels through constant exposure to content that normalises and reinforces these interpretations. Studies, such as Allsopp, Read, Corcoran and Kinderman (2019), highlight how repetitive engagement with mental health-related content can shape users' perceptions of their emotional states, prompting them to seek formal diagnoses.

2.4.2 The expansion of medicalisation

Additionally, the medicalisation of emotional life extends into digital spaces, where online behaviours and expressions are increasingly interpreted through psychiatric and therapeutic discourses. For example, in the early 90s, medicalised terminology such as 'online sexual addiction,' 'cybersex', and 'internet addiction' were used to describe certain online behaviours. These behaviours were being described in the same way that addictions like alcohol, gambling and drugs are described. As a result, many questionnaires have been devised to identify such 'addictions' based on pre-existing substance abuse measures that are used in the DSM (Quinn, 2007). Both news media and news services contribute to the

medicalisation of everyday behaviours by framing them as emerging ‘illnesses,’ which can encourage online users to self-identify as internet addicts (Umiker-Sebeok 1997). From a social constructionist perspective, this illustrates how media discourse plays a role in reconfiguring behavioural patterns as medical conditions, contributing to the expanding boundaries of what is considered illness.

While the intention behind labelling online behaviour as ‘addictive’ or ‘compulsive’ is to identify the behaviour, this eventually leads to online users identifying and labelling themselves. Consequently, this leads to online users being viewed as ‘having an addiction,’ while other online users reassure them that their behaviour(s) are a result of ‘having an addiction.’ Therefore, what was originally a label ends up becoming an explanation, as being labelled an ‘addict’ reduces the person to a collection of symptoms (Smead 1985). Even if the individual may not initially exhibit these symptoms, the label allows the person to ‘become’ the symptoms, leading to a self-fulfilling prophecy. The process of medicalisation often leads to the labelling of individuals rather than the behaviours, particularly in digital spaces where online activity is scrutinised through clinical and normative frameworks. Labelling behaviours as ‘unhealthy’ or ‘pathological’ can negatively affect users’ sense of self and how they are perceived by others (Quinn, 2007). Within this context, medical professionals and broader discourses may characterise certain online behaviours as ‘excessive’ or ‘addictive,’ despite ongoing debate over the scientific and clinical validity of such labels. Rather than reflecting objective truths, these classifications reflect shifting cultural attempts to delineate what counts as ‘normal’ or ‘deviant’ behaviour.

However, convincing the public that certain online behaviours are ‘pathological’ allows professionals to gain a degree of control over online users by diagnosing and treating behaviours that deviate from medicine’s definition of what is considered ‘normal’ (Quinn, 2007). This framing not only legitimises professional intervention but also expands the scope of medical authority into the realm of digital interactions, reinforcing the power dynamics between medical professionals and the public while shaping societal norms and expectations regarding online conduct.

Furthermore, Frawley’s (2015) examination of the medicalisation of social problems reveals how this process operates in two ways. First, aspects of everyday life that were considered normal, like childbirth, become medicalised, transitioning from natural occurrences to medical conditions requiring intervention. Second, social, or non-medical issues are reinterpreted as medical problems, leading to the classification of what were previously viewed as personal or social concerns as illnesses (Frawley, 2015). In the case of online

behaviour, this medicalisation is evident when behaviours like excessive internet use are framed as ‘addictive’ or ‘compulsive.’ This framing not only positions these behaviours as medical conditions but also encourages users to perceive and describe their own experiences through the lens of addiction, highlighting the role of social and cultural discourses in shaping self-perception.

This illustrates the profound impacts of medicalisation on how behaviours are understood and addressed. Similar findings in this thesis reflect on this phenomenon, as the content analysed often pathologises behaviours, emotions, and experiences, leading users to apply illness labels to themselves, which reinforces the medicalisation process.

Previous work by Horwitz & Wakefield (2008) explored the initial transformation from ‘sadness’ to ‘depression.’ They stated that ‘so-called depression ought to be classified as normal sadness’ rather than labelled as clinical depression. This argument derives from the anti-psychiatry movement, which peaked in the 60’s and 70’s, driven by figures like Szasz and Laing, based on the notion that mental illness is socially constructed. They believed that certain social factors underpin this medicalisation. Wakefield believed that labelling something as a disorder, despite psychological processing being considered biologically normal, is flawed.

For example, experiencing arousal during fear is a normal experience, which is an appropriate response to situations such as being attacked by a stranger. In the same instance, sadness following the death of a relative or friend is considered a normal response to the event. Despite how distressing and unpleasant these experiences are, they only become pathological if an individual fails to elicit an appropriate psychological response to a situation. This perspective is reflective of Kenneth Burke’s ideas on symbols in society, as discussed by Gusfield (1989). Burke’s framework suggests that physiological responses like fear and sadness are not just biological reactions but are also interpreted and communicated through societal symbols.

These symbols shape our understanding of what constitutes as normal versus pathological responses, reinforcing that it is the failure to adapt appropriately within a social context that marks the shift from normalcy to disorder. Thus, Horwitz and Wakefield (2008) propose that sadness should only be recognised as pathological if the feelings towards the experiences have no real cause (in terms of social circumstances) or are far too intense or long-lasting.

Horwitz and Wakefield's work is pivotal to the medicalisation literature as it highlights how everyday emotional problems can eventually become pathologised. In recent times, pre-established mental health issues have continued to evolve. For example, Lusardi (2019) discusses how ADHD was once associated with being a childhood problem but has since become a disorder which affects adults. Lusardi (2019) argues that the rise in ADHD has simply derived from the process of universalising the disorder, through the inclusion of adults and the globalisation of diagnostic criteria and treatments. The addition of social media has helped redefine mental health issues as popular platforms like TikTok and Instagram are helping individuals discover that they have ADHD in adulthood (Olofsson, 2023). The author's concern is that medical misinformation on social media may contribute to the misdiagnosis or overdiagnosis of mental health or neurodivergent issues like ADHD. One of the most significant transformations is the shift from traditional media to the modern use of social media platforms, in which social media users exercise agency by directly shaping their media consumption, e.g., creating their own content (Olofsson, 2023).

However, the addition of algorithms makes it difficult for users to control what posts are shown to their followers (Olofsson, 2023; Garfinkel, 2017; Miguel, 2018), which influences the user's consumption. As shown in Chapters 5-7, the combination of expanding mental health discourse, the framing of everyday problems in medical terms, and the widespread sharing of mental health content on popular social media platforms has encouraged many users to position and categorise themselves within diagnostic frameworks.

2.4.3 The consequences of medicalisation

Receiving a medical diagnosis can offer clarity and structure during times of uncertainty. In this context, a diagnosis can serve as a way of explaining a person's behaviour, offering a framework through which individuals can make sense of their experiences and identity. Medicalisation, by framing certain behaviours in a clinical context, can also enable individuals to gain recognition and moral sympathy, as it validates their experiences and aligns them with culturally accepted narratives of illness (Furedi, 2004, p.172). This recognition is gained through providing a diagnosis. Although the defining feature often surrounds the vulnerability of the individual and their reliance on the professional and institutional affirmation. In this way, therapeutic culture encourages people to view themselves as objects, rather than subjects in charge of their own destiny (Furedi, 2004: p.173). Once this type of recognition becomes formalised by policy or public institutions, this leads to marginalised informal networks, in which people develop attachments and

meanings towards one another. Since the 80s, the workplace has seen a growth in problems becoming medicalised, according to Furedi (2004). For example, there was a growth of counselling and therapy being offered, while more traditional methods of coping were being pushed aside by invasive professionalisation (Pittsburgh Post-Gazette, 2001, as cited in Furedi, 2004).

Consequently, this has led to individuals becoming dependent on professionals and institutions, as therapeutic culture promotes the idea that people are incapable of dealing with life's difficulties and disappointments. The recognition that the therapist provides does not strengthen identity, rather it's strengthened through the network of informal relationships (Furedi, 2004; p.174). This can discourage people from developing themselves through their experiences and achievements.

However, it's important to note that this desire for recognition is often intertwined with the demand for diagnosis, which has become a significant aspect in today's claims-making. When we consider the self, therapy culture discourages people from forming a distinct narrative of the self, instead promoting the idea of how people should make sense of their circumstances and how they should respond to them along therapeutic lines. However, while therapy culture encourages individuals to interpret their lives through a therapeutic lens, it's important to recognise that not everyone accepts this invitation to conceive themselves in strictly therapeutic terms. Some individuals may resist or reinterpret therapeutic paradigms, choosing instead to prioritise alternative frameworks for understanding their circumstances and defining their identities.

This variability highlights the complex interplays between societal influences and personal agency in shaping how individuals perceive and construct their self-narratives within contemporary cultural contexts.

In Kinderman's (2019) chapter 'Labels are for Products, Not People,' he emphasises the importance of being cautious when defining and interpreting our thoughts, behaviours, and emotions (p.103). He critiques the diagnostic system for its flawed assumption that emotional distress should be classified as a symptom of an illness. Despite the widespread use of the DSM in clinical practice, there is a growing movement favouring personalised formulations over rigid diagnoses. Diagnosing individuals suggests that their emotional struggles can be understood in the same way as physical diseases, where symptoms are seen as signs of an underlying problem, which can then be targeted for treatment. Kinderman

argues that this disease model leads to an over-reliance on diagnoses, which fail to explore the deeper meaning behind people's emotional responses and experiences (p.121).

Furthermore, this model implies that people need professional intervention and that their personal coping mechanisms are insufficient, despite the limitations and potential inaccuracies of diagnoses. For example, while many people hear voices at various points in their lives without distress, others find the experience troubling. The disease model labels such experiences as 'hallucinations' and attributes them to conditions like schizophrenia, creating a circular argument: 'Hallucinations are a symptom of schizophrenia; how do we know someone has schizophrenia? Because they experience hallucinations.' This traditional approach maintains that diagnoses represent genuine illnesses, relying on expert authority rather than understanding the individual's unique experience (Kinderman, 2019, p.105).

Currently, diagnostic labels are still reassuring to people as they appear to recognise, explain, and validate a person's problems, which often leads to help (p.106). However, this also underscored the consequences of living in an increasingly atomised society, where interpersonal connections and informal networks of support have weakened. Furedi's concept of atomisation describes a societal condition marked by individual isolation and reduced community cohesion. Thus, when individuals face challenges or crises, they often lack robust informal networks to turn to for help. This results in heightened reliance on formal institutions, such as government agencies or professional services, to address personal difficulties. Thus, for an individual's crisis to be addressed through these channels, it typically needs to be framed in a way that fits with institutionalised categories or criteria.

This institutionalisation of crises can be seen as reflecting a broader cultural trend in which personal and social struggles are reframed through psychiatric or therapeutic language. Arguably, this shift not only determines who is seen as deserving of care but also shapes how distress is publicly understood and privately experienced.

2.5 From the DSM to Therapy Culture: Constructing Mental Disorder

Since the DSM-5's release in 2013, it has faced continuous scrutiny due to significant diagnostic changes. Pickersgill (2013) highlighted that diagnostic categories are being shaped by professional, patient, and political claims-making within debates. Hacking (2004) noted that diagnosis functions as an apparatus through which individuals construct their identities. Consequently, societies learn to navigate 'normal' and 'pathological' experiences

through the lens of pharmaceuticals and psychological therapies, affecting access to services and treatment (Kitankaka, 2012; Davis, 2012; Ehrenberg, 2010; Luhrmann, 2000; Martin, 2007; Silverman, 2012).

Critics argue that the introduction of new categories in the DSM-5 has undermined its diagnostic validity (Wykes & Callard, 2010). Notable changes, such as the inclusion of Asperger's Syndrome within Autism Spectrum Disorder (ASD) and classifying grief under Major Depressive Disorder (MDD), have sparked debates. Allen Frances, chair of the DSM-IV task force, warned that expanding diagnostic criteria blurs the line between 'normal' and 'ill,' leading to increased medicalisation (Frances, 2010). Dowrick and Frances (2013) emphasised the over-diagnosis and over-treatment of conditions like depression, noting a surge in MDD diagnoses for patients experiencing normal sadness (Akincigil, Olfson, Walkup, Siegel, Kalay & Amin, et al., 2011; Mitchell, Vaze & Rao, 2009; Pratt, Brody & Gu, 2011). The expansion of DSM criteria reflects the rise of 'therapy culture' in the 1980s, where more aspects of human experience became medicalised. This is discussed in detail later in Chapter 2. For now, it's important to note that such expansive criteria redefine the boundary of what counts as mental illness, inviting reflection on how diagnosable categories are socially constructed and applied (Frances, 2013).

However, medicalisation has continued to interplay within online communities despite all these criticisms, as medicalisation plays a pivotal role in these online ecosystems, which are potentially compounding them. For example, Hacking's (1986/2002) phenomenon 'looping effects' can account for this, whereby a diagnosis like depression affects the behaviour of those who have been classified, e.g., the diagnosed individual acts in accordance with the expectations that align with the classification. Hacking states, 'we tend to behave in ways that are expected of us, especially by authority figures' (p.2). In other words, people with a diagnosis tend to conform to the ways they are described, with room to re-align when classifications and descriptions evolve.

Today, online mental health ecosystems mitigate against such criticisms as diagnosis has become central to identity building, i.e., the act of receiving a diagnosis has become an important part of how individuals construct their identities, as they are now seen as central to personal identity and self-understanding. Furthermore, diagnoses have become increasingly accessible beyond traditional settings, such as therapist offices, and are now widely available for identity building online. Over the past 80 years, depressive disorders have altered considerably. Consequently, both the Diagnostic Statistical Manual (DSM) and the International Classification of Diseases (ICD) adhere to guidelines rooted in a categorical

model. These guidelines prioritise symptomology, serving both as a diagnostic checklist and as tools to assess the severity of symptoms (Fink, Bolwig, Parker & Shorter, 2007). Melancholia especially stands out as a clinical entity, with the best possibility for generating homogeneous samples. As a result, Melancholia has been pursued as a diagnostic concept and continuously described as a clinical syndrome, defined by an underlying biology, which is distinguishable from other mood disorders (Fink et al., 2007a).

Originally, melancholia was a specifier of MDD which encompassed multiple subgroups that differed in phenomenology, natural history, treatment response, and pathophysiology. Consequently, the efforts to define the distinctions between melancholic and non-melancholic significantly declined due to the change in rhetoric (Fink et al., 2007a). In the DSM-III, melancholia was replaced with MDD in an attempt to capture heterogeneous populations, e.g., including variations between 'mild' and 'major' types of depression. However, despite establishing definitions in terms of severity and subtypes, they are often ignored in both clinical research and practice (Kirk & Kutchins, 1994). Historically, melancholia was formally recognised in the 19th century by Hippocrates and Kraepelin. Melancholia made its debut in the first two editions of the DSM and became a diagnosis specifier by the 80's (Fink et al., 2007).

Melancholia is often defined as displaying an observable psychomotor disturbance (Parker, 2007) and by neuroendocrine markers (Fink & Taylor, 2006, 2007). Neuroendocrine tests require an individual to display an unremitting mood of apprehension and gloom, psychomotor disturbance, and 'abnormal' cortisol functions. Patients who met these criteria were known to respond differently to tricyclic antidepressants, lithium, and electroconvulsive therapy (ECT). Melancholic individuals have been subsumed under several labels, including psychotic (delusional), depressed, and pharmacotherapy-resistant depressed (Fink et al., 2007b). Understanding how melancholic individuals have been categorised under various labels sheds light on the broader discourse of therapy culture and medicalisation. These categorisations illustrate how psychiatric diagnoses shape not only clinical frameworks but also wider societal understandings of mental health. Within a therapy culture where emotional distress and everyday behaviours are increasingly conceptualised through medical language, such classifications highlight the shifting and contested boundaries of what is considered a mental health condition. From a social constructionist perspective, the medicalisation of emotional life reflects broader cultural processes, where social or personal challenges are reframed as medical issues, often accompanied by increased professional intervention and pharmacological responses.

This broader cultural redefinition of distress is not a recent phenomenon but has historical roots in the emergence of therapy culture, where emotional struggles became increasingly pathologised and framed as personal crises requiring therapeutic solutions.

2.5.1 The history of therapy culture

Despite the rise of public emotional culture, therapeutic culture surfaced long before the 1980s. Furedi suggests that due to the decline in tradition, politics, and religion, this led to a decaying sense of meaning, which became substituted by therapeutic interventions (Furedi, 2004, p.84). The term 'therapeutic culture' is described as 'the sociological interest and documentation of the wider socio-political implications of psychology' (Madsen, 2020). Therapeutic culture is a collective term, which means it cannot be clearly defined in a scientific way. It refers to having a psychological mindset, a therapeutic way of speaking and thinking that occurs outside of traditional spaces of psychology, e.g., like a therapist's office or within academic departments (Madsen, 2020).

In the mid-20th century, the concept of therapeutic culture became prominent as psychoanalysis gained widespread popularity. Rieff (1966/1987) critiqued therapeutic culture, proposing that it fails to 'situate the self outside of itself.' Those who promoted therapeutic methods did so by adopting individualistic notions of the self. Lasch's book *The Culture of Narcissism* can be viewed as both expanding upon Rieff's examination of therapeutic culture by offering a distinct critique of its consequences for American society, particularly in terms of fostering narcissistic tendencies and diminishing collective expectations and responsibilities. Lasch (1979/1991, p.13) claimed that adopting a therapeutic outlook had become so pervasive that it threatened to displace politics, which was the 'last refuge of ideology.'

Once Psychology became a highly influential discipline, terms such as syndrome, self-esteem, counselling, and PTSD began to enter the public vocabulary (Furedi,2004, p.84). This led to everyday life becoming increasingly professionalised. For instance, professionals intervened by providing guidance to individuals on how to conduct their relationships, how to parent and grieve more efficiently (Furedi, 2004, p.85). Therapy can be seen as serving a function of social control (Parsons, 1965, p.95), yet therapists often prioritise empathy and non-judgement in understanding an individual's experiences (Parsons,1965, p.95). This dual perspective suggests that while therapy may aim to influence behaviour within societal norms, therapists typically approach their work with a focus on understanding rather than

enforcing moral order. Appearing non-judgemental enables the therapist to access the person's subjectivity. The patient's compliance is then rewarded with a psychiatric diagnosis (Northern Ireland Executive, 2000, p.95 as cited in Furedi, 2004). Diagnosing a patient allows therapists to assign the status of 'sick' to the individual (Parsons, 1978, p.95 as cited in Furedi, 2004). Embracing the 'sick' role was once considered an affirmation of identity, while newer terms like 'survivor' have had a long-term impact on identity (Furedi, 2004, p.97).

According to Barsky's conception of the 'worried sick,' identifying as 'sick' can limit individuals' capacity for critical judgement and diminish their sense of moral responsibility for their actions. This perspective challenges the notion that therapy culture serves solely to foster healthy relationships, suggesting instead that it may inadvertently encourage individuals to perceive themselves primarily through the lens of illness, thereby potentially reducing their agency and accountability (Barsky, 2002). This becomes problematic once this attitude is applied outside of the consulting room and becomes a guide for individual behaviour rather than treatment for the 'sick.' This implies that therapy culture extends beyond merely treating the sick, instead positioning itself as a normative influence on interpersonal relationships in daily life (Furedi, 2004, pp. 97-98). This has led to the medicalisation of many behaviours such as premenstrual syndrome and postpartum depression, which many feminist voices attempted to reinforce as psychological diagnoses (p.101).

Furedi emphasised this shift in feminist perspectives as historically feminist voices had previously rejected the medicalisation of women's experiences. However, there has been a movement to validate and advocate for the recognition of these conditions. Furthermore, other social experiences have been subject to being labelled as disorders, illnesses or syndromes, including sex addiction, ADHD, and social phobia (Furedi, 2004, p.84). This movement of pathologising everyday behaviours has previously been supported by grass-roots campaigners who demand the use of medical labels for these conditions (Clarke, 2000, p.101 as cited in Furedi, 2004). This increase in medicalisation has provided more opportunities for professionalisation to take place (Furedi, 2004, p.101).

For example, seeking counselling advice has alienated people from their own feelings, thus they seek affirmation from professionals (Furedi, 2001, p.101). This diminishes people's self-confidence in terms of being able to handle their interpersonal relationships (Furedi, 2001, p.101). By today, the societal norm is to encourage individuals to seek professional help when confronted with ordinary troubles (Furedi, 2001, p.101). In addition, many people

self-diagnose and learn to medicalise their everyday problems, as many rely on health information online rather than seeking professional opinions and diagnoses (Peek et al., 2015). Due to the internet's accessibility, health information is gathered from websites, blogs, shared experiences otherwise known as 'e-patients' (Peek et al., 2015). This in turn impacts the persons decisions regarding their health care (Fox & Jones, 2009) as individuals are influenced by health-related reviews, health-related forums and communities and posts containing personal experiences (Price Waterhouse Cooper Health Research Institute, 2012).

While definitions of illnesses are often contested today, the consequences of being labelled 'ill' can become a defining feature of the individual's identity. The continuous broadening of definitions of illness, especially psychological illnesses, has altered individual attitudes towards illness and identity (Showalter,1997, p.97 as cited in Furedi, 2004).

2.5.2 Criticisms of the 'therapy culture'

Other critics view therapy culture in a positive light. For example, Giddens (1991) believed that therapy culture would create opportunities for self-development and reflexivity, in response to the change in modernity, by embracing what he calls 'the post-modern task of self-creation' (p.3). Richards (2007) also considered therapy culture to be not just emotional expression, but a means of processing and working through psychosocial life.

Richards (2007) drew from Bion's (1988a, b) work that suggested therapy culture offers new ways of interacting and working through anxiety and difficult feelings, which would lead to developing a 'therapeutic sensibility' (p.3). Therapeutic sensibility refers to the ability to express emotions, knowledge, thoughtfulness, compassion and concern towards the self and others (Richards & Brown, 2011). Other scholars like Wright (2009) defend the use of psychotherapy's utility, specifically its effectiveness in unlocking 'unrealised elements of emotional life' (p.5).

This suggests an endorsement of psychotherapy's potential benefits in helping individuals explore and understand deeper aspects of their emotions. Thus, Wright (2009) addresses the value and effectiveness of psychotherapy itself, rather than a broader cultural sensibility towards therapy. Psychotherapy helps people to reflect on their emotional experience, which facilitates metabolization and enhances 'a sense of being.' Konigsberg (1996) argues that the influence of therapy culture extends beyond psychotherapy itself, as screen media such as television and film encourage individuals to engage in self-reflection and feel recognised.

This view underscores the broader impact of therapeutic culture, highlighting how media representations evoke emotional responses that prompt personal reflection. By offering portrayals of experiences and emotions that resonate with viewers, the media serves as a form of validation, making individuals feel 'seen.' This sense of recognition can be comforting and affirming, as it allows viewers to find aspects of their personal experiences mirrored on screen.

Myers (2005) highlighted that the release of Furedi's new book at the time was newsworthy, as UK print media began referencing topics such as trauma, self-esteem, syndromes, and counselling terms that were scarcely mentioned in databases before the 1990s. Furedi's work, however, attracted criticism for its perceived pessimism and failure to acknowledge the cyclical nature of therapeutic fads, many of which eventually 'died' out. For instance, in the US, psychotherapy often employs 'strengths' perspectives (Saleebey, 1992) and 'empowerment' strategies (Cox & Parsons, 1994), which focus on leveraging individuals' inherent strengths and empowering clients to take control over their lives. This approach contrasts with Furedi's portrayal of therapy as fostering passivity and dependence.

Moreover, cognitive behavioural therapies (CBT), which are widely used in psychotherapy, integrate elements from both emotionalist and psychodynamic approaches (Myers, 2005). This integration reflects a comprehensive and nuanced method of addressing mental health issues, suggesting that psychotherapy aims to build resilience and self-efficacy rather than merely promoting vulnerability. Researchers argue that contemporary practices are more sophisticated and empowering than Furedi acknowledges, challenging his criticism by showcasing the effectiveness and complexity of modern psychotherapy.

In addition, Persaud (2003) questioned the statistics presented in Furedi's book and examined the list of references, finding that few were peer-reviewed journals. Persaud (2003) recommended that future editions of 'therapy culture' should consider incorporating work on 'positive psychology,' which focuses on resilience building and self-taught coping skills. Persaud also suggested that Furedi should recognise that psychology is not synonymous with therapy. Similarly, Anderson and Brownlie (2009) described Furedi's 'Therapy Culture' as 'bleak,' noting that much of the critical work discussing emotions and emotional support is often small-scale, qualitative, and focused on mental health service users. This further underscores the complexity of contemporary therapeutic practices, which Furedi's critique does not fully capture.

Van Krieken (2004) argued that those critics of therapy culture are often labelled as 'cultural pessimists' because they emphasise the decline of traditional systems of meaning and the increasing professionalisation of everyday life. He pointed out that these critiques are not novel; however, Furedi treats these effects as if they are the underlying causes throughout his book. Van Krieken (2004) suggests there is a circular argument here that needs to be explored as a characteristic of modern society rather than 'therapy culture.' To quote Van Krieken (2004), 'any critical analysis of the therapeutic ethos will only be effective if it is also sensitive to its countertendencies, complexities, and parallel developments' (p.4). Van Krieken argues that critiques of 'therapeutic' language and expertise, including Furedi's, are a product of the same 'modern cultural imagination' (p.4).

Van Krieken believes that one of the major strengths of modernity is self-criticism, self-observation and continued evolution. While Furedi focuses on the dependency on the professional, the modern construction of the self has advanced in a number of ways, including individual choice and responsibility. Furedi's approach reduces therapy culture's complexity to one-dimensionality, when therapy culture consists of many dimensions and a complexity in a variety of tendencies and effects (Van Krieken, 2004). In other words, Van Krieken views this approach as a way of inflating problematic aspects within culture. If all we focus solely on the problems, we lose the opportunity to see why and how they have materialised, which 'forces us to suggest that such concerns are simply imaginary' (p.5). Thus, one of Van Krieken's concerns is that focusing exclusively on the problematic aspects of therapy culture may oversimplify its impact and significance.

Highlighting only the negative consequences, or viewing emotional pain as overly pervasive, can lead to dismissing or trivialising the underlying reasons for these phenomena. This, in turn, can create a perception that these concerns are merely imaginary or exaggerated. Van Krieken (2004) argues that this is why therapy culture leaves an 'unpleasant aftertaste.'

According to Van Krieken, while it may be true that emotional pain can be found in places where it otherwise shouldn't exist, acknowledging this should not require us to believe that the expansion of language and cognition leads to a decline or expansion of social control. Van Krieken suggests that instead, they should be understood as 'embedded strategies of power,' and that we should refuse to take on claims from professionals and experts at face value. To quote Van Krieken 'the therapeutic voice is only one among many […] we are more likely to find something productive in psychological reflection than we are to be diminished by it' (p.5).

While critics like Van Krieken critique Furedi's focus on the negative aspects of therapy culture, it is important to recognise that Furedi's approach is valuable for addressing pressing social issues. Furedi emphasises the potential downsides of therapy culture, such as increased dependency on professionals and the medicalisation of emotional problems; thus, Furedi highlights real impacts that warrant attention. This focus is necessary for understanding how therapy culture may diminish personal agency and shift societal norms. Although Van Krieken argues that Furedi's perspective may be overly simplistic, it serves as an important counterpoint in the broader discussion about modern cultural shifts. Rather than being circular or reductionist, Furedi's critique encourages necessary dialogue about the implications of therapy culture, fostering a more nuanced understanding of its role in contemporary society. Thus, Furedi's emphasis on the problematic aspects of therapy culture provides a critical perspective that complements a broader examination of its complexities.

Today, there is a greater tendency to approach human problems as individual issues, with a therapeutic ethos being prevalent in neoliberal societies and spheres of social life such as policy and within institutions like education (Cohen, 2017; Nehring & Kerrigan, 2019; Salmenniemi, 2019; Ecclestone & Hayes, 2019; Madsen, 2014).

Modern life is surrounded by therapeutic cultures such as those associated with Big Pharma, self-help industries, and psychotherapisation, which distort everyday problems as human problems that therapy cultures can profit from (Rimke, 2018). Widespread distress and suffering are a consequence of modern societies that claim that distress is largely an individual problem rather than caused by social, political, or economic issues (Rimke, 2010a, 2016).

Neoliberal societies are associated with profiting from therapeutic industries that are critical of the self rather than society or authorities. Therapeutic culture has been mass-marketed and implemented widespread operations where self-help activities have become a part of modern-day life (Rimke,2020).

However, therapy culture operates in multiple forms and has infiltrated online spaces in terms of delivering online diagnostic questionnaires, memes, YouTube videos and week-long seminars (Rimke, 2017). Therapy cultures convey the message that there is a solution for everyone, offering various forms of relief, cures, and remedies for their problems. Over time, these cultures have become mainstream within contemporary neoliberalism, influencing government policies, corporations, public organisations, institutions, and employers in areas such as insurance, wages, healthcare, and education. In other words,

neoliberal subjectivities have been manipulated by competitive individualism, which is governed by therapeutic cultures in which health, wellness, illness, and disability are subjected to monetisation, privatisation and are depoliticised (Rimke, 2020).

In addition, Kinderman (2019) argues that there needs to be a shift away from the disease model and instead adopt a social and psychological approach to mental health and well-being. He proposes that whilst our emotions, thoughts and behaviours all derive from our brains, this does not mean that mental health issues are brain disorders. Kinderman argues that people could access better help if services approached wellbeing as how things happen to us and how we make sense of them, rather than understanding distress as a symptom of diagnosable diseases (p. 292-293). According to Kinderman, we must de-medicalise and de-pathologise public discourse and instead promote a more constructive and less stigmatising approach towards behavioural and emotional difficulties (p.294).

These critiques align with the rise of alternative spaces, particularly online communities, where individuals construct their own frameworks for understanding distress, often outside formal clinical systems.

2.6 Online communities and the formation of mental health identities

To understand how these digital ecosystems flourish, it is important to consider how broader cultural shifts, such as the normalisation of therapeutic discourse and the medicalisation of everyday life, are now being reproduced and reconfigured online. As therapeutic ideas have moved beyond the clinic, digital platforms have become key sites where emotional struggles are named, interpreted, and managed. Traditional face-to-face practices have not simply been replicated but have often been transformed through platform logics, peer-led advice, and algorithmic visibility. While this has helped foster openness around mental health, it also raises questions about how such a transformation shapes understandings of distress, potentially reinforcing dominant frameworks or generating new forms of emotional governance.

In this evolving landscape, the concept of ‘online communities’ becomes particularly relevant. Online communities have various definitions as they refer to a wide range of online activities (Preece, Maloney-Krichmar & Abras, 2003). Preece (2000) described them as groups of people who interact within a virtual environment, guided by specific norms and policies supported by technology. The expansion of the internet facilitated in the growth of

these communities, which originally surfaced on web pages and other forms of communication software (Preece et al., 2003).

While early online communities were primarily educational (Hiltz, 1984) and office-based (Sproull & Kiesler, 1991), there has been a significant increase in health-related online communities. These modern platforms offer valuable information and support for various health issues (Preece et al., 2003), reflecting the broader trend of therapy culture adapting to digital spaces.

2.6.1 Health and mental health in online communities

The rise of online health communities has populated the web for the last few decades and has become a popular way of exchanging social support (Cutrona & Suhr, 1994; Fox & Duggan, 2013; Gray, Fitch, Davis & Phillips, 1997). These communities have enabled members to learn how to manage their illnesses through support without any geographical boundaries (Park, Conway & Chen, 2018). Previous studies have concluded the benefits of online interaction for those with health conditions. For example, online interaction can improve stress (Setoyama, Yamazake & Namayama, 2011), depression (Bartlett & Coulson, 2011), anxiety (Høybye et al., 2010), and can even be empowering (Wentzer & Bygholm, 2013).

For those suffering from mental health issues, obtaining support can be difficult due to social stigma and discrimination (De Choudhury & De, 2014). Thus, an online community can be beneficial for those with mental health issues who would like a place to express their thoughts and feelings (Park et al., 2018). However, further research has recognised that expression of negative emotion online could lead to an increase in negative emotions like anger and anxiety (Hatfield, Cacioppo & Rapson, 1993; Kumar, Dredze, Coppersmith & Choudhury, 2015). As a result, this creates a 'looping effect' where delving deeper into a specific type of expression can reinforce the notion that mental ill health is a fundamental part of an individual's online identity. As social media platforms continue to evolve, mental health communities have gravitated towards these platforms to engage in discussion about their mental ill health (Cavazos-Rehg et al., 2016). Much of the research has explored the discussion of numerous mental health issues on social media platforms.

The most controversial online mental health communities are those for suicidal individuals, which many medical professionals consider dangerous due to their potential to encourage suicidal behaviour (Rajagopal, 2004; Tam, Tang & Fernando, 2007). However, others argue

that these communities are better understood as support networks (Horne & Wiggins, 2009). These online self-help networks for mental health-related topics have existed for decades and have evolved into communities addressing a variety of issues, including Borderline Personality Disorder (BPD) (Charland, 2004), Self-harm (SH) (Whitlock, Powers & Eckenrode, 2006), and BD (Vayreda & Antaki, 2009). Some of these mental health communities, like the 'pro-ana' community (i.e. a community for those with eating disorders), have caused some controversy (Giles, 2006; Hammersley & Treseder, 2007; Williams & Reid, 2009).

Previous research has studied this community across many websites and popular social media sites like Tumblr (De Choudhury, 2015), Twitter (Branley & Covey, 2017) and Instagram (Ging & Garvey, 2018). Pro-ana communities appeared on the internet in the early 90s and are associated with the eating disorder anorexia (Ging & Garvey, 2018). However, members of the pro-ana community reject the medical diagnosis of eating disorders (ED) and claim that engaging in restrictive dieting is a valid lifestyle choice (Rouleau & Von Ranson, 2011). Members of pro-ana communities often engage with 'thinspiration', which promotes restrictive eating. Some scholars argue that this community evolved exclusively post-internet (Giles, 2006), while others argue that the community already existed within Western cultures that glorified thinness (Knapton, 2013; Schott & Langan, 2015). Once pro-ana communities entered online spaces, they slowly migrated from websites which were heavily moderated onto social media platforms which are more difficult to moderate (Ging & Garvey, 2018). By 2003, there were more pro-ana websites than pro-recovery websites (Fox, Ward & O'Rourke, 2005; Norris, Boydell, Pinhas & Katzman, 2006; Chelsey, Klein & Kreipe, 2003) and its growing popularity became increasingly concerning (Custers & Van den Bulck, 2009). Before long, these communities eventually infiltrated social media sites like Facebook, Myspace (Juarascio, Shoaib & Timko, 2010) and YouTube (Syed-Abdul et al., 2013).

These communities provided their members with social support and encouragement to maintain disordered eating behaviours and discouraged recovery (Rouleau & Von Ranson, 2011). Some of the most dangerous content stemmed from the 'tips and tricks' sections, where users shared how to lose significant weight through purging and fasting (Rouleau & Von Ranson, 2011). Other concerning content included 'thinspiration', which is multimedia (quotes and photos) of very thin women or models, which is meant to inspire and encourage thinness (Yom-Tov, Fernandez-Luque, Weber & Crain, 2012; Borzekowski, Schenk, Wilson & Peebles, 2010).

Another example of a community addressing high-risk mental health concerns involved individuals who engage in self-injurious (SI) behaviours and suicidal ideation, also known as non-suicidal self-injury (NSSI). NSSI has been defined as the 'deliberate destruction of one's own body in the absence of suicidal intent' (Nock & Favazza, 2009). NSSI is also known as self-harm (SH) or self-injury (SI), which includes engaging in behaviours such as cutting, burning, and scratching (Whitlock et al., 2006). SH is often comorbid with mental health issues like depression (Whitlock et al., 2006; Nock, Joiner, Gordon, Lloyd-Richardson & Prinstein, 2006). It is thought that individuals who SH do so to release stress, a form of self-punishment, feelings of emptiness and guilt or use it as an alternative to attempting suicide (Klonsky, 2007). Just like other online communities, peer support is vital for these community members (Englander, 2012), especially as many young people avoid seeking professional help (Dyson et al., 2016) and instead turn to informal networks (Michelmore & Hindley, 2012).

Previous research by Lewis et al (2014) suggests that this type of community formed due to it being a stigmatised topic. An online community for NSSI provides a safe place for individuals to express their feelings and ideas without being ridiculed by others (Cash, Thelwall, Peck, Ferrell, & Bridge, 2013). Similar to other communities like pro-ana, there is concern that these online communities foster harmful behaviours which could encourage the maintenance of engaging in self-injury (Lewis, Heath, Sornberger & Arbuthnottm, 2012; Messina & Iwasaki, 2011). In addition, social media platforms and their content often instigate engagement in SH (Stänicke, 2023) due to their graphic descriptions and/or imagery (Lewis, Heath, Sornberger & Arbuthnott, 2012).

Although these groups foster a sense of community for individuals seeking acceptance and support outside traditional help-seeking (Michelmore & Hindley, 2012), these support communities are often viewed as a 'double-edged sword' (Lewis & Seko, 2016) due to the potential for this behaviour to be maintained.

2.6.2 The importance of online mental health communities and identity construction

Previous research highlights that online mental health communities offer members a unique space where individual voices can be heard and valued, fostering a sense of empowerment (Day & Keys, 2008; Dias, 2004; Fox, Ward & O'Rourke, 2005; Miah & Rich, 2008). Central to these communities is peer support, which encourages users to share personal experiences,

construct their online identities, and negotiate membership within shared categories (Giles, 2006; Hammersley & Treseder, 2007).

However, these supportive dynamics come with complexities. One notable paradox challenges traditional labelling theory: rather than resisting stigmatising labels, individuals in these communities often actively seek diagnostic identities. Labelling theory traditionally posits that people avoid 'sick' labels due to associated stigma, discrimination, and exclusion (Becker, 1963). In contrast, studies show that within online mental health spaces, acquiring a diagnostic label can provide identity validation and community acceptance, reversing the usual power dynamic where labels are imposed externally (Charland, 2004; Giles, 2007; Hammersley & Treseder, 2007).

These communities do not encourage diagnostic labels; they promote collective validation and identity formation grounded in those labels (Becker, 1963; Vayreda & Antaki, 2009). Diagnostic categories serve as gateways to inclusion; members openly discuss their diagnoses to secure social belonging. For example, in pro-anorexia communities, users are sorted into roles such as 'true ana,' 'mia,' or labelled as 'wannabes' or 'fakers,' a practice that creates a 'a madness for identity' by making labels central to membership and status (Giles, 2006; Hammersley & Treseder, 2007). Strict moderation excludes those who do not conform, reinforcing group boundaries and cohesion (Giles, 2007). Giles (2007) further notes that these forums often focus on psychological and psychiatric aspects of mental ill health but emerge organically and independently of official diagnostic manuals like the DSM, illustrating how communities negotiate identity beyond institutional frameworks.

Vayreda and Antaki (2009) highlight the appeal of self-diagnosis, showing that it can generate excitement and foster belonging within a community that understands shared experiences. Self-diagnosis also offers validation, relief, and clarity by providing explanations for one's difficulties and reducing uncertainty.

2.6.3 Illness identities online

Botha, Dibb, and Frost (2022) explored how autistic individuals make sense of their diagnosis or self-identification and experience stigma related to neurodivergence. Using grounded theory (GT), their study found two central themes: identity and stigma. Participants clearly distinguished between autistic individuals and non-autistic individuals and highlighted tensions between their personal understandings of autism and societal views. Crucially, they emphasise the importance of autistic identity, noting that stigma was a

significant factor influencing how they related to that identity. Participants' experience of stigma left them feeling powerless. Stigmatising views were often associated with gendered stereotypes, violence, and incompetence. Stigma management was associated with concealment to fit in, reclaiming language and identity and attempting to reframe the social meaning of autism. Participants saw their autism as a part of them, a core part of their identity and not something that could be separated from themselves.

Although participants acknowledged that autism is a spectrum, they believed that one was either autistic or not-autistic, and nobody could be a 'little autistic' (Botha et al., 2022). The #actuallyautistic movement on social media mirrors the phenomenon of 'fakers' and 'wannabes' phenomenon discussed earlier in Chapter 2 (see Giles, 2006; Hammersley & Treseder, 2007; Charland, 2004; Giles, 2007) by emphasising the authenticity of individuals' lived experiences and challenging misrepresentation. This hashtag, like the policing of boundaries in other mental health communities, serves as a marker of legitimacy, used to differentiate those with genuine diagnoses from those perceived as impostors. Both movements highlight the central role of identity within these communities. Egner's (2022) paper found that it is how autistic individuals identify each other online. Egner (2022) suggests that users utilise these hashtags as a way of self-identifying and constructing self-understanding outside of pre-established medicalised and cultural narratives that exist around autism.

One study found that postsecondary students described their mental states and social interactions using psychiatric language on social media platforms (Alexander, Chung, Yacovelli, Sarmiento, & Anderson, 2024). Social media has become a resource for students struggling with mental health issues and the unlimited access users have to mental health information (Kirmayer, Raikhel & Rahimi, 2013). Foulkes and Andrews (2023), biggest concern is how mental illness has become overinterpreted due to heightened cultural awareness and illness being encouraged. Lindholm and Wickström (2020) found that young people use labels like anxiety and depression when discussing their mental well-being offline. They identified that young people have started to separate pathological connotation from new cultural ones, which has led to the use of these labels as a way of dealing with the ups and downs of life.

In addition, algorithms play a major role in constructing how users view their moods. Previous research suggests that users spend more time viewing sad content when their feeling down, which skews the algorithm, which will then suggest further sad content (Avella, 2023). Constant exposure to this particular content can prime users to identify with

the information presented as diagnostic criteria (Avella, 2023). Alexander et al (2024) used the definition of mental health labelling as a categorisation process that both discriminates and helps identify mental health issues (Delft, 2015). Armstrong, Beswick & Vega (2023) suggested that mental health labels are used as tools for navigating life at university, through which individuals gain sympathy from their peers and professors when asking for grace. Alexander et al's (2024) review revealed that exploring mental health labels within online communities influences identity formation (Milton, Ajmani & DeVito et al, 2023; Lee, Mieczkowski & Ellison et al, 2022; Ionescu & Licu, 2023), and that there are many layers that are interconnected that influence labelling including mental health awareness, information dissemination and identity development that take place online. It's important to mention that online users go about disclosing their illness identities in a number of ways, including the use of mental health diagnostic hashtags, and would often use them as a way of expressing their emotions, thoughts and judgements in relation to their self-identity (see Griffith & Stein, 2020).

Drawing on Joel Best's framework of social constructionism, this thesis explores how mental health is constructed as a social problem on social media platforms. Best's work on the role of claims-making in the construction of social problems provides a valuable lens for understanding how users on platforms like Twitter, Tumblr and TikTok engage in the collective construction of mental health narratives. These narratives, in turn, influence how the construction of social problems involves the articulation of specific claims that shape public perceptions and responses. This process is particularly salient in the digital age, where social media serves as a powerful arena for the dissemination and amplification of these claims, contributing to the shaping of therapeutic identities (e.g., Best, 1995, 2013).

This study acknowledges how illness labels are intertwined with people's identities and how online users express themselves across social media platforms. While previous research has focused on stigmatising attitudes, over the past decade, extensive efforts have been made to improve public understanding of mental health issues within the Western world (Foulkes & Andrews, 2023). This has included charity campaigns (Sampogna et al., 2017), interventions within schools, universities, and workplaces (Bolinski et al., 2020), and public disclosures from celebrities discussing their mental health difficulties (Franssen, 2020).

While there has been an obvious societal shift away from stigmatising attitudes due to increased mental health awareness, it has led to some individuals pathologising their everyday experiences as mental health issues. As previous scholars have suggested, this process can lead to a self-fulfilling prophecy, where interpreting difficulties as mental health

issues reshapes individuals' self-concept and behaviour, often intensifying symptoms and distress (Foulkes & Andrews, 2023). Lindholm and Wickström (2020) similarly argued that framing young people's problems as symptoms contributes to further psychiatric labelling of their experiences. Hacking (1995, 2004) theorises that classification systems generate broad generalisations that shape how individuals understand and express their suffering. These influence self-perception and can lead to new ways of defining identity (Hacking, 1995). Furthermore, as individuals interact with these classifications, the categories themselves may evolve, a phenomenon Hacking calls 'looping effects.' Categorising people not only impacts their behaviour but also leads to adjustments in how those categories are defined.

Chapters 5-7 will explore why individuals seek illness labels in their quest for meaning, a process driven by identity crises, social media exposure, and algorithms that recommend mental health content, symptoms, and diagnoses. Hacking's looping effects are evident in both existing literature and the current study.

2.7 Understanding self-diagnosis in a digital age

Self-diagnosis has increased alongside technological advances, with many using the internet as a personal symptom checker. This has become especially common among vulnerable populations, such as those without access to formal healthcare (Gass, 2016). Self-diagnosis, particularly of mental health conditions, has become more widespread due to the increasing availability of online self-report quizzes and symptom checkers. While these tools can provide individuals with a framework for understanding their experiences, they also present significant risks of misdiagnosis and oversimplification. Recent studies indicate that self-diagnosis has been particularly prevalent in identifying conditions such as ADHD, anxiety, and depression, largely because their symptoms overlap with other mental health disorders, leading to potential confusion and mislabelling (Luo, McKenna & Quick, 2023; Garg, Gupta, & Sharma, 2023).

The allure of these online tools lies in their accessibility, especially in contexts where professional mental health services are expensive or difficult to access. However, without the oversight of a trained mental health professional, self-diagnosis based solely on online quizzes can be harmful. The main issue is the way people make sense of their emotional or psychological experiences. When those understandings are influenced by unverified information online or prevailing diagnostic stories, they can lead to individuals self-medicating or potentially adopting rigid illness labels, which may restrict other ways of

thinking about or managing difficulties. Furthermore, social media platforms such as TikTok and Instagram have been identified as major sources of mental health information, sometimes contributing to the spread of misleading or oversimplified self-diagnosis content (JAMA Network, 2022; Garg et al., 2023).

Although there are many perceived benefits to doing self-research on a health issue, such as preparing before a doctor's visit, asking appropriate questions, and having a greater understanding of possible conditions (Luger, Houston, & Suls, 2014), there are also many risks. While previous research argues that the internet could be validating serious psychiatric disorders as 'normal' (Cline & Hayes, 2001), other research, like Craddock (2014 as cited in Kinderman, 2019), argues that people are in danger of misdiagnosing and medicalising everyday problems as emotional problems.

2.7.1 Why does self-diagnosis happen?

There are many reasons why people engage in self-diagnosis (e.g., a form of help seeking, treatment, or guidance), but a large portion of the literature suggests that societal stigma has encouraged the act (Hebben, 2019). For example, Roberts (2018) argues that negative societal attitudes towards people with mental health issues drive individuals to seek support online, where self-diagnosis is a common practice. Those with stigmatised mental health experiences often turn to online mental health communities that provide safe spaces for open discussion about related topics (Naslund, Grande, Aschbrenner, & Elwyn, 2014; Roberts, 2018).

2.8 Labelling, stigma, and identity

Many people fear the social stigma attached to various human behaviours. In some cases, this fear does not lead to behavioural change but instead leads to individuals concealing their behaviours or experiences (Bharadwaj, Pai & Suziedelyte, 2015). Goffman (1963) conceptualises stigma as something that 'spoils' an individual's identity (further discussion of Goffman's work can be found in Chapter 3).

2.8.1 Externalised stigma

More than two decades ago, stigma surrounding mental health acted as a significant barrier to treatment engagement, discouraging many from seeking help (WHO, 2001). Quinn and Earnshaw (2013) found that mental health stigma leads individuals to attribute concealable stigmatised identities to themselves, further impacting their social experiences. Their identities are often hidden from others as a result of being socially devalued and negatively stereotyped, due to the beliefs associated with their identity (Crocker, Major, & Steele, 1998; Goffman, 1963). The beliefs and experiences surrounding mental illness are considered to be valenced, as they often make people feel better or worse about themselves.

For instance, individuals may experience shame surrounding their identity due to experiencing negative societal reactions like belittlement. While others may receive more supportive and positive reactions. The type of reactions the individual receives has an impact on the person's future psychological outcomes (Quinn & Earnshaw, 2013).

2.8.2 Internalised stigma

In some cases, stigma is internalised by the individual due to believing in negative stereotypes regarding their identity. Link (1987) suggests that people often learn about these stereotypes prior to obtaining their mental illness diagnosis. According to Link (1987), individuals often become aware of societal stereotypes about mental illness before they identify with a mental illness themselves, which can influence their self-perception and experiences of mental health. Mental illness stereotypes typically stem from the media, family, peers, and film and TV. Choosing to apply these beliefs to the self often leads to the belief that they are a′ bad person′ compared to others (Killen, Richardson, & Kelly, 2010). Internalising stigma is deemed a 'corrosive' act, which damages the self and the person's well-being (Quinn & Earnshaw, 2013). Furthermore, internalised stigma is often reinforced by discrimination, especially if the individual chooses to disclose their illness for employment issues.

On the other hand, some individuals benefit from being open about their illness, as they may receive social benefits in terms of support and authenticity. However, individuals who are open tend to be more susceptible to discriminative behaviour from family, peers, and strangers (Quinn & Earnshaw, 2013). As a result, some individuals may be subject to anticipated stigma due to the belief that they may receive stigma from those who are aware

of their identity. A consequence of stereotypes surrounding mental illness leads to an expectation that others will devalue them, even if they have not experienced any previous discrimination. This causes a feedback loop, in which high levels of anticipated stigma may lead to increased levels of depression and anxiety, which leads to increased social isolation, which decreases the likelihood of future disclosure (Quinn & Earnshaw, 2013). However, this stigma does not seem to appear online as sharing mental health issues is encouraged.

However, it's important to note how self-diagnosis can be a limited way of addressing mental health issues, as traditional diagnosis is regarded as a complex process due to symptoms being associated with numerous mental health issues and causations (Bippert, 2023). One of the primary issues within traditional psychiatry is that many symptoms can be associated with multiple disorders, and these disorders can manifest in various ways. This complexity suggests that an individual may not be able to determine with certainty what condition they are experiencing. Thus, self-diagnosing mental illness can be challenging, as the diagnostic criteria outlined in the DSM are open to interpretation and rooted in professional frameworks that may not align with individuals' lived experiences (Bippert, 2023). While increased internet usage may have helped reduce stigma around mental health, it has also contributed to the rapid spread of misinformation (Giles & Newbold, 2011).

Recent literature posits that newer generations are more aware of their mental health than previous ones, which can lead to increased instances of self-diagnosis and attempts at self-managed care. When young people perceive themselves as experiencing mental health difficulties, they can easily access a wealth of information online (Ginting & Hati, 2023). The term 'self-healing' has become increasingly popular as awareness of mental health issues has grown. However, this framing can contribute to the normalisation of self-diagnosis, particularly among teenagers who may identify with mental health disorders after minimal exposure to online content (Ditanti, 2023, as cited in Ginting & Hati, 2023). This has led to increased levels of stress and anxiety among young people, as many come to believe in the accuracy of their self-diagnoses and adapt their behaviours accordingly (Maskanah, 2022, as cited in Ginting & Hati, 2023).

According to Ginting and Hati (2023), the younger generation believes that they can overcome mental health issues through healing in a variety of ways, such as mindfulness, expressive writing (i.e. reflecting on thoughts and feelings), and self-talk (i.e., speaking to yourself in a positive manner). Rahmasari (2020) suggests that young people must harbour self-resilience to overcome emotions and problems and resolve them instead of avoiding them.

Recent literature by Bippert (2023) has observed the behaviours and credibility perceptions of TikTok users related to mental health information, including the influence of self-diagnosis. While platforms like TikTok provide accessible information and spaces for discussing mental health, the use of these platforms for self-diagnosis raises concerns about the interpretation and legitimisation of diagnostic categories outside of clinical contexts (Bippert, 2023). For example, the information disseminated on these platforms lacks accountability and credibility. In Bippert's study, which included 131 participants, half reported having self-diagnosed with a mental health issue. While self-diagnosis was common, participants were generally less inclined to share their self-diagnoses if they were based solely on TikTok content. The findings also suggest a pattern: time spent on the platform, age, and previous mental health diagnoses all appeared to shape how individuals engaged with self-diagnosis and whether they chose to share it. Notably, users aged 18–24-year-olds were more likely to self-diagnose after prolonged TikTok use and were more inclined to view the content as credible.

Further findings suggest that users who relate to TikTok videos discussing mental health symptoms were more likely to engage in cluster-related behaviours, more inclined to replicate symptoms, perceive an increase in these symptoms and develop the belief that they had specific diagnoses due to video exposure. In terms of credibility, users tended to be more sceptical of TikTok videos when creators lacked perceived expertise, personal experience, or formal qualifications. Conversely, those who appeared knowledgeable or professionally affiliated were seen as offering more trustworthy and valuable mental health information, illustrating how perceptions of authority and credibility are constructed and negotiated within online spaces (Bippert, 2023).

A study by Clark (2023) looked at whether social media plays a role in mental health identity formation. This was a comparative study that looked at Twitter and TikTok to examine the most popular posts from searching 'anxiety,' 'adhd' and 'borderline personality disorder' and analysed the posts using thematic analysis. One of the most salient themes Clark identified was 'self-diagnosis,' especially on TikTok. Clark identified that TikTok creators would present themselves by carefully crafting their appearance and background environment to appeal to these communities, e.g., using sad music, dark lighting when dealing with the harsh realities of BPD (this was also identified in this study, see Chapters 5-9. Clark also found that some creators purposely present themselves in a relatable way to monetise engagement on their posts.

Overall, Clark found that sharing information was the most popular theme on both platforms, and that some of the information was frequently false or misleading. For example, some social media content draws associations between everyday behaviours and specific mental health conditions, prompting users to self-diagnose, a pattern observable in TikTok comment sections and Twitter replies. As Clark notes, 'the trust social media users give to the most popular creators, combined with the prevalent culture of validating and valorising self-diagnosis, leads to an epidemic of erroneous self-diagnoses' (p.77). Clark further argues that the romanticisation of mental illness within these communities encourages users to integrate diagnostic labels into their self-concept, reinforcing identity formation around mental health categories.

2.8.3 Self-diagnosis and therapy culture

Eaton (2023) highlights the growing concerns about self-diagnosis in mental health, especially difficulties distinguishing between normal experiences and pathological behaviours (Wakefield, 2010). This issue often arises when normal emotional reactions are interpreted through a medicalised lens, where factors like circumstance, duration, and severity are crucial for diagnosis. These factors are frequently overlooked in self-report measures, leading individuals to self-diagnose without professional guidance. As the APA (2022) notes, individuals may display symptoms without significant distress, thus not meeting diagnostic criteria, challenging the notion that self-labelling aligns neatly with clinical diagnosis. However, from a critical perspective, the concern is less about the 'accuracy' of self-diagnosis and more about how both professional and self-diagnosis operate within medicalising discourse that may pathologise normal human experience. In this sense, even self-diagnosis that aligns closely with professional medical categories can reinforce the dominance of medicalised frameworks in understanding mental health.

In a study by Epstein, Wiesner and Duda (2013), they found that people often present at mental health facilities with a specific diagnosis in mind and use clinical terminology and jargon to describe their experiences and symptoms. In addition, individuals will change their behaviours according to these descriptions, which in turn leads the individual to act in a similar manner to those characterised with that disorder, otherwise known as a 'looping effect' (Hacking, 1995). The looping effect is based on the idea that the language that we use can affect our thoughts, behaviours, and feelings.

In the online world, people have been sharing their experiences within online communities over the last two decades, with many community members often suggesting diagnoses that might fit based on the experiences other users had described (Giles & Newbold, 2011). This interaction can create a feedback loop where individuals begin to identify more strongly with certain labels and diagnoses, reinforcing their self-perception and behaviour. Research supports this effect, showing that online discussions can significantly shape how individuals perceive and act upon mental health diagnoses (Nielsen, Van Deventer & Williams, 2017). This dynamic aligns with theories like labelling theory and self-fulfilling prophecies, which emphasise how societal labels and expectations can influence personal identity and actions (Becker, 1963; Merton, 1948). Hacking's 'looping effect' will be referred to throughout the subsequent chapters, including findings and conclusion chapters.

Horne and Wiggins (2009) delve into the concept of identity as a rhetorical tool, emphasising its crucial role in managing interactional activity within online communities. Their research highlights how individuals leverage their self-identification, particularly through mental health diagnoses, to navigate and establish their presence in these communities. By claiming identities such as
'I have been diagnosed with BPD' or 'I have been bulimic for two years,' individuals effectively communicate their legitimacy and authenticity, which are critical for gaining acceptance and membership in these communities. The study underscores the performative aspect of identity construction, where the declaration of a mental health diagnosis is not merely a statement of fact but a strategic move to align oneself with the community's norms and expectations. This rhetorical manoeuvring allows individuals to negotiate their standing and roles within the community, ensuring their contributions are seen as credible and valuable. Brownlow and O'Dell (2006) observed similar dynamics in their study of groups related to Autistic Spectrum Disorder (ASD). They found that obtaining and publicly acknowledging an ASD label provided individuals with a form of social capital, granting them access to the online community. This labelling effect is a common thread across various online communities, particularly within mental health communities, where identity claims are pivotal in the social validation process.

Many authors have recognised an apparent irony here, as online mental health communities' surface independent of health professionals and yet simultaneously value the DSM's diagnostic criteria as it forms the basis of group identity. In other words, part of the DSM's appeal lies in the possibility that they will receive a diagnosis, to put a name to the illness, and ironically provide evidence that the individual isn't 'crazy' (Giles and Newbold, 2011).

In Giles and Newbold's (2011) study, they discovered that undiagnosed individuals turned to forums and mental health communities as they operate similarly to a medical consultancy.

For example, members describe behaviours to other community members and would receive diagnostic suggestions based on the member's prior disclosure. Individuals would then present the information they received from community members to professionals within a medical setting (Fox et al., 2005; Shaw & Baker, 2004). Ironically, the information provided by community members would often stem from trusted official media sites (Nettleton, Burrows, & O'Malley, 2005). However, online members made sure to separate themselves from professionals by declaring 'I'm not a professional/ therapist,' while simultaneously recommending online diagnostic tools, e.g., quizzes that suggest what mental health issue one may have.

While controversial communities continue to develop, the question as to whether the internet is 'good' or 'bad' for users' mental health comes full circle. According to Bell (2007), it's less about whether the internet is good or bad, but rather how engaging in specific online activities is having an impact on users' wellbeing. As there is no general psychology to the internet, the only way therapists can prevent or alleviate mental distress is by examining specific online applications and activities. Twenty years ago, research estimated that 5% of web searches were health-related (Eysenbach & Kohler, 2004).
This was alarming to professionals as they exert little control over the information distributed within online communities, which is often of low standard, especially within the mainstream media (Christensen & Griffiths, 2000; Inch & Merali, 2006).

Other research argued that users evaluate the quality of online health information by searching for supporting evidence backed by the government and/or professional bodies (Eysenbach & Kohler, 2002; Schwartz et al., 2006).

Furthermore, most high-ranked mental health information is sponsored directly or indirectly by pharmaceutical companies, which users tend to find more trustworthy than media outlets (Menon, Deshpande, Peri & Zinkhan, 2002). Today, research continues to analyse Google trends to see how they change and grow, including within mental health-related searches. During the COVID-19 pandemic, many researchers analysed these Google trends to see how the pandemic was impacting the health-related searches people were making. For example, Jacobsen et al's (2020) study looked at how the first stay-at-home orders impacted mental health searches across the states, as there was a surge in search queries, with depression and anxiety being the highest. However, other research found that most mental health searches

remained fairly stable throughout the pandemic (Knipe, Gunnell, Evans, John & Fancourt, 2021).

Further research by Wang et al (2022) looked at weekly data on mental health-related searches from Google Trends over an 11-year period (2010-2021) within the US and found that the depression search had grown 67% during those 11 years. This information is relevant to the overall thesis as much of the data collection took place during the COVID-19 pandemic, making it possible that the mental health discourse captured and discussed in the findings chapters was influenced by the unique circumstances and search behaviours prompted by the pandemic.

2.8.4 Identity

Identities are something constructed, fluid, and have multiple layers. Brubaker and Cooper (2000) argue that identity is something that people seek, construct, and negotiate, reflecting a form of belonging, connectedness, and commonality. They describe identity as a way of understanding the self through representations such as self-perceptions, behavioural attributes, and daily experiences. Adding to this perspective, Giddens (1991) emphasises that identity is an ongoing process of self-construction and negotiation within social contexts. He suggests that identity is not a fixed entity but is continuously shaped by interactions and experiences, reflecting the dynamic nature of self-understanding (Giddens, 1991, pp. 54-55). Similarly, Hall (1996) explores how identity is intertwined with social and political categories like race, ethnicity, and class, but also develops through everyday practices and experiences. Hall highlights that identity involves both historical and social dimensions, as well as ongoing processes of self-definition and interpretation (Hall, 1996, pp. 4-5). Both Giddens and Hall support Brubaker and Cooper's view that identity involves navigating and reconciling different aspects of the self in relation to broader social and cultural structures. This theoretical framework considers identity as an evolving construct influenced by personal and collective experiences, addressing questions of 'who am I?' and 'who are we?' through various lenses of self and society.

Today, everyday lives are explored online and offline (Turkle, 1997; Valkenburg & Peter, 2011). Online environments are recognised as significant in identity development, alongside offline contexts such as school and home (Marwick & boyd, 2011). Wallace (1999) described the internet as an 'identity laboratory,' a space where individuals can experiment with different versions of themselves. The internet provides a platform for people to escape

from real-world constraints and can serve as a disguise for some (Turkle, 1997). Over time, the internet has also become a place of community, allowing individuals to connect over shared interests and experiences. However, in recent years, there has been a shift towards valuing authenticity over mere experimentation in online interactions (Goffman, 1959). This discussion is pertinent to the thesis as it highlights how mental health discourse and illness identities are explored and tested online. Engaging with mental health discourse in digital spaces can influence individuals' self-perception and their perspectives on mental health.

While social media sites like Facebook and Twitter are designed to bring communities of people together with common interests (Fogel & Nehmad, 2009), they also enable people to express their identity in a virtual setting, even if it is different from their identity in the offline world (Hu, Zhao & Huang, 2014). For instance, online users are free to use a fake name, gender or conceal information regarding their age and location. Thus, identity construction in the online world functions differently from how it is constructed offline, as people have the freedom to re-construct their identities, fake or hide parts of their personhood (Hu, Zhao & Huang, 2014).

2.8.5 Stigma and identity

Concealable identities vary in 'magnitude' as some individuals view their identity as an 'overshadowing self' which consumes their thoughts for hours daily. For some, mental illness is a crucial part of their identity, while others see it as a minor aspect of their identity (Quinn & Earnshaw, 2013). This is the result of 'centrality' as individuals choose how they self-define. However, greater 'centrality' is linked to increased levels of distress (Quinn & Chaudoir, 2009). This could be due to a lack of community and no peer support if their identity remains hidden (Frable, Platt, & Hoey, 1998). 'Magnitude' is often dependent on 'salience,' as some rarely think about their identity, while others think about it several times a day. Salience is a measure of the frequency of these thoughts, rather than the context. However, occasionally salience is associated with certain contexts such as taking medication or attending therapy (Quinn & Earnshaw, 2013).

Further research by Yanos, Roe and Lysaker (2010) evaluated the impact illness identities have on recovery. The authors found that when individuals accept a mental illness identity, they may experience feelings of incompetence and inadequacy, which can influence how they perceive their symptoms and engage in the recovery process. Illness identities are influenced by the concept of identity regarding the social categories the individual uses to

describe themselves, e.g., some individuals may regard themselves as a survivor of mental illness. However, Yanos et al (2010) propose that if individuals choose to ignore their illness identities, it may lead to further obstacles within treatment and rehabilitation, especially for those with severe mental health issues.

Tucker (2009) analysed the discursive practices involved in the construction of diagnostic identities, arguing that diagnosis plays a central role in psychiatric practice by categorising individuals' experiences and legitimising access to specific psychological treatments. Undertaking this type of categorisation allows a person to become socially visible, as well as inviting the process of labelling to occur (Bhugra, 2006; Davidson, 2003; Dinos, Lyons & Finlay, 2005). Thus, receiving a diagnosis can have an important impact on the individual's identity (Sadler, 2005).

For instance, schizophrenia categories are considered the most challenging (Knight, Wykes & Hayward, 2006; Pinfold et al., 2003; Schulze & Angermeyer, 2002) as media reports typically depict schizophrenics as violent, a possible threat to themselves and more likely to engage in criminal activities (Harper, 2002). Tucker (2009) conducted 38 interviews across the East Midlands (UK), approaching individuals who had already received a diagnosis of schizophrenia and were in contact with psychiatric services and/or undergoing treatment.

During the interviews, service users were asked about their experiences and everyday lives. In-depth semi-structured interviews were conducted, covering the following key areas surrounding these experiences: receiving a diagnosis, understanding diagnostic terms and overall feelings towards the diagnosis. The results suggest that discursive strategies were employed to manage the risk to identity that arises once the service user receives a diagnosis of schizophrenia. Coming to terms with psychiatric explanations often resulted in 'identity-threatening connotations.' This was due to the concerns service users had, based on the stereotype of being 'a risk to others' as they failed to find a middle ground between what behaviours are considered 'aggressive' and what are considered 'a real threat' to society.

The study identified two thematic directions. The first was the construction of diagnostic identities, and the second was the negotiation of the identity. For example, being labelled with a schizophrenic identity forces individuals to face public knowledge that 'schizophrenics are considered a risk to others.'

Illness identities are often bound with acceptance, as individuals choose whether to accept the identity, which directly impacts their everyday life (Tucker, 2009). In some cases,

individuals welcomed the diagnosis as they claimed that ‘they knew something was wrong.’ Once experiences were identified as a cause for concern, individuals felt they needed an explanation, which would provide them with a sense of relief (Tucker, 2009).

As a result, diagnosis is actively sought as it provides people with a viable explanation for their difficult experiences (Tucker, 2009). Therefore, receiving a diagnosis is bound with a long-lasting identity tied to negative connotations, due to the person’s past experiences being re-categorised. Consequently, the act of embracing an illness identity creates a sense of permanence, as providing an explanation comes with a cost, which is often subscribing to a membership category. In some cases, ‘category entitlement’ is employed if the individual lacks control over their mental health difficulties. Often, they suspect the causality of their lack of control to be due to a genetic predisposition.

Thus, the individual will embrace the identity in the same way that they do with the colour of their hair (Tucker, 2009). In conclusion, the study emphasises how media reports often reinforce stigmatising or reductive representations of mental illnesses like schizophrenia, while placing disproportionate emphasis on diagnostic labels. This can create additional challenges for service users, who may internalise dominant narratives and begin to associate themselves with socially constructed stereotypes (Philo,1996).

Further research found that today′s mental health professionals are more likely to speak out about their own experiences of mental health issues. Richards, Holttum and Springham (2016) suggested that many professionals are now facing ‘identity-related dilemmas’ despite their greater social power than their patients. These challenges often stem from their need to maintain a professional image and the persistent stigma surrounding mental illness, even within their field.

Additionally, there is an expectation to act as role models and the necessity to preserve appropriate boundaries with patients further complicated the issues (Richards et al., 2016). Previous research found that illness identities are often offloaded verbally or published within their own journal articles and autobiographies (e.g., Deegan, 1987; Lemelin, 2006; Kottsieper, 2009). As mental health discourse begins to shift, mental health services have embraced the notion of ‘personal recovery′ and ‘lived experiences,’ which is typically deemed more positive among professionals who have undergone their own mental distress (Shepherd, Boardman, & Burns, 2008, 2010). Thus, the purpose of recovery has shifted from the original psychiatric model, which focused on diagnosis, illness, and symptoms (Slade,

2009), to a more personal model that focuses on strengths, hope, and healing (Roberts & Boardman, 2013, 2014; Shepherd, Boardman, & Slade, 2008).

Prior to this shift, the psychiatric model prevented recovery, while emphasising the progression of developing dominant illness identities (Adame & Kundon, 2007, 2008; Frese & Davis, 1997; Slade, 2009). Richards, Holttum & Springham's (2016) study looked at how mental health professionals construct their identities. The study consisted of 10 participants across different professional disciplines, e.g., social work, psychology, and psychiatry. Each of whom had experience within outpatient and/or inpatient services, had prior experience of depression, suicidal ideation, and anxiety. Interviewees were asked about their professional role, service user experience, and being a professional with service user experience.

The study used Foucauldian discourse analysis and discovered that some participants presented with separate constructions for 'professional' and 'patient,' while others switched between the two or developed an 'integrated identity.' Participants who strongly associated themselves with 'anti-professional' discourse held the belief that they had survived the mental health system. As a result, they frequently associated themselves with the 'survivor' identity. Many participants disagreed with the medical models, labels, and treatments, despite labels being a viable asset for participants to comprehend and describe their experiences. Those who attributed an 'integrated identity' believed that it felt good to have two identities, often referring to them as 'good' and 'bad' identities or 'them and us,' drawing on an activist role (Adame, 2011; Weltz, 2003). Other participants had separate constructions as they felt that the roles of professional and patient should be viewed differently and could not occupy both positions simultaneously. This became a problem for some, as they felt that they had lost their professional identity when they initially became unwell (Joyce, Hazelton & McMillan, 2007).

The study concluded that participants drew on different identity constructions while embracing a more integrated approach within their professional lives. As a result, interviewees were either viewed as a 'wounded healer' or an 'insider activist', which normalised their mental distress and recovery from life problems, rather than from an illness (Perkins & Slade, 2012). Therefore, embracing a 'personhood' identity can encourage professionals to provide a more empathetic approach to service users (Adame, 2014). A recent study by Frawley, Wakeham, McLaughlin and Ecclestone (2024) explored how 'professional exes' (Brown, 1991; LeBel, Richie & Maruna, 2015), also known as 'wounded healers' (Jackson, 2001), tend to use their experiences to help others through campaigning

and mentoring others, which claims-makers believed would reduce stigma. Many origin stories stem from former students who struggled throughout their studies and later founded campaign groups, organisations or offered coaching sessions for mental health (The Guardian, 2018; MindMapperUK, 2022 as cited in Frawley et al., 2024).

Many of these stories do not lead to full recovery and thus maintain the identity of a mental ill-health sufferer, which is not viewed as an obstacle for 'wounded healers' but instead seen as a strength (Frawley et al., 2024).

2.8.6 Labelling theory

Labelling theory is one approach that attempts to understand mental ill health and how notions like stigma, medicalisation, and normalisation influence how we perceive ourselves and others. Historically, Becker (1963) used labelling theory to understand why some individuals were defined as 'deviant' within society (p.39). Labelling people as 'deviant' influences power dynamics, as labelling is considered a form of social control. It was thought that those who disrupted social order, like criminals, homosexuals and adulterers, might be considered 'deviant.'

The theory suggests that once an individual has been labelled deviant, they often face further reactions, such as negative stereotypes (i.e., stigma) that are attached to the deviant label (Becker, 1963; Lemert, 1967). This can lead to the label becoming something stable and chronic. In other words, the label and subjection to stigmatising attitudes may reinforce deviant behaviour, which otherwise may not have existed prior to being labelled. Scheff (1966) drew from Becker's work to understand the use of labelling in regard to mental illness (p.40).

Scheff's work goes against the medical model as he believed that mental illness resides outside of the self rather than within. For example, Scheff suggests that people are labelled mentally ill when they break rules that instigate a reaction from others. These rules are often well-defined, formal, and informal, as well as unspoken rules, which Scheff referred to as 'residual rules.' If any of these rules were broken within society, it would increase the chances of someone being labelled 'mentally ill.' However, Scheff suggested that most behaviours that are viewed as psychiatric symptoms are examples of residual rule-breaking, e.g., someone talking back to their internal voices (pp. 41-42).

Scheff also drew on Goffman's (1963a) work on behaviour in public places to emphasise that rules govern our everyday interactions. Goffman suggests that there are rules of engagement, such as not withdrawing too much and having a purpose. Scheff viewed these examples as residual rules. Scheff proposed that those who were labelled were expected to adopt the classification others had made, and accepting the label may even be rewarded (pp. .41-42).

However, Scheff's version of the labelling theory sparked criticism in the 1970s. Gove (1970, 1975, 1982) argued that it was the behaviour of the person that determined the label rather than others' interpretative processes (p.44). For example, Scheff claimed that residual rule-breaking is an example of norm violations that are not associated with any labels. However, Scheff argues that objectively there are behaviours that are generally associated with mental illness, e.g., somebody who starves themselves because they believe they're overweight is considered anorexic (Cohen, 2018, p.45). Critics of Sheff's theory argue that certain behaviours are indicative of underlying mental health issues and cannot solely be attributed to social norm violations. For example, severe eating disorders like anorexia nervosa are well-documented and have distinct diagnostic criteria that go beyond mere rule-breaking (Cohen, 2018).

Moreover, biological and neuroscientific perspectives that many mental health conditions have physiological bases, contradicting the idea that they are merely social constructs, e.g., mental illnesses like depression and schizophrenia have genetic and neurochemical underpinnings (Kandel, 1998). Other scholars advocate for a more integrated approach that recognises both social and biological factors that contribute to mental illness, suggesting that while social norms play a role in how symptoms are perceived and labelled, biological factors are also at play (Insel & Quirion, 2005).

Additionally, responses emphasise the importance of cultural and contextual factors in understanding mental illness, as different cultures have varied interpretations and labels for behaviours, influencing the perception and treatment of mental health conditions (Kleinman, 1988). Each of these perspectives highlights the complexity of distinguishing between social norms and genuine pathology.

While Scheff's interpretation of labelling theory was largely accepted by sociologists, it failed to have an impact within other disciplines. Scheff attempted to challenge the medical model and its definition of mental illness from a social model perspective. He argued that what the medical model interprets as symptoms of mental illness are breaches of residual

rules, which are social norms that are mostly invisible (Scheff, 2010). In other words, everyday behaviours were being medicalised. Thus, labelling theory proposed that a more effective approach to preventing further labelling would be to normalise those who break these residual rules.

Link further adapted Scheff's labelling theory; however, he was opposed to the idea that labelling is the direct cause of mental illness (Link, 1982, 1987; Link et al., 1989). Instead, Link argued that labelling and stigmatising those with mental health issues is a form of jeopardisation which harms self-esteem, employment opportunities and social networks. As a result, people with mental illnesses tend to form expectations as to whether others, like friends, employees, and intimate partners, will reject them and view them as less competent and trustworthy (p.50).

Although there are many adaptations of labelling theory, all variations agree that formal labels stigmatise individuals, which leads to a self-fulfilling prophecy (DeRoche, 2014). In other words, despite various interpretations of labelling theory, they all share a common understanding that formal labels contribute to stigmatising individuals.

According to the theory, this stigmatisation sets in motion a process where individuals internalise these labels and begin to conform to the expectations associated with them. Consequently, the label becomes a self-fulfilling prophecy, influencing how individuals perceive themselves and how others perceive and treat them (see Goffman, 1963; Link & Phelan, 2001; DeRoche, 2014).

In addition to being perceived by others as mentally ill, some individuals engage in self-labelling through the appraisal of symptoms they encounter (Moses, 2009). Previous research by Thoits (2016) believed that self-labelling was done in a self-protective manner or a strategy of 'stigma resistance.' The belief was that the act of self-labelling could produce positive outcomes in terms of help-seeking and exposure to negative stereotypes held by others and oneself (Link & Phelan, 2013; Rosenfield, 1997), which would help the individual come to terms with their illness. Self-labelling occurs when an individual recognises that they have a mental health issue and can identify symptoms associated with a specific diagnosis. Those who engage in self-labelling often identify their condition before seeking medical intervention (Rickwood, 2020).

Today, it is increasingly accessible for individuals to self-label by consulting informal sources such as social media, which facilitates the process of self-diagnosis (Lal, Nguyen &

Theriault, 2018). Further discussion of self-diagnosis is offered in the findings of Chapters 5-7 and the discussion section of Chapter 8. Critics of therapy culture argue that self-labelling reflects a broader desire for identity validation and recognition. Rather than viewing psychiatric labelling as an imposed stigma, as suggested by traditional labelling theory, some argue that individuals seek labels like 'sick' or 'mentally ill' as a way of legitimising their experiences. This chapter explored these dynamics through the lens of Parsons' sick role theory, which posits that people adopt the 'sick role' with the expectation that a medical authority will legitimise their condition. For instance, if someone receives a diagnosis of depression, they may embrace this label as a meaningful explanation and identity.

Previous literature has focused on emphasising the consequences of internalising illness labels (Goffman, 1963; Parsons, 1951; Scheff, 1970,1974). Theorists also recognise that once these labels are established, they precipitate specific consequences. Szasz (1974) was one notable figure who believed that effective labelling of mental illness was caused by a power dynamic between the professional (psychiatrist) and the powerless individual (patient). Szasz believed that the label was determined through powerful language and professional intervention. Once the individual was labelled 'mentally ill' they played out the role as 'insane' in line with a cultural script (p.49), which is similar to Goffman's concept of 'role engulfment, in which Goffman contests that individuals may fully embrace roles assigned to them by society, allowing these roles to shape their identity and behaviour. Throughout this chapter, I have addressed how the diagnostic system works and the expansion and progression of the medicalisation and pathologisation of everyday behaviour. By adopting Hacking's point of view, no matter how an individual is labelled, looping effects continue to take place, especially as the concept of mental illness continues to expand.

Previous work by Scheff and Link helped establish how mental illness is impacted by labelling. While scholars continue to theorise how stigma and mental health issues go hand in hand, the notion that being labelled leads to a self-fulfilling prophecy and looping effects is still a concerning factor. Although this study does not focus on stigma surrounding mental ill health, it does look at the meaning illness labels provide an individual and why they are prominent within online mental health communities. This study takes on board some of the concepts developed from the labelling theory, but does not feel like the theory can account for modern-day mental health issues due to its predated nature. For instance, individuals seek out illness labels willingly compared to previous work on labelling theory, which emphasises the social construct and power dynamics that label the individual as mentally ill. Findings, Chapters 5-7, explore how these labels are sought as a consequence of therapy culture.

2.9 Conclusion

This chapter has critically reviewed literature exploring the intersections of mental health and digital technologies, with a particular focus on how discourse, diagnosis, and identity unfold across online spaces. The chapter began by considering widespread concerns about a mental health crisis, highlighting how news media, global events such as the pandemic, and digital connectivity have been implicated in the worsening of mental distress. Key debates included the use of platforms to express distress (e.g., 'sadfishing') and the application of AI and predictive tools aimed at detecting mental illness. While much of this literature assumes a negative relationship between screen time and well-being, it often overlooks more complex cultural, technological, and ideological factors shaping mental health discourse online.

Platform interventions, such as trigger warnings, moderation policies, and predictive health technologies, were examined as part of a growing shift toward mental health governance in digital spaces. These interventions, while framed as protective, also participate in regulating visibility, access, and expression. For instance, trigger warnings and shadowbanning affect what users see and share, contributing to an ecosystem where mental health content is not only produced and consumed, but also filtered and categorised according to normative assumptions about harm.

The chapter then examined the expansion of medicalisation, highlighting how social and emotional problems have increasingly been reframed as individual pathologies. Central to this is the Diagnostic and Statistical Manual of Mental Disorders (DSM), which has played a dominant role in constructing psychiatric knowledge and shaping how distress is classified, diagnosed, and internalised. However, critical scholarship has challenged the DSM's authority, noting its reliance on symptom lists and its failure to address structural, relational, and existential causes of distress.

These critiques are particularly salient in digital contexts where individuals increasingly engage in self-diagnosis. The literature suggests that social media platforms not only facilitate identity exploration but also normalise the adoption of illness identities. Communities on Twitter, Tumblr, and TikTok contribute to the validation and circulation of mental health language and labels, often outside of traditional psychiatric authority. While these spaces offer solidarity and visibility, they also risk intensifying users' sense of distress or reinforcing narrow diagnostic categories. The enduring appeal of the chemical imbalance

theory, despite its contested scientific basis, reflects the lingering power of biomedical narratives in these discussions.

Finally, the chapter considered the concept of therapy culture, the expansion of psychological discourse through therapeutic language into everyday life. Whereas some see this as empowering, providing language for pain and tools for self-understanding, others argue that it individualises suffering and encourages over-identification with illness. Online, these dynamics are intensified. Platforms both amplify and restrict how distress is performed, shared, and interpreted, shaping how users present themselves, how they are seen, and how they understand their emotional experiences.

This review has identified several gaps in the literature, particularly the lack of attention to platform-specific dynamics such as algorithmic filtering, content moderation, and design features that shape what users post and how they are seen. It also notes a lack of sustained engagement with how therapy culture and digital media converge to reinforce or disrupt dominant narratives of mental illness.

Together, these gaps inform the study's aim, objectives, and research questions. This study aims to investigate how mental health-related language, self-presentation, and identity construction unfold across Twitter, Tumblr, and TikTok. It examines how these platforms shape discourse through their affordances, moderation systems, and algorithmic governance, and how users negotiate these conditions in constructing and performing illness identities.

The study is guided by the following objectives and research questions:

- To develop a deeper understanding of how mental health-related language is used and discussed on Twitter, Tumblr, and TikTok.
- To examine the meanings and cultural values that shape the construction of online personas.
- To explore the relationship between identity construction in online spaces and the language of mental health.
- To evaluate how algorithms and other platform-specific factors influence users' self-presentation and discussions of mental health.

Research Questions:

1. How do individuals on Twitter, Tumblr, and TikTok use language to discuss mental health, and what cultural meanings and values are conveyed through this language?

2. In what ways does mental health-related language shape identity formation and the significance of identifying with illness identities on social media platforms?
3. What role do algorithms and platform-specific features play in shaping users' self-presentation and discourse about mental health on Twitter, Tumblr, and TikTok?

Chapter 3 will outline the theoretical framework underpinning this study, focusing on Goffman's work on self-presentation, social surveillance, and the loss of meaning, alongside contemporary perspectives on digital folklore to contextualise identity and mental health discourse in online spaces.

Chapter 3: Theoretical Perspectives on Self-Presentation, Social Surveillance, Cultural Meaning, and Folklore

3.1 Introduction

In an era marked by rapid technological advancement and evolving forms of communication, our interactions with others and our understandings of ourselves are increasingly shaped by digital environments. Social media platforms have transformed how individuals present themselves, engage with others, and interpret experiences, especially in relation to mental health. This chapter brings together multiple theoretical perspectives, drawing from performativity, social surveillance, modernity and digital folklore, to offer a multidimensional framework for understanding how mental health is expressed and negotiated online.

The chapter begins by exploring Goffman's theory of performativity, focusing on the ways individuals construct and curate their identities across various social media platforms. Online self-presentation is a central theme of this thesis, particularly in how individuals adopt and display mental health-related labels as part of their digital personas. This discussion is then extended through the concept of social surveillance, which highlights how external audiences, including peers, influencers, and algorithms, shape and constrain these performances. The pressure to be visible, relatable, or 'authentic' can result in the strategic use of illness identities, where mental health labels become part of one's public-facing identity.

Building on this, Chapter 3, section 3.5, considers how modernity, characterised by the erosion of traditional meaning systems, has contributed to a therapeutic culture in which emotional struggles are increasingly medicalised. This shift may influence how individuals frame personal difficulties through clinical or diagnostic language, which in turn affects the broader discourse around mental health on social media.

To deepen this analysis, this chapter integrates the framework of folklore, positioning it as a powerful lens for understanding the informal, user-generated ways mental health narratives

circulate online. Folklore, traditionally defined as the shared expressive culture passed through generations, has evolved into digital formats such as memes, GIFs, and emojis. These forms of 'digital folklore' reflect not only storytelling practices but also communal values, coping strategies, and shared beliefs about mental health in contemporary society.

By tracing the transition from oral traditions to photocopylore (e.g., Xerox jokes in workplace culture) and on to digital folklore, this chapter examines how user-created content on social media functions as modern folklore. Chapter 3, section 3.6, explores the storytelling properties of memes, their emotional resonance, and their role in shaping how mental health is discussed and understood. Drawing on scholars such as De Seta (2019), this section also integrates debates around authenticity and the legitimacy of digital folklore within folkloristics.

Together, these conceptual frameworks, including performativity, modernity, surveillance, and folklore, offer an approach to understanding the dynamics of online mental health discourse. They help explain not only how individuals express emotional experiences but also how these expressions gain cultural meaning and circulate across networks. This chapter aims to demonstrate that digital folklore, alongside performative practices and therapeutic ideals, plays a vital role in shaping meaning, identities, and emotional realities constructed in today's digital mental health ecosystem.

3.2 Theory of performativity

Shakespeare once said 'All the world's a stage, and men and women are merely players. They each have their exits and entrances, and one man in his time will play many parts' (quoted in Hogan, 2010, p.1). While this could be perceived as cliché, Goffman takes what Shakespeare said very seriously by adopting the view that the metaphor of life is theatre, and the world is our stage (Kivisto, 2012). Goffman's dramaturgical approach is used to explain how individuals present themselves to specific groups of people. The metaphor views social life as a stage and life as a series of performances one must undertake. The actor (i.e., the individual) attempts to perform idealised versions of themselves to audiences, rather than presenting their authentic selves (Hogan, 2010). Historically, the theory of performativity has been used to explain identity construction within face-to-face interactions (Bardhan, 2022). The premise of this theory suggests that individuals try to control how their self-image is perceived by others (Goffman, 1956, p.2). It is instinctual for people to seek information during face-to-face interactions. Humans value other people's evaluations of

themselves but are equally afraid of being judged by others, as they want to be respected. Evaluations are determined by the actor's performance during these interactions (Makinen, 2022). Thus, it is imperative that the individual presents their most desirable selves to the world (Bullingham & Vasconcelos, 2013).

Goffman refers to these interactions as 'performances,' which are carried out for a particular audience, at a specific time, and within a specific setting (Makinen, 2022). A performance takes place in a highly bounded region, which often correlates with time. For example, the performance can take place in a specific location and have temporal boundaries which are perceptible (Heft, 2001). The audience is made up of people who observe and monitor the actor's performance. Typically, the audience is subjected to the actors' putting on a front, which consists of carefully selecting details that are performed to represent their desired impression (Hogan, 2010).

Furthermore, the audience is also bound, not just by locality and time, but by the identity (or front) that the actor adopts for their audience. Therefore, the 'front' that an individual presents requires continuous alterations according to the audience they are performing for (Hogan, 2010).

Goffman uses theatre terminology such as 'front stage' and 'backstage' to account for when and what the actor does in both stages to make the performance more believable. The 'front stage' refers to the public performance that the actor conveys to their audience (Bardhan, 2022). A front-stage performance is a strategic act which aims to provoke specific responses from the audience. For instance, the individual may act in a specific way to conform to a tradition or to 'stay in line' with their social status (Goffman, 1959). Front stage also refers to the individual's appearance and manners (Makinen, 2022). What is performed during 'front stage' is often contradicted by how the individual behaves in their 'backstage.' This is because, in their 'backstage,' the individual is not required to maintain a 'front,' allowing them to relax and refrain from concealing aspects of themselves. The 'backstage' provides the opportunity for the actor to do the preparation work for their front stage roles (Ritzer, 2011; Goffman, 1959, p.13,19,69-70,75).

According to Goffman, some of our 'real' and 'true' attitudes are only found within our indirect or involuntary behaviours. Typically, the actor will develop pre-established patterns of behaviour, otherwise known as 'parts,' to facilitate the formation of interpersonal relationships. These relationships are reinforced by repeatedly playing the same 'part' (Goffman, 1959, pp. 1, 8-9, 19). During a performance, the actor's goal is to convince their

audience to believe in their act. The actor also decides whether they believe in their own performance, positioning it somewhere along a continuum between truth and deception (Makinen, 2022). Typically, both the performer and the audience believe in the performance.

Additionally, the actor has the freedom to present themselves as something they are not, as to either emphasise or hide certain aspects of their identity. This can be done either consciously or subconsciously. Goffman believed that actors who were not convinced by their own act were cynics, as they enjoy manipulating the audience for personal gain (Makinen, 2022). Arguably, this is not always the case if the individual is trying to do something beneficial for their community rather than for self-gain. For example, dramatising an act may help the audience understand the act better.

However, not all actors have the skills to deliver this type of act successfully, which leads to the perception of a faulty performance (Goffman, 1959, pp. 10-12, 19-21). Maintaining a particular impression may require acting in a way that convinces the audience (i.e., through pretending), thereby creating a more favourable perception of the self. Performing is frequently shaped by aspects of impression management. Goffman suggests that we craft impressions through what he calls ‘sign vehicles,’ including verbal and non-verbal cues. Thus, our expressions play a crucial role in shaping the impression we create. There are two types of expressions: 1) The expression we give, which encompasses what we say, our facial expressions, and the intentional and controlled aspects of our body language, and 2) The expression we give off, which consists of the aspects we have less control over, such as inconsistencies between our words and actions and body language that unintentionally reveals our true feelings.

Thus, when individuals present themselves to their audiences, they are motivated by the prospect of achieving their personal goals and to present consistent and positive views of the self to the world by conforming to social norms (Goffman, 1959, pp. 27-31, 45-46).

3.3 Self-presentations online

The Theory of Performativity has enabled researchers to explore and comprehend identity and the dichotomy between ‘real life’ and ‘virtual’ identities. The theory suggests that the self comes with pre-determined identities and experiences, which are subsequently stylised and curated online (Butler,1990,1993). The theory emphasises that our identities are in a

constant state of becoming (Brickell, 2003) and that our compartmentalised selves only come into effect within certain environments and within specific discursive practices.

In the context of online behaviour, users do not traverse through stages as Shakespeare proposed; rather, individuals generate persistent data traces that remain as a record of their interactions. Data traces consist of online documentation of a user's life. Furthermore, data traces mediate parts of the user's online lives once the user enables others to interact with the data that they leave behind. Hence, why the online world is not only viewed as a stage but as a participatory exhibit (Hogan, 2010). For instance, the actor performs in real time for their audience, which enables the audience to monitor the actor's behaviour. Once the performance takes place, an artefact is produced as a result of a past performance and continues to exist within the virtual world. The actor chooses what they would like to 'exhibit' from their performance in accordance with the impression they want to give off (Halle, 1996).

During a performance, the user will choose to perform either an 'ephemeral' act or a 'recorded' act. A recorded act is representative of the self, which will continue to exist throughout time. However, a recorded act fails to bound the audience to when the performance 'actually' took place. Thus, the performance is perceived outside of 'real-time,' which can be replayed multiple times in an entirely different context from where the original performance took place. This explains why users devote their time to mastering the exhibitional approach (Hogan, 2010).

This approach allows users to curate their performance and leave behind appropriate artefacts for audiences to engage with. Performances are frequently curated to simulate engagement with these artefacts. Users achieve this by responding to, observing, or acknowledging the artefacts. The key elements of an exhibition space are: 1) Information that is representative of an individual, which is delivered to an audience by members of a third party (Hogan, 2010), and 2) The reproducibility of this content, particularly when disseminated through third parties, means that users do not oversee the data in the same manner as the audience receives it.

As a result, users may never fully know their audience. In other words, social media platforms are not bound by space and time as they exist beyond the user's control, with their online performance being continuously observed by others. Early exhibition sites, such as Facebook, Flickr, YouTube, and personal blogs (Boyd & Ellison, 2007), surfaced on the internet and have since expanded and remain active today.

3.3.1 Exploring online interactions with a Dramaturgical approach

Although Goffman's dramaturgical approach was initially developed to account for face-to-face interactions, it has since been adapted to address online behaviour. Despite critiques suggesting that the theory is outdated and was not designed for online contexts (e.g., Smith, 2018; Thompson, 2020), numerous studies have modified the framework to analyse online self-presentation (e.g., Jacobsen, 2020; Hong, Lee & Kim, 2023). In line with Goffman's concepts, individuals strive to showcase their most ideal and genuine selves, even in online settings. As life is viewed as a succession of performances, people will persist in engaging in these metaphorical acts both online and offline (Hogan, 2010).

Previous research suggests that online sites provide a private overview into the users' back-stage, as users tend to display things that they would not otherwise in face-to-face settings (Boyd, 2006; Lewis, Kaufman & Christakis, 2008; Robinson, 2007). Therefore, there is a conflation between backstage and private spaces, as online spaces fail to capture a third party due to the lack of control users have over who has access to their information. For example, Facebook allows 'friends' and 'friends of friends' to view a user's content, which is beyond the user's control. Regular use of platforms like Facebook arguably helps users become more aware of who they consider appropriate audience members for their content and who they do not. Other research by Bullingham and Vasconcelos (2013) used Goffman's theory to account for identity and presentation of the self within 10 blogging participants across different blogging platforms. While existing research argues that technology-mediated interaction is insufficiently rich due to its lack of visible cues, blogging technologists claim that technology-mediated interaction is just as visually rich due to its advances in incorporating photos, videos, biography, links, and friends lists (Blogger, 2009, as cited in Bullingham & Vasconcelos, 2013). As technology advances, online platforms have grown more sophisticated, evolving beyond mere textual data. Users, much like in face-to-face settings, must use their backstage time to prepare for future online interactions (Miller & Arnold, 2009).

Moreover, some users have anonymous or secondary blogs for their more risqué content. Previous researchers indicate that individuals who manage multiple blogs may create distinct primary and secondary personas (Boellstorff, 2008; Donath, 2001), a phenomenon often referred to as 'identity tourism.' This practice historically resulted from the freedom online users had to assume different identities, including variations in gender, race, or nationality.

Occasionally, users will adopt new personas online as a form of escapism, especially if they need to maintain a politically acceptable image in their offline lives (Nakamura, 2002). Many achieve this by creating pseudo-anonymous blogs, which serve as a space for expressing their true selves and personal interests.

These blogs offer a means of escape from the constraints of maintaining a particular appearance, especially within professional contexts where individuals must present themselves as knowledgeable and competent. A secondary blog provides users the freedom to express their emotions candidly and authentically, a trend consistent with existing literature. However, participants in some studies have confessed to intentionally exaggerating within their posts for storytelling purposes, despite observers perceiving their posts as sincere. These bloggers argue that they are not merely 'donning a mask' but are using their blogs to explore aspects of their identity that they may otherwise censor in the presence of certain individuals (Bullingham & Vasconcelos, 2013).

It is possible that some users present edited versions of themselves on these platforms, which can be considered a form of 'partial masking.' This involves selectively emphasising or censoring aspects of the self, resulting in an online persona that differs from their offline self. Consequently, users create a 'partial masking' effect (Bullingham & Vasconcelos, 2013), where their online presence offers a degree of freedom from societal and professional pressures. Bargh, McKenna and Fitzsimons (2002) suggest that the true inner self can only be fully expressed online, a phenomenon less evident in face-to-face interactions. For some secondary users, this may manifest in the form of 'avatars' that closely resemble their offline selves while also reflecting how they wish to be perceived and defined online.

3.4 Social surveillance

Alongside Goffman's theories of self-presentation, the pervasive culture of surveillance plays a significant role in influencing how online users present their online identities.

3.4.1 Online Social Surveillance Culture

Traditional forms of surveillance culture refer to those in power, like governments and corporations, who attempt to control individual citizens (Ball, 2010; Gandy, 1989; Lyon, 2003). Social surveillance, on the other hand, is a product of the internet era and the rise of

newer social media sites like Twitter and Facebook. Social surveillance is also known as 'anticipatory surveillance' in which users of social media platforms are aware that they are being watched by other users, while simultaneously watching others.

Social surveillance involves continuous engagement in eavesdropping, gossiping, and investigation as a way of gathering information, which has been normalised by social media (Marwick, 2012). Social media sites have achieved this by encouraging users to see what other users are 'up to' (Joinson, 2008; Tokunaga, 2011). Over time, newer social media sites have normalised the need to broadcast personal information to online audiences, which has since become a habitual form of digital monitoring (Fuchs, Boersma, & Albrechtslund et al, 2013; Trottier and Lyon, 2012). During online engagement, users are subjected to distinct groups, including friends, family members, and co-workers, which determines how and what the individual will broadcast (Boyd, 2008; Marwick and Boyd, 2011; Hogan, 2010).

In addition, social surveillance enables users to investigate digital traces left behind by people they are connected to across several social media platforms. Many users have adopted practices such as 'stalking,' watching, and creeping, which produce 'panoptic-type effects' (Marwick, 2012). In other words, individuals adjust their online behaviour with a specific audience in mind, tailoring their actions based on who they believe is observing them (Gershon, 2010; Trottier, 2011).

According to Locke (2010), snooping, eavesdropping, and gossiping are behaviours that existed long before the digital age, traditionally used to gather information about people of interest. For instance, individuals often overheard other people's conversations, would peer through keyholes, or take photographs of others in an attempt to wade in on their personal and private lives (Locke, 2010). Locke (2010) explains that eavesdropping is a unique form of communication characterised by two key aspects. First, it is inherently intimate because the individuals involved are unaware that someone is listening, which allows them to express themselves more freely. The second feature involves the way information is obtained; it isn't willingly shared by the sender but rather taken without their knowledge. Compared to social media platforms, the information is 'donated' by the user as they have decided to share and make the information publicly available to other users. Doing so enables other users to view the information in an attempt to capture the attention of their audience (Marwick, 2012).

The process of 'donating' information, known as 'lifestreaming,' involves tracking personal details and broadcasting them to a selected network (Marwick, 2010; Mullen, 2010). This practice is closely tied to the concept of social surveillance, which can be distinguished by

three main characteristics: 1) Power, where a dynamic of power flows through all interpersonal relationships; 2) Hierarchy, as social surveillance takes place between individuals; and 3) Reciprocity, where those who engage in social surveillance also produce content for others to view. These three aspects are fluid and evolve over time (Marwick, 2012). While information sharing has often been viewed as a form of exhibitionism, Marwick (2012) argues that users are often driven by trust and intimacy. Therefore, participating in social media and instant messaging not only involves lifestreaming but also helps strengthen online relationships through these interactions.

Microblogging sites like Twitter encourage 'digital intimacy' (Thompson, 2008), which helps reinforce and maintain online connections (Crawford, 2009). Compared to user-generated sites like YouTube, which encourage the creation of content to be observed by others. Microblogging sites, on the other hand, not only encourage observing others' content but also promote sharing your own. Foucault's model of 'capillaries of power' can account for how power is internalised in this context for the purpose of self-discipline and impression management (Marwick, 2012). For instance, social media sites encourage users to monitor others on the platform by consuming user-generated content. This helps the user decide what is acceptable and unacceptable behaviour on the platform (Trottier, 2011).

Additionally, 'context collapse' will often occur when friends, family, and co-workers are lumped together on social media and classified as 'friends.' When individuals are in face-to-face settings, they can present themselves according to their audience. However, this process is complicated by social media sites due to the audience consisting of different groups of people (Boyd, 2008), which is reinforced by the pressure to 'befriend' any acquaintance (Boyd, 2006; Fono & Raynes-Goldie, 2005). As a result, many social media users' friends will have different social norms, occupations, and vary in age. Thus, ascribing the term 'friends' to online connections flattens power differentials based on social roles, e.g., Parent/Child and Boss/Employee. Consequently, social surveillance reveals parts of an individual that would have otherwise remained hidden within face-to-face contexts. This is how technology blurs otherwise obvious boundaries.

Furthermore, social surveillance provides the opportunity for individuals to learn more about their online friends, while also enabling users to assert power over others. For example, being openly accessible to other users allows them to construct interpretations of an individual's identity based on curated content, even if these interpretations do not fully reflect the complexity or intentionality behind the user's self-presentation. Notably, it is this process of gathering information which enables users to assert power over others, otherwise

known as ‘levelling up.’ Asserting power over others aids users in feeling better about themselves through the process of social comparison. Hence, why Foucault’s ‘capillaries of power’ can be used to demonstrate the power differentials in everyday interaction, rather than within hierarchical models of power, which only account for the traditional understanding of surveillance culture (Marwick, 2012).

This concept is closely tied to mental health, as sharing personal experiences beyond confidants and friends, and with a broader audience, can cause mental health issues to become central to an individual’s identity. When individuals are encouraged to share their mental health stories publicly as part of efforts to de-stigmatise mental illness, the language and labels associated with mental health become deeply integrated into their self-perception, particularly in online spaces. This push toward openness and de-stigmatisation can inadvertently make mental health struggles a defining feature of one’s online identity.

Foucault’s concept of capillaries of power can help explain the surveillance culture present on social media sites. This is relevant to this study because such surveillance culture may influence how users present themselves online, which, in turn, could affect how they identify with or find meaning in illness labels. In addition to the concept of capillaries of power applied here, Foucault also examined how power has historically been wielded in relation to mental illness. Foucault’s interest in applying his theory of power to psychiatry and psychotherapy developed in response to the use of asylums in the nineteenth century. For instance, Foucault applied his theory to account for the power and disciplinary techniques imposed on mentally ill individuals during this period (Foucault, 2002, 2003). He accounted for psychiatric power and the concept of ‘abnormality’ and how this type of repressive power was adopted by social sciences, which went beyond intuitions of law and punishment. According to Foucault ‘power is never something that someone possesses, any more than it is something that emanates from someone’ (Foucault, 2003, p.3). In other words, Foucault argues that the power is not a static entity that individuals can own or possess. Instead, the power is a dynamic, relational force that operates through social structures. Essentially, power is a product of social relationships and is embedded in the way institutions and individuals interact, rather than being a fixed attribute of any one person.

Foucault argued that power manifests through specific tactics of management, which are responsive to various aspects of the patient’s existence, such as their body, time, history, actions, and biography within the asylum. In practical terms, this meant that professionals not only scrutinised the patient’s life histories but also employed physical punishments, such as withholding food, to control and assert authority over the patients (Das, 2016).

From a broader perspective, what this study refers to as discursive power plays a role in multiple facets of society. However, the focus of this study is on social surveillance within online settings and the power exercised by 'professionals' within psychiatric settings, including the classification systems used to diagnose individuals. Foucault argued that this discursive power is a means of controlling and surveilling the population through the assignment of mental illness labels (cited in Williams, 2023), which may influence how online users interpret these meanings in contemporary contexts. [24] Foucault believed that power is central to how individuals are 'made subjects' and that the power within psychiatry produces 'psychiatric identities.' The term 'made subjects' refers to the subjective identity of individuals and how they come to understand themselves, which often results in a specific, constructed identity (Foucault, 1982).

This concept of identity formation is particularly relevant when considering online behaviours. For example, previous studies have found that many social media users are more preoccupied with how their peers perceive their online activities than with the surveillance conducted by governments and corporations (Marwick & Boyd, 2011). Thus, many users self-monitor their online actions as a way of maintaining a balance between publicity and seclusion, while simultaneously consuming the updates of other users (Boyd and Marwick, 2011; Marwick, 2010). As Daniel Trottier (2011) observes, the awareness of being observed influences how individuals perceive and react to their own surveillance. Trottier points out that the prospect of being watched frames one's own monitoring practices, which often uncovers significant insights into social norms, behaviours, and self-presentation strategies on social platforms. This dynamic is crucial for researchers, as it allows for an examination of cultural practices, including those related to therapy, through these online spaces. This is fundamental as researchers can utilise these platforms as a window to culture, including the culture of therapy, as explored in this thesis.

For example, Duffy and Chan's (2019) study questioned how anticipatory surveillance impacted users' self-presentations on social media platforms. The study observed how college students and recent graduates articulate their self-presentations across several social media platforms. The study borrowed from Lyon's (2017) framework of 'surveillance

[24] Williams, B. (2023). Michel Foucault| Biography & Books. Retrieved from: https://study.com/academy/lesson/michel-foucault-discipline-and-punish-biography.html#:~:text=Foucault's%20Theory%20of%20Power%3A&text=To%20maintain%20power%2C%20those%20in,and%20control%20over%20the%20population

imaginaries.' According to Taylor (2004), surveillance imaginaries create a framework through which individuals perceive and interact with monitoring activities. Duffy and Chan (2019) adapted this framework to identify how 'imagined surveillance' interplays with imagined audiences (Litt, 2012; Litt and Hargittai, 2016). The study identified a total of three responses from the interview data, including the use of privacy settings, self-surveillance, and pseudo-anonymous accounts.

The authors suggest that these practices help control the users' audiences, content, and identity connections. It is these practices which reveal the hidden curriculum of surveillance culture. In other words, social media users are prepared to accommodate acts of social media monitoring, especially those that affirm unequal power relations (Duffy and Chan, 2019).

3.5 Loss of meaning

Western civilisation has undergone some dramatic changes as a consequence of modernity (Roberts, 2007). This is due to the erosion of previous traditions that once provided meaning, purpose, and answers as to how individuals should live their lives. Chantal Delsol (2003, p.3) stated that 'the existence of man meant something, pointed to something beyond the self.'

As modern society has rejected religion and God, humans have found meaning within modernity (Delsol, 2003, p.3). This shift occurred in Europe and North America over the past several centuries, when humans gained scientific understanding and technological control over their environment (Havel, 1996; Cahoone, 1997; Weber, 2001; Roberts, 2005). This meant that the role of family, tradition, and religion declined, while modern institutions and social life exacerbated feelings of uncertainty. The idea of 'finding oneself' is now thrust upon individuals and regarded as a perpetual transformation throughout the course of one's life (Hermannsdóttir, 2011).

Self-identification is a reflexive project within modern times, compared to pre-modern times, in which self-identity was given as opposed to created by the individual. Today, individuals create and reform their identities based on choice due to the relevance of everyday decisions and behaviours that were previously disregarded during traditional times (Hermannsdóttir, 2011). As a result, humans experience heightened anxiety due to their inability to choose between options, while remaining fearful of making the wrong choices. In comparison to

traditional times, individuals experienced anxieties because of the lack of possibilities due to feelings of wrongdoing (Hermannsdóttir, 2011).

3.5.1 Modernity and Mental Illness

In his exploration of 'Modernity and Mental Illness,' Szasz argues in *The Myth of Mental Illness* that the concept of mental illness is intrinsically linked to the development of modern society. As societies move away from a religious-humanistic perspective, a more modern, dehumanised and pseudo-medical one has been adopted (Szasz, 1960). This shift has impacted how people use language to describe everyday life experiences. For example, what was formally known as 'psychoses' and 'neuroses' are now recognised as 'mental illnesses.'

Szasz (1960) argued that what we call mental illnesses are not objective diseases but rather classifications of behaviours deemed disturbing or disorienting by others. According to this perspective, such labels emerge not from underlying pathology, but from processes of medicalisation, in which socially unacceptable behaviours are redefined as medical problems requiring professional intervention (Szasz, 1960). This is driven by modern therapeutic ideology, which has replaced old theology. During the pre-modern era, the church and state were previously aligned, and people accepted theological justifications.

In contrast with the present, medicine and the state once operated more closely together, leading people to accept therapeutic explanations rather than question them. Thus, Szasz claims that mental illnesses are a disguise to conceal 'problems in living,' which individuals must confront (Roberts, 2007).

However, when Szasz argues that mental illness is a myth, he is not suggesting that the issues categorised as mental health problems do not exist. Instead, he claims that the phenomena are the outcome of attempting to confront 'problems in living,' which are described as 'diseases' or 'illnesses,' that obscure very real problems that people endure throughout their life (Roberts, 2007). 'Problems in living' arose in Western civilisations as a consequence of modernity, coinciding with the development of a deeper understanding of the self. As the influence of theological frameworks diminished, individuals gained greater self-awareness and the freedom to direct their own lives (Roberts, 2007).

As Friedrich Nietzsche (1974 as cited in Roberts, 2007) famously declared, 'God is dead.' The absence of belief in a higher power or something beyond the self contributes to these

problems in living. Humans are burdened by their freedom to make choices in a society that no longer follows a religious or theological view of the world. Theological perspectives once offered solutions to life's challenges, as well as meaning and purpose, through faith and belief in a God. Compared to today, humans face the uncomfortable question as to whether existence bears any meaning at all. Nietzsche believed that it would take a few centuries for humans to be able to understand the meaning of existence in all its depth, while the initial response would result in despair. Nietzsche explores how the decline of traditional religious beliefs, particularly the concept of the 'death of god,' leads to a rise in nihilistic viewpoints within contemporary society. He discusses how this loss of transcendent meaning can lead individuals to question the value and purpose of existence (Nietzsche, 1968 as cited in Roberts 2007). Thus, the death of God has profound cultural, sociological, and psychological repercussions, leading many to experience 'existential crises.' A crisis is a result of not understanding the meaning and purpose of human existence, while continuing to address problems in living (Roberts, 2007).

Kaufman (1974) suggests that losing belief in God leads to a kind of madness, and when humanity fully realises this loss, it could result in widespread chaos and instability. Frankl attempted to explain the meaning of an 'existential crisis' by acknowledging how previous traditions provided meaning and answers to life's purpose, which have 'rapidly diminished' and left behind an 'existential vacuum' (Frankl, 2004). This 'existential vacuum' is presented through aspects of nihilism.

Today, modern people will move toward conformism or totalitarianism, while others will adopt quasi-religious beliefs. In terms of 'mental illness,' it is best understood as a process of confronting the 'existential vacuum,' which often results in nihilism (Roberts, 2007). Frankl (2004) argues that to truly understand common issues like depression, aggression, and addiction, we must first acknowledge the underlying existential void that contributes to them.

In the past, medical and mental hospitals had clear distinctions, but the lines have since become blurred. This is due to mental illnesses being classified as diseases, while new ones have been identified (e.g., ADHD), old ones have been forgotten (e.g., Homosexuality), as a result of de-medicalising prompted by activist campaigns (e.g., Horwitz & Wakefield, 2007).

In the field of medicine, ongoing advancements are being made, and psychiatrists persist in their efforts to demonstrate that mental illnesses are bodily diseases (Szasz, 2011). Szasz counters this viewpoint by arguing that rather than undermining his position, the persistent

uncertainty around defining mental illness actually reinforces it. He contends that the ongoing effort to classify mental illness as physical diseases supports his argument that they are better understood as metaphors, symbolic representations of psychological, social, or moral issues rather than literal biological conditions. Szasz emphasises that if mental illnesses were conclusively shown to be brain diseases, the term 'mental illness' would lose its distinct meaning (Szasz, 1960).

For example, Syphilis causes delirious conditions within the brain, leading to disorders of thinking and behaviour. However, Szasz argued that these are diseases of the brain and not of the mind, unlike mental illnesses. Many psychiatrists believed that a neurological defect could be found in all disorders of thinking and behaviour, which led to mental illnesses being regarded as no different to other diseases (Szasz, 1960). Nonetheless, 'mental illnesses' refer to judgements made on a person's 'inappropriate' behaviour, which in turn helps solidify the meaning of the label. As a result, this has led to a continuously evolving list of mental disorders. Szasz (1972) suggests that mental illnesses are not pathological, diseases, or even illnesses but are simply 'moral issues,' better characterised as 'problems in living.' Szasz likens the human mind to a television programme, arguing that you can't enhance the quality of a program simply by tampering with its wiring. Similarly, we cannot 'cure' or 'treat' psychological issues by interfering with the body of the individual who is experiencing these difficulties (Bracken & Thomas, 2010). When we dislike a television programme, it's usually because of external factors, such as the acting, directing, and production. But when we treat humans like television manuals, we end up framing individuals suffering and their problems as medical ones, which leads to further suffering and oppression (Bracken & Thomas, 2010). Thus, Szasz believes that 'mental illnesses' can only be perceived as 'genuine' once they can be proven by a scan or laboratory result; otherwise, medical intervention is unnecessary for distress.

According to Foucault (1988), perceptions and representations of madness began to change in Europe during the time of the Enlightenment in response to social developments. Both Foucault (1988) and Heidegger (177) viewed modernity as a consequence of a rising technological culture. Resulting in human difficulties being perceived as technical problems which need to be solved rationally. Foucault did not view the medicalisation of human distress as a conceptual problem like Szasz, but as a result of cultural change. Foucault did not care to challenge what is and what is not an illness; instead, he challenged the rightfulness of any group which claimed authority about the truth of human distress and madness (Bracken & Thomas, 2010).

Nikolas Rose notes that psychiatry is closely connected to the broader psychology framework, which he refers to as the 'psychological complex.' The 'psychological complex' refers to how all psychiatric and psychotherapy practices establish different forms of disciplinary power. Nikolas Rose (1989) contended that psychotherapeutic practices are deeply connected to the social and political responsibilities of contemporary individuals. For example, when asylums existed, the doctor had all the control, and from their position came the knowledge and practices that became psychiatry. Foucault believes this is where the therapeutic enterprise derived from. All psychiatric and psychological practices are based on power and knowledge, all of which involve goals, discipline, and authority, which encourage the development of our modern economy and culture (Bracken & Thomas, 2010). Within contemporary society, any problems found within behaviours, beliefs, relationships, or sexualities are no longer linked to spiritual or moral issues but viewed as technical problems. Perceiving problems this way means that they are subject to being examined, classified, analysed, and intervened with by experts.

This thesis does not focus on how professionals examine or classify everyday problems, but instead observes how members of these online mental health communities view their problems as technical ones and self-examine and classify them.

While Szasz is considered a controversial figure both in the 60s and in current times, he was not alone in challenging psychiatry and the rise of mental health issues. Other figures involved in critiquing psychiatry, including Laing, Cooper, and Berke, shared similar ideas to Szasz and questioned the nature of mental illness and its role within the medical model (Domaradzki, 2021). All of these figures were psychiatrists themselves and were critiquing the system from within. This movement was known as the 'antipsychiatry movement,' which was influenced by the labelling theory (see Chapter 2 for further discussion on this theory), as the theory viewed mental illness as a form of deviance within society (Becker, 1963; Goffman, 2005; Scheff, 1966).

The movement was also inspired by the works of Goffman and Foucault, who also critiqued psychiatry and viewed mental health services as a system of control (Domaradzki, 2021). This movement was about rejecting the medical model and the status of 'mentally ill.' Although Szasz rejected the notion of mental health issues (Szasz, 2008, 2009), other anti-psychiatrists, such as Laing, advocated for reinterpreting mental illness, akin to the approach proposed by Kinderman (see Chapter 2). Szasz believed that freedom and personal liberty were more important than health and psychiatry and felt that the use of terms like 'mental health' and 'mental illness' would diminish freedom. Szasz argued that psychiatry and the

mental health movement centred on individuals' interactions with the world, their interpersonal relationships, existential issues in everyday life, and their search for life's meaning (Domaradzki, 2021).

The findings on the loss of meaning and perceptions of self are further explored in Chapter 6 of this thesis. Although this study does not support denying the existence of mental illness, it acknowledges Szasz's broader concerns with the medicalisation of everyday life (Szasz, 2007), a trend that has continued to develop over recent decades.

Szasz remains one of the most controversial and criticised psychiatrists in history (Schaler, 2004; Haldipur, Knoll & Luft, 2019); however, some argue that Szasz was not an enemy of psychiatry but a sceptic (Breeding, 2011). Szasz did not dispute that psychiatry and psychiatric interventions were valuable in addressing people's issues; rather, his frustration stemmed from the coercive nature of psychiatric treatment. He critiqued the concept of mental illnesses due to the arbitrariness of psychiatric diagnoses. Szasz even challenged the concept of homosexuality classified as a mental illness within the DSM (Szasz, 1965). His work focused on raising awareness surrounding the misuse of psychiatric diagnoses for social and political purposes (Bloch & Reddaway, 1984; Buoli & Giannuli, 2017) and helped deinstitutionalise patients within hospitals in the 60s (Lamb & Bachrach, 2001; Yohanna, 2013).

Szasz's critique does not reject the reality of human suffering but questions the conceptual framework through which society understands and addresses it. His contention that mental illness is a 'myth' is a provocative way of arguing that the medicalisation of certain behaviours and experiences is a construct shaped by societal norms and power structures rather than an objective reality. This argument is important when considering the rise of modernity, where the alignment of state and medicine has replaced earlier religious and theological paradigms. By understanding mental illness as a socio-political and cultural construct rather than a purely biological phenomenon, Szasz urges us to reconsider how society defines and addresses 'problems in living.' This perspective is consistent with Foucault's examination of the power dynamics involved in the classification of madness and mental illness in *Madness and Civilisation*. Both Szasz and Foucault highlight how societal institutions, whether religious or medical, have historically imposed narratives that pathologise behaviours deviating from the norm, thus exercising control over individuals (Foucault, 1965).

Ivan Illich's work in *Medical Nemesis* (1975) further supports Szasz's work, in which Illich discusses how modern medicine has expanded its jurisdiction into everyday life, labelling an increasing number of human conditions as diseases. Much like Szasz, Illich questions the authority of medical professionals to define and treat conditions that may be better understood as existential or social problems rather than purely medical ones.

Furthermore, Szasz's perspective is relevant to contemporary debates surrounding the DSM and the expansion and classification of mental disorders, which were previously discussed in Chapter 2. Critics argue that this expansion reflects the growing tendency to medicalise aspects of human experience, such as grief, that were previously understood as a normal variant of human behaviour (Frances, 2013).

Szasz's work has enabled future researchers and those who work in psychiatry to continue questioning the medicalisation of everyday life and the controversies surrounding the DSM. With a more balanced tone compared to Szasz, critics like Kinderman, Read, Moncrieff, and Bentall (2013) challenge the language surrounding disorders and instead advocate for normalising the experience of mental distress. While many remain divided on Szasz's work, it's important to recognise that Szasz was one of the most influential figures to critique psychiatry for its ethical problems. These arguments prompt us to question the categories and labels that society imposes on individuals, urging a reassessment of the ways in which we conceptualise and address the challenges inherent in the human condition.

3.5.2 Modernity and self-identity

Another consequence of modernity is the issues surrounding self-identity. According to Shils (1981), the self is no longer viewed as something stable and homogenous, but as something that needs to be constructed through constant re-ordering of self-narratives (Giddens, 1991). This has led to modern-day therapies and self-help guides intervening with the construction of life narratives to help establish a sense of self (Rose, 1989). Looking inward is a consequence of the decline in previous religious and theological structures that prevented infatuation with the self. In addition, the loss of pre-modern structures has resulted in discomfort regarding death and the inevitability of dying. Without these frameworks, contemporary society finds it difficult to come to terms with death, which can contribute to the profound confusion, anxiety, and fear individuals often feel when confronted with their own mortality (Giddens, 1991).

In modern times, people may feel uncertain about what to commit their lives to if they lack a clear understanding of life's meaning. As Delsol (2003) puts it, 'one cannot accept death if one does not know why one lives' (Delsol, 2003, p.3). Consequently, biological life has become excessively overvalued, with society focusing on extending life and portraying death as a catastrophic event. This perspective underscores the abandonment of deeper meaning (Delsol, 2003, p.11). Humans no longer seek immortality, nor do they seek eternity, which was previously offered by religious institutions. In the past, religion asked individuals to devote their time to the idea of eternity, by which they had to live a life of perfection to gain entry into eternity. Throughout history, humans sacrificed parts of their individual existence to protect the possibility of immortality (Delsol, 2003, pp. 172-173).

Today, only one thing is certain, and that is humans' biological existence. Despite societal advancements, humans still exhibit tendencies towards sacrificial behaviour, albeit with significant shifts in perspective. Delsol argues that contemporary individuals struggle to conceive of sacrificing themselves to a deity or any entity beyond death. According to Delsol, the absence of immortality and eternity exposes the fragmented nature of human existence (Delsol, 2003, p.175). As Delsol puts it, 'life is an illness death cures us from by delivering us into immortality' (p.178). This perspective highlights how the loss of these eternal possibilities underscores the fragmented and provisional nature of our lives.

In contemporary societies, individuals frequently rely on institutions over which they have limited control, which diminishes individual autonomy. Historically, the transition to modernisation occurred during the 19th century when industrial society supplanted feudalism (Mellor & Shilling, 1993). To quote Beck (1992), 'We are witnessing not the end but the beginning of modernity. That is, of a modernity beyond its classical industrial design.' Giddens (1991) stated that modernity is made up of six characteristics which are responsible for this shift in society, including: 1) Industrialism, 2) Capitalism, 3) Institutions of Surveillance, 4) War, 5) The rise of organisation, and 6) Dynamism. Historical developments such as the end of traditional ties, social relationships, and beliefs have led to individualisation. As a result, many have lost their connections to their traditional support networks and must rely on themselves, which involves opportunities, risks, and contradictions (Beck, 1992).

In modern times, the concept of risk has become central because people's lives no longer have predetermined structures, leaving our actions exposed to uncertainty. Beck (1992) describes this condition as a 'risk society,' where managing and navigating these uncertainties has become a defining characteristic of contemporary life. According to Mellor

and Shilling (1993), modern society is at fault for exposing individuals to a number of crisis situations. The rise of globalisation is also responsible for high-consequence risks which pre-modern societies were not subjected to.

Globalisation has helped form communities, strengthen global connections, and consequently encouraged 'we' facing problems and risks. Electronic media is an outcome of globalisation, which enables individuals to follow events happening around the globe for audiences that are not physically present. Although technology has made it possible for globalisation to be a mediated experience, this comes with twofold effects (Mellor & Shilling, 1993). For instance, it reduces feelings of isolation by increasing the accessibility people have to events around the world, while simultaneously making connecting with others easier. However, at the same time, globalisation can increase levels of isolation as there is no traditional face-to-face framework found within online conversations (Mellor & Shilling, 1993). This prevents the formation of deeper relationships to evolve between individuals (Beck & Beck-Gernsheim, 1995). Therefore, aspects of modernity can be simultaneously unifying and fragmenting, thus creating greater distance between individuals (Mellor & Shilling, 1993).

Today's society is deeply focused on control and correction. For instance, individuals continuously alter their appearance (such as changing hair colour or undergoing plastic surgery), end their marriages if they are not successful, or are placed in prison or mental health institutions. All of which are types of technical corrections. Delsol (2003) argues that such preoccupations and interventions in modern societies have given 'rise to the disorders of the soul' (p.165), reflecting deeper existential and psychological issues that arise from these constant adjustments and control measures.

According to Mellor and Shilling (1993), the philosophical questions of 'who am I?', 'where did I come from?' and 'where am I going?' no longer challenge the individual but overwhelm them, leading to stress and panic. Those who struggle to answer these questions become anxious due to their sense of insecurity, which Beck and Beck-Gernsheim (1995) refer to as 'existence-frustration.' Previous traditions made existence more palatable, but now individuals struggle to describe the meaning of life. Today, existence signifies nothing; thus, it is no longer a sign of anything if existence no longer points to something outside of the self. Therefore, one might question, 'if nothing is worth more than myself, how can I survive myself?' (Delsol, 2003, pp. 3- 4). Delsol prompts us to consider the dilemma of finding meaning or purpose when the self is viewed as the ultimate value. Essentially, it questions how individuals can maintain a sense of survival or fulfilment when self-value is

placed above all else, which can lead to existential challenges and uncertainty. Consequently, individuals develop fragile self-identities as well as being overwhelmed with shame. Humans no longer view themselves as a being of progress because they are too ashamed of their own species. Humans have become misanthropic (Delsol, 2003, pp. 163-164). This can lead to the development of a narcissistic personality, which encourages grandiosity and feelings of worthlessness (Hermannsdóttir, 2011). In this case, narcissism does not refer to self-admiration but rather pre-occupation with the self, preventing the individual from forming healthy boundaries between the self and the external world (Mellor & Shilling, 1993).

Lasch (1979) suggests that a narcissistic personality develops as a defence mechanism to shield the individual from their fears. Therefore, narcissism promotes a constant search for self-identity, due to the endless pursuit of 'who am I?' which is an example of narcissistic fascination rather than something that can be achieved (Giddens, 1991). Delsol (2003) contends that humans today cannot achieve true happiness until everything levels out, and so there is a constant search for remedies to 'cure' many of life's problems. Modern-day individuals lack patience and nurture and instead view many things as a technical solution (p.204). Delsol states, 'he who refuses to suffer can be explained naturally by the progress that has occurred in the development of convenience of all sorts' (p.204-205). In other words, many life problems can be solved, but that does not mean a person should avoid experiencing all of life's difficulties.

The persistent search for meaning and identity in modern life has shaped not only how individuals understand themselves but also how they express and share their experiences with others. As people increasingly turn to digital spaces to explore and articulate their emotional lives, the ways in which these narratives are communicated begin to mirror older, more communal forms of expression. In this context, folklore becomes a valuable framework for understanding how shared stories, symbols, and practices around mental health are transmitted and transformed in the online world.

3.6 The history of folklore

Traditional folklore consists of a collection of stories and beliefs which are passed on from one generation to the next through word of mouth (Michalopoulos and Xue, 2021). The word 'folk' refers to a group of people, while 'lore' represents the cultural or oral learning and expression (Thoms, 1846, p.8 as cited in Bronner, 2016). In this study, 'folk' represents

online mental health communities, while ‘lore’ is expressed through multimedia to circulate mental health narratives. The term gained popularity during the nineteenth century and is most notable within tales, songs, dances, and speeches. Folklore is an example of tradition and demonstrates the process of acquiring and transmitting folkloric vernacular, both intergenerationally and within localised culture (Thoms,1846, p.9 as cited in Bronner, 2016). The most significant features of traditional folklore consist of knowledge learnt by word of mouth, participation, and demonstration, shared over periods of time and across many cultures, as well as the binding of communities, which are tradition-centred (Thoms, 1846, p. 9 as cited in Bronner, 2016).

Some folklorists, like Dan Ben-Amos (1972, p.13), view folklore as a form of communication, as it enables imaginative expression as a result of social interaction, while still maintaining tradition. Hartland (1899 as cited in Bronner, 2016) emphasised that while folklore allows for creative and imaginative expression, it also maintains a connection to tradition. He saw folklore as a dynamic, evolving entity that requires innovation, yet still preserves elements of cultural heritage and continuity. Hartland perceived ‘folk’ as a group bound by sharing traditions, rather than as a societal class, and viewed tradition not as a mere symbol of knowledge but as an ongoing process to be understood (p.13).

Ben-Amos underscores the communicative and imaginative aspects of folklore, emphasising its role in expressing cultural identity while evolving over time. Hartland complements this by emphasising the dynamic nature of folklore, where innovation and adaptation are integral to its continuity and relevance within folk communities. Both perspectives provide an understanding of how folklore functions not just as a repository of tradition, but as a living cultural process shaped by social interaction and creativity.

By the twentieth century, the concept of tradition was refined to include individuality, creativity, and innovation within the ‘folk process.’ In this sense, traditions are not merely in their original form; instead, they are actively chosen and adapted by people. Bronner (2016) notes, ‘traditions are strategically selected and performed for the purpose of changing modes of persuasion and identity’ (p.14). The new folkloric era introduced new levels of creativity, such as short-lived jokes that are widely shared across communities (Dégh, 1997; Dégh and Vázsonyi, 1975; Dundes, 1987; Fine, 1979, 1980, 1983, p.14 as cited in Bronner, 2016). Oring (1986 as cited in Bronner, 2016) viewed this era of humour as a staple of a ‘living tradition,’ performed by people from all walks of life. In addition, other ‘living traditions’ included the use of slang, gestures, and stories containing personal experiences, all of which

were deeply scrutinised (p.14). There is a misconception that folklore only refers to extravagant occasions like the Day of the Dead or Mardi Gras.[25] [26]

However, folklore is present within our everyday lives. For example, within everyday conversations, our dialect is peppered with sayings, humour, and slang that stem from folklore (Bronner, 2016), as well as the way in which we greet and part with others, sharing familiar words and gestures such as handshakes, bows, waves, and hugs. While each action is contextualised according to a specific setting, such as a family occasion or a theatre stage, social and material evidence of traditional folklore can be found from within (Bronner, 2016). Goffman suggests that there is constant negotiation that takes place within different social settings, which is a function of modernity. This negotiation enables identities to be adaptable, responding to factors such as social diversity and extreme individualism (Bronner, 2016, p.26). This study accounts for individualisation through a folkloric lens. Increased individualism and frequent exposure to mental health narratives online may influence individuals' identity construction (see Chapter 6 for further discussion).

3.7 What is the purpose of folklore?

Previous literature suggests that folklore serves as a valuable source of knowledge and historical narratives. It not only fosters creative expression but also strengthens community bonds through education and entertainment. As a result, it helps preserve cultural traditions, allowing them to be handed down from one generation to the next.

[25] Day of the Dead is a Mexican celebration where people gather to celebrate ancestors who have passed. It is a joyful celebration that is associated with papier-mâché skeletons that are decorated in colourful paint and costumes (see more here: https://kids.nationalgeographic.com/celebrations/article/day-of-the-dead)

[26] Mardi Gras is a festival that originated back to medieval Europe, which has become a festive holiday in New Orleans due to French colonies residing there. New Orleans holds a carnival on the streets that contain brightly decorated floats, people in costume, and live music (see more here: https://www.mardigrasneworleans.com/history/

3.8 Photocopylore/ Xerox lore

Folklore has become prevalent within other areas of life and has appeared in multiple forms, including within workplace environments. For example, previous folklore studies recorded vernacular uses of photocopying and faxing within the workplace, where office workers manipulated imagery and text in a satirical fashion (Hatch and Jones, 1997; Roemer, 1994). Humour research referred to this practice as photocopylore or Xerox lore (i.e., a type of fax machine), and that the technology itself aided the transmission of folklore (Preston, 1974).

Photocopylore was one of the first examples of modern folklore (Dundes, 1983). The process involved office workers using materials and reproducing them on a photocopy machine (Bennett, 1991, as cited in Dundes, 1983; Dundes and Pagter, 1978). These materials were then shared among other individuals, across organisations, in face-to-face encounters, fax, or mail. The recipient then chooses whether to acknowledge, appreciate, ignore, or further reproduce and distribute the folklore. Photocopylore often involved creating notices, instructions, drawings, writing poems, mottos, and reproducing letters and signs (Dundes, 1983). It was often an anonymous practice that did not include the creator's name, much like orally transmitted folklore, even with the use of modern technology (Bennett, 1991, as cited in Dundes, 1983). These are clear precursors of later internet culture, such as memes as cultural artefacts, which become woven into cultural practices and socialisation as another form of folklore. Photocopylore often involved creators redistributing cartoons by adding someone's name or modifying the text of the document within speech bubbles. They also customised the content to reflect the identity of organisations, companies, or even universities.

Although the majority of the photocopylore discussed current affairs, there was also discussion surrounding non organisational issues, in which creator's private interests infiltrated the public spheres of the workplace. Dundes (1983) saw photocopylore as an opportunity in larger, more bureaucratic offices, noting that when unofficial photocopying was permitted, it encouraged the widespread adoption of this practice. The satirical nature of photocopylore became an extension of a cultural practice (Stam, 1989). Using satire is an example of how creativity can be used as a form of folkloric expression and how it helps solidify a connection with others. Satire relies on a shared understanding to convey its context, while humour serves to unite people. Thus, sharing a joke is a familiar way of reinforcing a sense of belonging.

Roemer (1994) refers to this practice as a regenerative expression, which manifests on sheets of paper that were displayed on office doors, walls of a cubicle, desks or shared within a 'smut file' for small groups of people. This was an era in which employees had the freedom to personalise their office space and express aspects of themselves, which could be viewed as a symbolic extension of the self and their identity (Roemer, 1994). Today, people continue to express aspects of themselves in online spaces by leaving digital 'traces' for others to see.

3.9 Digital folklore

The introduction of the internet presented new ways of communicating folkloric vernacular online (Bermejo, 2007; Blank, 2009). The transmission of information began to expand to include new methods such as voice recording, video, instant messaging, files, and documents (Melnikova, Yahin & Makayev, 2020). This led to the boundaries between the offline and online worlds becoming blurred (McClelland, 2000).

While few researchers have explored the depths of digital folklore, it is important to remember that folkloric expression is often reflective of societal and cultural values. Thus, continuing the exploration of folklore across new mediums is essential, as folklore will continue to evolve and adapt over time. Dundes (1980) suggests that rather than eliminating folklore, technology is actually enhancing its spread and serving as a key source of inspiration for creating new forms of folklore. Although there has been much debate surrounding what constitutes folklore in the digital age, McClelland (2000) argues that folklore is a communicative behaviour that doesn't belong to an individual or group, due to its spontaneous transmission from one individual to another. During this process of transmission, folklore is subject to modification, similarly to traditional folklore, but at a rapid rate. This was the result of new methods and media becoming prominent as a consequence of the digital age. For instance, new examples of folklore surfaced between the 80s and early 90s when individuals began using emoticons, e-mail chains, and copy-pasted jokes.

Between 2000 and 2010, new methods entered online spaces, where users adopted emojis, internet slang, internet memes, GIFs, and Tumblr humour (De Seta, 2019). Indicating that ongoing growth and advancement of computer-mediated communications will inevitably influence the future of folklore. For example, current virtual communication values anonymity, democracy, online dating, and having unlimited access to information

(Melnikova, Yahin and Makayev, 2020). Some researchers have recognised that multimedia plays a central role in folklore within a technological environment (Kirshenblatt-Gimblett, 1998). Emphasising that folklore continues to thrive within the modern world (Melnikova, Yahin, and Makayev, 2020). Bronner (2009) viewed the internet as not a hindrance to folklore but as a catalyst for the growth of digital folk art. He suggested that the internet can embody traditional folkloric values while presenting them in various forms. Therefore, folklore is still understood as a form of communication even in the modern era.

Digital folklore has the capacity to be copied and processed while embodying new forms and genres such as blogs, internet memes, and social networks. These are created by online communities that are reflective of their values, rules, and traditions, which can be recreated in a variety of ways (Melnikova, Yahin and Makayev, 2020). In the same way as traditional folklore, digital folk artefacts illicit various feelings and emotions. Suggesting that the online world has adaptive capabilities when it comes to modern folklore.

According to Rukomojnikova (2004, as cited in Melnikova, Yahin, & Makayev, 2020), folklore on the internet has manifested in two ways: 1) by following traditional folklore canons, and 2) creating new ones. For instance, Rukomojnikova suggested that internet folklore is both individual and traditional, but equally a place to share experiences and form new traditions. Blank (2018) believed that folklore should be considered as an 'external expression of creativity, in countless forms of interaction, by individuals and their communities.' Folkloric communication can unite small groups with similar interests, and reposting such content is often viewed as a form of support. New technology makes it easier to distribute folklore compared to traditional 'word of mouth,' while still preserving its general vernacular (Melnikova, Yahin and Makayev, 2020). For example, some folkloric vernacular is repeatedly shared and modified due to popularity and relevance, while others are short-lived. Thus, internet folklore tends to have a shorter lifespan compared to traditional folklore (Alekseevskij, 2010, as cited in Melnikova, Yahin, & Makayev, 2020; Blank, 2018), but it does, however, enable all users to create folkloric artefacts.

In addition, virtual folklore is currently more accessible as it reaches more audiences due to the variety of communicative features (Melnikova, Yahin and Makayev, 2020). As a result, each online community can establish its own traditions, culture, rules, and forms of communication. Thus, each community develops its own language and folklore, unlike traditional folklore, which was confined by geographical limitations.

There has been significant debate about how tradition integrates with advanced technological culture, as well as whether new forms of traditional expression qualify as genuine examples of folklore. Despite many traditional aspects of folklore evolving over time, online spaces continue to promote creative expression similarly to traditional folklore (Bronner, 2016). The symbolic and projective functions have been repurposed online within the acts of 'messaging,' 'connecting,' and 'linking.' Posting online can invoke and evoke folklore as a 'cultural frame of reference,' which is associated with a personal experience, expressed through narration and imagery. Due to the internet's interactive properties, it can attain folkloric qualities as opposed to TV and radio. Overall, modern folklore has preserved and developed traditional folklore within new mediums by combining the best features of old and new (Melnikova, Yahin and Makayev, 2020).

3.10 Folklore and social media

The evolution of folklore has increasingly become intersected with technology, leading to new methods of sharing stories. By now, folk stories are continuously being relayed in new ways through various devices (Svensk-Armstrong, 2022). These modern methods have given folklore new value. Svensk-Armstrong (2022) describes new examples of folklore as 'folkloresque,' highlighting their blend of traditional and contemporary elements. In contrast, Ward (2019) contends that technological advances like social media are leading to a decline in mythology. Conversely, Barnett (2017) argues that modern culture is enriching folklore, as it inspires and facilitates engagement both online and offline.

The methods of sharing stories have not only broadened but also benefited from technological advancements that have enhanced the immersive quality of storytelling experiences. However, Haase (2016) argues that due to the internet's 'expansive universe' it fails to implement clear borders or limits, which results in stories being presented in various forms. This phenomenon is evident in the diverse ways folklore manifests online, where traditional narratives can be adapted into memes, viral videos, or interactive content. Despite this, there are relatively few studies focusing on folklore within social media contexts in recent years. This existing literature, though limited, delves into various aspects such as the transformation of oral traditions into digital formats (Svensk-Armstrong, 2022), the role of social media in perpetuating or altering mythological elements (Ward, 2019), and how modern platforms both inspire and influence folklore (Barnett, 2017).

3.11 Folklore and memes

Previous studies on Xerox lore revealed that progressive forms of folklore were evident in workplace settings (Dundes, 1980). Similarly, contemporary forms of folklore, such as memes, play a role in shaping identity. Although there is ongoing debate among researchers about whether memes qualify as cultural expressions of folklore, examining their structure can provide clarity. Memes align with Dawkins's definition of a meme as a mechanism for transmitting cultural expressions (Dawkins, 1989). This demonstrates that memes serve the same purpose as traditional folklore: sharing cultural content to be disseminated among others.

In his work The Selfish Gene, Dawkins compares 'memes' to 'genes' due to their cultural transmission and ability to imitate. Like genes, memes can replicate and either thrive or fade away, with successful memes rapidly spreading due to their perceived usefulness (Dawkins, 1989). From this perspective, folklore can be understood through the lens of memes as units of cultural transmission. The concept of folklore itself functions similarly to memes in that it is continually transmitted and transformed across different societies. Just as organisms are vehicles for propagating genes, cultures can be seen as vehicles for transmitting memes (Shifman, 2014).

Dawkins describes memes as singular expressions, but Shifman argues that they are not singular entities; rather, they are collections of expressions with many variations and copies (Shifman, 2014). This variation does not imply that folklore could be anything, as it still requires certain structural and traditional properties to be considered folklore. Memes, in this case, have become examples of modern folklore due to their storytelling aspects. They convey stories concisely through images, GIFs, or videos paired with punchy taglines, and their rapid replication and sharing make them significant examples of contemporary folkloric expression (Shifman, 2014).

3.12 Folklore and identity

Folklore and digital identities are intertwined in ways that reflect and reshape cultural narratives. In the digital age, folklore has expanded to include 'digital folklore,' which refers to new forms of folklore that have developed within online communities. Thus, memes, viral

videos, and social media trends reflect collective and shared experiences. These digital narratives are viewed as modern extensions of traditional folklore, which have been adapted for online communication (De Seta, 2019).

Furthermore, the interplay between folklore and online identity is significant in the context of mental health narratives on social media, as users can find platforms to share personal experiences, stories, and access peer support. These narratives can help individuals construct and negotiate their identities, particularly in relation to health and illness. For instance, users with mental health issues may use social media to share their experiences, thus creating a form of digital folklore that validates their experiences (Journal of Folklore Research, 2024). The narratives shared within online spaces often reflect broader cultural scripts and folklore about health and illness, which can influence the way people perceive their own conditions and identities (Journal of Folklore Research, 2024).

This study considers how users express their mental health experiences through digital folklore to validate their identities. Additionally, it explores how onlookers are impacted by recurring content that provides mental health narratives, which may reinforce ideas of the self and lead to attributing mental health identities. The narratives we tell ourselves and others online can deeply impact our perception of illness and identity, highlighting the significance of digital folklore in shaping both individual and collective understanding of mental health.

3.13 Conclusion

This chapter has brought together a range of theoretical frameworks to explore how mental health discourse is shaped, presented, and circulated online. Drawing on concepts such as performativity, social surveillance, the loss of meaning, and digital folklore. I have examined how these perspectives intersect to inform the ways in which users construct and communicate mental health identities on social media platforms.

Goffman's theory of performativity has been instrumental in understanding online self-presentation. Social media users engage in carefully curated performances of the self, shaped by the features of each platform and the expectations of their audiences. Sites like Tumblr, with its partial anonymity, allow for more introspective and exploratory self-disclosures, whereas platforms like TikTok function as exhibition spaces that amplify self-presentation through performance and visual storytelling. These performances are not only shaped by individual intention but are also influenced by ongoing social surveillance. Users are aware

that their content, the digital ‘artefacts’ they leave behind, are open to interpretation and judgement by others, prompting them to craft identities that are not only expressive but also socially strategic.

In addition to performativity, this chapter has explored how modern therapeutic ideals and the erosion of traditional sources of meaning have contributed to the attribution of illness identities. As critics of therapy culture suggest, the decline of values such as religion, family, and community has created a vacuum in which people seek new ways to find purpose. The digital sphere offers accessible frameworks for understanding and labelling emotional distress, often in the form of mental health content and self-diagnosis. Illness identities may function as a new source of meaning, offering individuals a language to express their struggles and a community to validate their experiences. However, this also risks reducing complex human emotions to diagnostic labels, echoing Szasz’s argument that many of these issues are better understood as ‘problems in living.’

Building on these ideas, the chapter has also introduced folklore as a complementary framework for analysing how mental health narratives are created and shared across social media. While traditionally defined by oral storytelling, folklore has evolved to include digital forms like memes, GIFs, emojis, and hashtags. These artefacts serve not just as entertainment but as meaningful expressions that circulate mental health discourse in symbolic, accessible ways. Digital folklore allows for the repetition, remixing, and reinterpretation of mental health stories, creating shared narratives that both reflect and shape online identities.

As social media becomes a primary space for expressing emotional distress and seeking support, folklore provides a valuable lens for understanding how these narratives are constructed and sustained. This includes how mental health-related content travels across platforms, the forms it takes, and the symbolic meanings it carries. By treating social media as a site of modern folkloric expression, this approach captures the evolving ways people make sense of their emotional experiences in a hyper-connected digital culture.

Together, these frameworks offer a multi-dimensional understanding of online mental health discourse, illustrating how users perform, curate, and narrate the self in relation to illness identities. The next chapter will outline the study’s methodology, detailing the research design and analytic approach. Following this, the findings chapters will present the themes and codes from the data, beginning with the theme of humour. Through this analysis, I will

examine how digital folklore and self-presentation practices shape the meanings attributed to mental health, identity, and the self in contemporary online environments.

Chapter 4: Methodology

4.1 Introduction

Chapter 4 accounts for the research approach I undertook to provide a precise critical analysis regarding the research topic. The chapter begins by providing a brief history of electronic communication before moving on to discussing how the methodology for this study was chosen.

This chapter explores the decision-making behind choosing an appropriate methodology for the topic, the main principles and how to conduct both Netnography and Ethnographic Content Analysis, semiotic analysis, the ethical considerations, and the process of data collection. This chapter provides methodological exploration, which includes a detailed account of the strategies and techniques used to achieve valuable insights.

I meticulously chart the course of the research design to ensure a reliable and comprehensive investigation into the multifaceted dimensions of online mental health discourse and the importance of illness identities within these communities.

To uncover new knowledge and shed light on online therapy culture, a Netnographic Content Analysis (NCA) was chosen to explore the intricacies of the topic. This methodology is particularly suitable for studying online communities across social media platforms because it allows for a detailed examination of interactions, behaviours, and cultural norms within these virtual spaces.

By employing NCA, the researcher can identify patterns, interpret user-generated content, and analyse the context in which communication occurs, thereby uncovering the underlying meanings and themes that are significant to the community members. The combination of these two methodologies allows for an in-depth approach and analysis, which is also suitable for further investigation through interviews.

In addition, I explore the use of semiotics as a tool for understanding multimedia information and its meanings when conveying mental health-related content to their audiences.

The research questions outlined in this chapter act as a guide for this study to explore the language used when discussing mental health across Twitter, Tumblr, and TikTok and the meanings associated with mental illness language and how they impact online identity construction. This chapter will examine the decisions made to address the research questions and provide clarity into aspects of online therapy culture and the use of illness identities that have previously been unclear within existing literature.

4.2 The Evolution of Social Media: Transforming Online Communities

The history of social media has been documented since 1969 when the first message was sent over Arpanet; CompuServe.[27] Many servers were developed as a means of delivering electronic messages (Kozinets, 2020, pp. 36-37). By the 1990s, many virtual communities surfaced to help people form romantic or platonic connections on sites like 'Match.com' and 'Classmates.com.' The age of social media began to develop in the early 2000s, when sites like 'LinkedIn,' 'Myspace,' and '4chan' appeared. While some social media sites no longer exist, other more notable platforms like Facebook, Snapchat, Instagram, and TikTok have maintained their popularity for almost two decades (Kozinets, 2020, pp. 36-37). This has enabled a wealth of research to be conducted on a variety of virtual communities.

Although exploring mental health communities is no longer niche, previous literature explored in Chapter 2 of this thesis highlighted the gaps within existing literature. This study does not aim to determine whether social media worsens mental health; instead, it explores the interaction between users and platforms within communities focused on mental health discourse and examines the concept of an 'ecosystem' within therapy culture. While therapy culture has been extensively studied, there is limited research on its presence within online communities across multiple platforms. To explore this subculture, I employ a combination of Netnographic methodology with Ethnographic Content Analysis, a novel approach in this context.

The rest of this chapter will discuss Netnography and Ethnographic Content Analysis (ECA), the ethical considerations I had to address due to the sensitive nature of the topic, and the

[27] Arpanet was the first computer network designed for academic and research purposes. It was first used in 1969. https://www.techtarget.com/searchnetworking/definition/ARPANET

challenges encountered during the recruitment process, including those related to collecting data from social media posts and qualitative interviews.

4.3 Epistemology and Ontology

With these methodological and ethical considerations in mind, it is important to now turn to the underlying philosophical foundations that guide this research, beginning with the epistemological and ontological frameworks that shape this study.

Epistemology concerns the nature and scope of knowledge, particularly how knowledge is acquired and validated. For this study of online mental health communities, interpretivism is the most fitting epistemological stance. This approach emphasises understanding the subjective meanings and experiences of individuals within these communities, focusing on how they perceive and interpret their interactions and identities. Unlike positivist approaches, which seek objective truths, interpretivism allows for nuanced exploration of the personal and communal constructions of reality. It enables the researcher to delve deeply into the lived experience of community members, providing insights into how they construct and communicate their mental health experiences within a digital environment. Grounded in the belief that reality is socially constructed, interpretivism is particularly suitable for studying online mental health communities, where communication and community building occur through shared experiences and discourses (Berger & Luckmann, 1966). This approach enables the researcher to actively interpret meanings embedded within the community's interactions and discourses.

Ontology refers to the nature of reality and what constitutes the social world. This study adopts a constructivist ontological stance, which posits that social realities are not fixed but continuously change and are reshaped by social actors (Guba & Lincoln, 1994). This contrasts with objectivist ontology, which views reality as existing independently of human perception and interaction. Constructivism is particularly relevant for examining mental health communities, where the meanings of mental health, wellness, and support are dynamically negotiated through ongoing interactions, dialogues, and exchanges among members. This digital environment further complicates this construction as the digital medium influences how these realities are shared and understood.

4.4 Methodological Considerations

Given the epistemological and ontological foundations, a number of methodological approaches were considered for this study, particularly those that encourage in-depth exploration of social processes and meaning-making within online settings. Grounded Theory (GT) was an initial option due to its focus on generating theory directly from the data through a process of immersion, coding, and constant comparison (Glaser & Strauss, 1967). GT is particularly effective in uncovering underlying patterns and themes within qualitative data, making it a valuable tool for understanding complex social phenomena. However, while GT would have been suited for interpreting interview data and textual content, it may not be able to fully capture the dynamic and fluid nature of online communities. Online interactions often involve diverse forms of communication, like images, text, and multimedia, which require a more adaptable methodological approach.

I also considered content analysis, which involves systematic coding and categorisation of textual information to identify patterns, themes, or biases (Krippendorff, 2018). Content analysis is particularly useful for analysing large volumes of textual data, such as social media posts, online articles, and forum discussions. It allows for both qualitative and quantitative analysis to be used and provides insights into certain words, phrases, and themes as well as their contextual meanings. However, traditional content analysis may not be able to capture the rich contextual nuances of online interactions, especially in communities where tone, symbolism, and cultural references are essential to understand the discourse. Furthermore, content analysis typically focuses on text, which limits its applicability in environments for studying the multifaceted nature of online mental health communities, where images, videos, and emojis play a significant role in how users communicate.

I also considered narrative inquiry for this study, as this method focuses on the stories that individuals share about their experiences and how these narratives construct and convey meaning (Clandinin & Connelly, 2000). This method is useful for understanding how people make sense of their lives, identities, and experiences through storytelling. Studying online mental health communities using narrative inquiry could provide deep insights into how individuals share their mental health journey and how these narratives contribute to community identity and support. However, narrative inquiry is more suited to individual in-depth stories rather than the broader collective dynamics of a community. While using this method could provide valuable insights into individual experiences within online mental health communities, it may not fully encapsulate the complexity and diversity of these

interactions. As this method focuses on individual narratives, it may also overlook the broader discursive practices that shape the community's collective understanding of mental health.

Given the limitations of the aforementioned methodologies, netnography and ethnographic content analysis are the most appropriate methodologies for this study. By the 1990s, ethnographies attempted to include the exploration of online spaces (see Baym, 1993; Correll, 1995), aiming to understand various online cultures or subcultures while maintaining a more detached perspective in their research. This marked an early attempt to adapt ethnography into digital spaces, resulting in the methodological approach of virtual ethnography, which has since evolved and been known by various names, including digital ethnography, cyberethnography, and connective ethnography (Figaredo, Beaulieu, Estalella & Cruz, 2007). However, these approaches, while pioneering, often lacked clear guidelines tailored to the unique characteristics of online environments.

Through an exploration of these variations, I came across Kozinets' Netnography, a methodology specifically designed for studying social media research. Kozinets not only coined the term but also created this methodology by drawing from pre-established ethnographic methods while simultaneously creating a unique approach tailored to the complexities of online communities. Netnography offers clear guidelines for studying online communities on social media sites, addressing the shortcomings that previous virtual ethnographies have had.

Netnography is specifically designed to study online communities and is uniquely capable of capturing the dynamic and multifaceted nature of social media interactions, including the use of images, videos, and symbolic communication that other methods might overlook. This method provides a comprehensive framework for understanding the complex social processes within online spaces, particularly in mental health communities where diverse forms of expression are key to community engagement. Ethnographic content analysis complements this by enabling a more interpretive and flexible examination of online content, which focuses on the frequency of words or themes and their contextual and cultural significance within the community. The integration of these methodologies provides a depth of insight and adaptability that grounded theory, content analysis, and narrative inquiry cannot match, making them the most effective tools for exploring the intricate dynamics of online mental health communities.

4.5 What is Netnography?

Netnography is a qualitative method which enables researchers to study people and their culture within an online context. Researchers do this by observing online communities' social interactions. Robert Kozinets began developing Netnography as a new discipline, as traditional ethnographic methods were unable to account for the study of culture and social interaction within online environments (Kozinets, 2020, pp. 5-9). Thus, Kozinets adapted pre-existing ethnographic and qualitative research methods for the purpose of studying online interactions. Kozinets coined the term 'Netnography' in 1995, which derived from the words 'internet' and 'network.' At the time, a plethora of other terms surfaced, including cyber ethnography (Ward, 1999), virtual ethnography (Hine, 2000) and digital ethnography (Murthy, 2008). Many of these terms merely referred to the concept of 'online ethnography,' without assigning a specific meaning or value to our current understanding (Kozinets, 2020).

In contrast, Netnography is a distinct approach that integrates the internet, network, and ethnographic methods, enhancing researchers' comprehension of social media data. Netnography is a well-defined and clear research method that contains a set of detailed instructions on how to conduct qualitative research, as well as using a combination of research practices. The method uses an amalgam of research practices which can be applied to several fields, including computer science, media anthropology, marketing, and consumer culture research (Kozinets, 2020, p.8).

Netnography aims to understand cultural experiences by attempting to interpret social interaction within an online space. It is a method which enables researchers to observe human experience, gain cultural understanding, and explore social systems of shared meaning which are informed by researchers' self-awareness (Kozinets, 2020, p.14). This allows researchers to explore and evaluate digital traces such as posts shared by online users, including emails, blog posts, tweets, and TikTok likes. Digital traces encompass various forms of multimedia, including visual imagery, audio clips, and videographic content, posted by users in real time. These traces remain accessible at any time to the broader online community (Kozinets, 2020, p.16).

Researchers analyse social media platforms using traditional ethnographic techniques, such as participant observation, which involves observing online interactions without directly

engaging with online users. During participant observation, the researcher will analyse a variety of multimedia which can be collected as data (Kozinets, 2020, pp. 135-136).

4.5.1 The advantages of using Netnography

Netnography differs from other online ethnographies as it offers a more systematic and step-by-step approach when dealing with ethical, procedural, and methodological issues within online research (Kozinets, 2010). Netnography is regarded as an established research method and a popular choice for studying online communities. It is applied across various fields and multilingual contexts, including Finnish (Kurikko & Tuominen, 2012) and Chinese (Wu & Pearce, 2014). This method is unobtrusive, meaning that the researcher can observe communication and interaction among community members without influencing the dynamic and simultaneously gaining insight into their online behaviours (Pollok, Lüttgens & Piller 2014). This directly contrasts with more traditional methods like focus groups, interviews, and ethnographies. In addition, observational netnography allows researchers to study online communities quickly and cost-effectively (De Valck, Van Bruggen & Wierenga, 2009).

Other methodological advantages include anonymity, rich communication, and the generation of new data. It is well-suited for addressing personal or sensitive topics discussed within online communities, where individuals can conceal their offline identities and, depending on the platform, remain anonymous. Kozinets (2015) described Netnography as having a 'voyeuristic quality' as it allows for the researcher to study conversations, situations, and encounters that would otherwise be difficult to study in face-to-face settings.

Kozinets ensured that Netnography would maintain the core values of traditional ethnography by encouraging researchers to have intense involvement in the day-to-day life of the online community, enabling researchers to produce 'thick descriptions' of these consumer lifeword's (Fisher & Smith, 2011).

4.5.2 Limitations of Netnography

Since the term was coined in 1995, Netnography has undergone significant changes in its procedures and applications (Loanzon, Provenzola, Sirriwannangku, & Al Mallak, 2013). However, only a handful of researchers who identify as netnographers have adequately

reported, discussed, and evaluated their netnographic processes (Tunçalp & Lê, 2014; Pollok et al., 2014). While netnography encompasses a broad array of practices, some self-identified netnographers have chosen to focus on specific aspects of the practice, thereby providing a more targeted approach to the research. Netnographic research requires that researchers possess strong interpretive skills to categorise the vast amounts of collected data (Kozinets, 2002). This necessity introduces a risk of overinterpretation, especially when researchers attempt to generalise their findings (Heas & Poutrain, 2003, as cited in Kaoukaou, 2021). To counter this risk, it is essential for researchers to be mindful of the varied perspectives expressed by content creators to mitigate the risk of misinterpretation (Kaoukaou, 2021).

Furthermore, while data gathered from online communities may lack paralinguistic cues such as tone and facial expressions (Catterall & Maclaran, 2001), it is important to recognise that online communities develop their own rules and norms, much like traditional communities. This flexibility in online research allows for multiple methods of data collection, providing valuable insights into the community's behaviours (Akturan, 2009).

The ethical considerations of using netnography are also frequently questioned, particularly concerning whether data should be considered personal or public property. This topic will be explored further in this chapter on research ethics, which will discuss how these ethical issues were addressed in the current study.

Since its introduction, scholars like Kozinets have tried to ensure that the method is taken seriously by specifying the techniques and processes involved so that future researchers can use the method clearly (Lugosi & Quinton, 2018). Moreover, the adoption of terms like 'netnography' and 'netnographic' has also ensured credibility within research and academia (Lugosi & Quinton, 2018).

4.5.3 Netnography and Social Media

Gretzel (2017) describes social media as web-based communication platforms or applications that enable users without technical expertise to create and publish content on the internet. Social media comes in a variety of forms, including social networks, instant messaging, and video and photo sharing sites. Netnography enables the researcher to study social media for its complexities and cultural qualities (Kozinetz, 2020, p.4). When netnography was first introduced, internet studies were still relatively niche. However, this changed dramatically as social media became a central component of contemporary society.

Today, social media exemplifies an online social system that is reflective of human society and is considered a distinct social phenomenon in its own right. Netnography was developed to help researchers understand this system and the interactions that occur within it (Kozinets, 2020, pp. 4-5).

Online communities are a deeply misunderstood phenomenon despite large amounts of social media research. In 2020, Kozinets released a new version of his guide *Netnography: The Essential Guide to Qualitative Social Media Research* to create a more expansive, inclusive, and up-to-date version to understand social media (Kozinets, 2020, p.5). His latest edition observes qualitative methods used within social media data, rather than focusing on the singular application to a field or single methodological approach (Kozinets, 2020, p.5). This version explores the process of investigating social media sites, including how to download data, ways of interacting with online users, as well as analysing and interpreting the data. Netnography's versatility enables researchers to integrate various data collection methods for each of the core components, including investigation (searching), interaction (interviewing), and immersion (reflecting) (Kozinets, 2020, p.14).

Previous netnographic studies have observed a number of topics, such as online consumer behaviour (Kozinets, 2010), brand communities (Schau, Muniz & Arnould, 2009), and digital identity construction (Marwick, 2013), with a smaller portion focusing on mental health and neurodivergence.

For example, Syahputri, Arviani, Febrianita, and Achmad (2023) conducted a netnography to analyse mental health discussions surrounding a K-pop music video. The study looked at two Korean musicians' music videos on YouTube (one who explored themes of loneliness and the other BPD), and the comment sections on both videos were explored, looking for further discussion of mental health. The findings revealed that there were several mental health-related comments found within the comment sections of both videos. For example, YouTube users shared at length their personal experiences of depression, anxiety disorders, panic attacks, and BPD.

Other research by Wang and Ringland (2023) used netnography to look at co-hashtag networks on TikTok to observe discussion of autism. The study looked at TikTok videos from 41 autistic creators and explored the content and autistic expression under autism-related keywords, such as autism, autistic and actuallyautistic. The study created a co-hashtag network in order to identify other related hashtags associated with autism, which

helped the researcher identify nodes. Some of which included the autistic experience and comorbidity with other mental and physical health issues like OCD, anxiety, irritable bowel syndrome (IBS) and chronic pain. They also found discussion of personal experiences, including trauma, consequential mental health issues, and masking, which refers to the suppression of autistic behaviour and adopting alternative behaviours due to societal stigma (Pearson & Rose, 2021). Other findings revealed a strong community surrounding autism and intersectionality, including race, feminism, and the LGBTQ+ community.

4.6 The four elements of Netnography

There are four elements within netnography which are distinct from other investigative paths. These include 1) its cultural focus, 2) the use of social media data, 3) immersive engagement, and 4) netnographic praxis (Kozinets, 2020, p.133).

4.6.1 Cultural focus

As netnography derives from ethnography, the approach aims to understand a specific phenomenon, topic, or group of people that is different, complex, and holds a distinct cultural meaning. This enables the researcher to seek explanations within cultural causality and to gain insight into the culture's beliefs and practices. As cultures are often responsible for influencing human thought and action, netnographers can derive meaning from social media interactions (Kozinets, 2020). Netnographers can achieve this by 1) Identifying the use of a new language and symbols, e.g., acronyms, memes, and emojis. Which may have been created exclusively for online use or for a specific social media platform. 2) They establish users' online rituals, e.g., posting specific types of videos, memes, and gifs. This is only possible within online environments or enabled due to various features of online experience, such as anonymity. 3) Thirdly, researchers observe the endorsement of new identities which are sometimes expressed through adopting new fashions or trying out new social positions, e.g., becoming an influencer or activist. 4) In addition, users may share stories, beliefs, and other multimedia. 5) Lastly, researchers may observe the reinforcement of value systems through feedback reward structures that users engage with through sharing, commenting, and liking other online users' posts. (Kozinets, 2020, pp. 133-134)

4.6.2 Social media data

As previously stated, netnography distinguishes itself from traditional ethnography due to its primary focus on social media communications. This includes a variety of social media platforms, websites and other online technologies that allow online users to create, share, comment and connect. Currently, the most popular social media platforms include TikTok, Twitter, Instagram, Facebook, YouTube, Reddit, Snapchat, WhatsApp, and Tumblr. Netnographers will choose one or more social media sites and collect data from those who post online. In some instances, netnographers may also collect data from media outlets like online news media (Kozinets, 2020, p.134).

4.6.3 Immersive engagement

Immersive engagement plays a key role within netnography as it prompts the researcher to continuously reflect throughout the process of studying their chosen phenomenon. This element often causes the most confusion because of the word 'participation,' which is an imprecise term to associate with netnography. Participation is often viewed as an action word, which suggests that posting messages is necessary. And as posting messages is a function built within social media sites, it causes some ethical and practical problems to arise. Thus, Kozinets refers to this process as 'immersive engagement,' to make the distinction between netnography and traditional participant observation within ethnographic methods. This distinction is essential as netnography does not always involve direct engagement with online users, posting messages, or interviewing (although some netnographers may choose to do so). Instead, netnographers are encouraged to carry out reflection throughout data collection and analysis to encapsulate emotional engagement on online sites. Thus, netnography requires a structured and disciplined approach to immersive engagement by documenting netnographic fieldnotes within an immersion journal (Kozinets, 2020, p.p. 34-135).

4.6.4 Netnographic Praxis

The fourth element, known as 'netnographic praxis,' refers to the development of terminology that has been adapted specifically for Netnographic research. This new terminology enables researchers to make a clear differentiation from other methods. The researcher should be able to demonstrate an awareness of this new terminology, its history,

follow specific ethical procedures, use an immersion journal, integrative analysis, and interpretive techniques (Kozinets, 2020, p.136)

Table 1: This table includes the adapted terminology used within netnographic research.

Traditional Ethnographic terms and concepts	**Netnographic Terms and Concepts**
Ethnography	Netnography
Field or Field site	Data site
Fieldnotes	Immersion Journal
Participation	Engagement
Observation	Data Operations
Participant-Observation (Or Observer)	Engaged data Operations (Or Operation)
Interpretation	Integration

(Kozinets, 2020).

4.6.5 Conducting Netnography

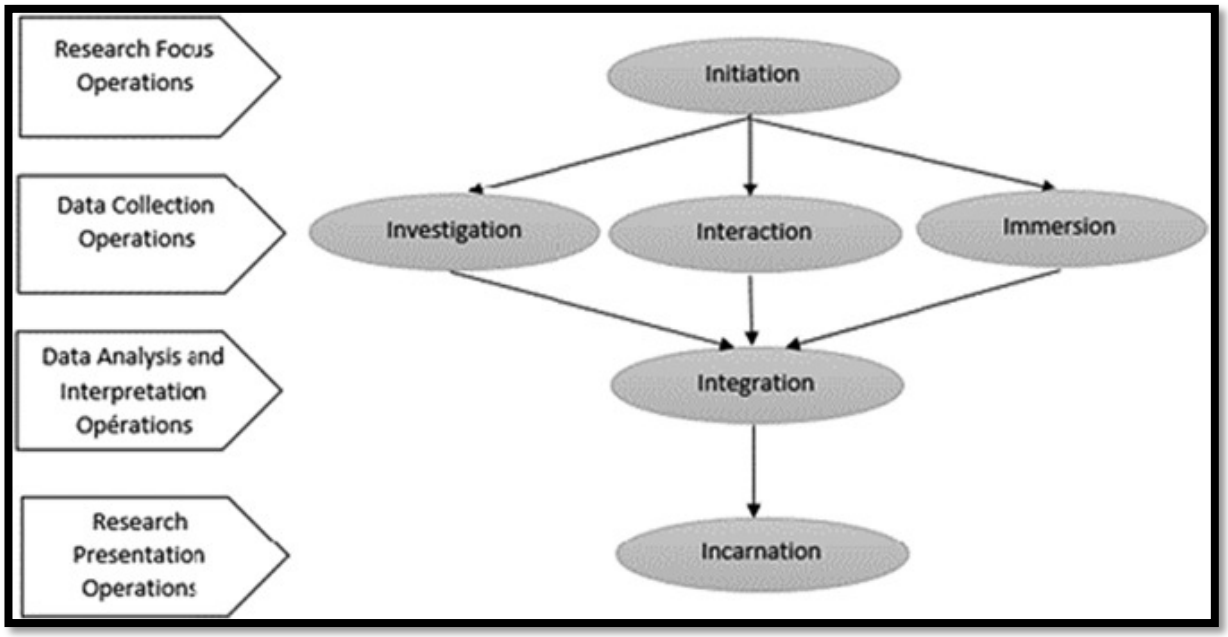
To conduct a netnography, the researcher must follow a set of guidelines and adhere to four general categories which include 1) using interrogatory operations to assist researchers in asking better questions, 2) following data collection operations which help toward building a dataset from a chosen social media site, 3) analysing, interpreting, and integrating data operations to allow for perspectives on findings and 4) presenting results, implications, and innovations.

More specific operations can be found within these four main operations. To some extent, the researcher is allowed to be creative and innovative by combining different elements and adapting operations to their liking. However, adaptation is not welcome when it comes to the ethical rules, as researchers are expected to maintain certain moral standards when conducting netnography.

There are also six operational sub-categories within these four categories, which are often referred to as movements. These include 1) initiation, 2) investigation, 3) immersion, 4) interaction, 5) integration and 6) incarnation. During data collection, it's likely that the method is subject to frequent changes, revisions and adaptations and a possible shift in focus. The researcher may not be able to establish clear start and end points, which may

reformulate the research questions in order to collect additional data later on. When conducting a netnography, the six movements are useful for providing structure and a starting point for the researcher (Kozinetz, 2020, pp. 137-138).

Figure 1: Operational movement in netnographic research.



(Kozinets, 2020)

4.6.6 Initiation

During the initiation movement, the researcher will consider the type of research they would like to investigate. The researcher will decide whether a particular online site or phenomenon is investigated, or whether it's based on a particular construct or theory from previous research. During the investigatory period, the researcher will consider many possible topics and approaches before formulating research questions, which will help frame the research design. This is the preparatory phase of the research, where researchers can familiarise themselves with the ethical procedures they will have to undertake. The researcher must prepare a plan for their study and attain ethical approval from regulatory bodies before proceeding with data collection (Kozinets, 2020, p.139).

4.6.7 Investigation

During the second phase, researchers will be able to explore the scope of the project. When it comes to social media sites, there are a number to choose from. The investigation movement encourages the researcher to narrow down their search and to start treating the platform(s) of their choice like a cultural research site. The researcher will decide on a platform through utilising search engines, which help towards identifying traces that are relevant to their research topic. Search engines can suggest sites as well as online users' conversations, topics, hashtags, keywords, and a range of multimedia, allowing for interpretation as these sites offer communicative data (Kozinets, 2020, pp. 139-140).

4.6.8 Immersion

The idea of immersion can be drawn from ethnographic conceptions, often encouraging researchers to dive deeply rather than skim the surface of the research site. Immersion within netnography is data-centric, which is paramount for inferring meaning and understanding a phenomenon, group, or culture.

Throughout the study, researchers may encounter new languages, rituals, identities, values, and stories, which will require careful deciphering. Netnographers are required to keep an immersion journal throughout the entirety of the study. Each entry within the immersion journal ensures that a large amount of data is examined thoroughly. These notes will account for several types of data, including textual, visual, and audio, with the aim that the data collected in the journal is not overwhelming for the researcher to decipher.

This movement is considered to be a non-invasive form of interaction as the researcher engages with different field sites and searches by downloading data for further observation (Kozinets, 2020, pp. 140-141).

4.6.9 Interaction

During the interaction phase, researchers can ask explicit questions or engage with online participants. Researchers are expected to document analytical and observational fieldnotes regarding these interactions. For some researchers, this type of immersion is sufficient to answer the research questions. However, sometimes meanings are unclear, and large themes

can elude researchers. Therefore, to gain cultural and social understanding of the communication of individuals or groups, further investigation may involve employing additional methods, e.g., online interviews. The researcher will need to establish cultural entrée to observe more obtrusive forms of data collection.

Netnography has several options for these types of interactions besides interviews, including online participation, creating a netnographic interaction research webpage, using digital diaries or mobile ethnography techniques (Kozinets, 2020, pp. 141-142).

4.6.10 Integration

As the lines between data collection, interpretation, and analysis are somewhat shapeless, researchers will carry out these steps as soon as they decide on a site or topic of research. Netnography is an iterative process like ethnography, meaning that return trips to the field and literature to collect more data are not uncommon. Nonetheless, data collection will eventually slow down considerably, even if it does not come to a halt. This is when researchers will move into the fifth movement of integration. This phase involves an ongoing process of translating, cross-translating, decoding, and code-switching between various parts of the data and cultural findings.

During online immersion, researchers will encounter many new and strange cultural elements that require deciphering. For example, researchers may have to translate new words, terminologies, and expressions. This may include patterns of significant behaviour, routines, habits, procedures, and other meaningful practices.

By the fifth movement, these will be recognisable and even mundane to the researcher. Integration enables the researcher to apply these in-depth cultural understandings to answer the research questions. Researchers will collate data, code, and categorise it, ready for interpretation. During this period, researchers will search for answers within the data, previous literature, imagination, and site, which will bring the project to a stage of completion (Kozinets, 2020, pp. 142-143).

4.6.11 Incarnation

Incarnation refers to the process of presenting the research in its final form. What began as an idea or question has now become research, which needs to be communicated. Netnography can be communicated in a variety of forms, such as within a doctoral thesis, at conferences, presentations, journal articles and so forth. The research should be communicated in terms of netnographic praxis as well as being clearly communicated, accessible and interesting for the intended audiences. All of which should include clear explanations of the method of netnography, data operations, data set and representation of the data (Kozinets, 2020, p.143).

As previously discussed in this chapter, I explored a number of methodologies but decided that netnography was the most suitable methodology to answer my research questions. However, in addition to using netnography, I decided to combine the methodology with ethnographic content analysis (ECA). While both methodologies share similar qualities, I felt that using a combination of methods would help me in exploring the research topic in greater detail. ECA is a useful method for quantifying and using constant comparison to understand the phenomenon. This is essential for this study as it compares three data sets from three different social media sites. Both methods are complementary to one another as they both provide clear guidance and structure for the researcher to follow throughout analysis.

The addition of ECA aided in establishing a clear process for conducting data collection. While netnography provides a valuable qualitative approach to interpret online cultures (Kozinets, 2010), ECA offers distinct advantages that complement and enrich this methodology. For example, ECA analyses a larger volume of data across platforms simultaneously, which is advantageous when studying multiple platforms or communities, providing a broader view that complements netnography's focused immersion in specific online spaces (Hine, 2000). In addition, ECA enables comparative analysis across different social media platforms or over time, shedding light on how online discourse evolves and varies across digital environments (Markham, 2012). By integrating ECA alongside netnography, the researcher can leverage these additional capabilities to enhance methodological robustness, broaden the scope of analysis and uncover deeper insights into the multifaceted dynamics of digital cultures and communication (Silverman, 2006; Geertz, 1973).

Moreover, this is the first time that these combinations of methods have been used together, and it's becoming more important to consider digital aspects that interplay within culture and consider adapting previous methods used within the field for the purpose of online data collection.

4.7 What is Ethnographic Content Analysis?

ECA, otherwise known as reflexive analysis of documents, is comprised of several aspects of ethnographic research (Plummer, 1983). According to Altheide (1987), ECA enables researchers to identify emerging patterns, emphases, and themes during analysis. This method involves direct or indirect participant observation within a topic, method, data collection, analysis, and interpretation (Atkinson, 1983). ECA is used to document and understand communication of meaning, in addition to verifying any theoretical relationships. This method allows the researcher to be both reflexive and highly interactive within concepts, data collection, and analysis. Within all types of ethnographic research, the meaning of the message is often reflected across various modes of information exchange, format, rhythm, and style (Altheide, 1987). ECA distinguishes itself by aiming to be both systematic and analytic. However, it aims to achieve this rigour without being rigid. For instance, established categories and 'variables may initially guide the study, but alternative categories are allowed and expected to develop throughout the course of the study (Altheide, 1987). Therefore, ECA encourages continuous discovery and comparison to take place within relevant situations, settings, styles, images, meanings, and nuances (Glaser and Strauss, 1967). This method collects both numerical and narrative data and aims to replace previous theoretical claims through acquiring unique data. Enabling the development of analytical constructs which are appropriate for further investigation (Schwartz and Jacobs, 1979).

In addition to using ECA for researching media, it is utilised for other mediums including magazines, newspapers, and advertisements (Altheide, 1996). In recent years, it has been employed within online studies (e.g., Beaulieu, 2004; Beaulieu and Simakova, 2006; Boellstorff, 2008; Burrell, 2009; Hine, 2000, 2008; Kozinets, 2010; Ardèvol, 2012; Pink, 2012; Postill, 2010), including social media sites, various platforms, and practices (e.g., Marwick and Boyd, 2011; Miller, 2011; Wesch, 2009; Juris, 2012). With continuous technological development, this provides ample opportunities for ethnographers to study the

ongoing growth of online cultures (Boellstorff, Nardi, Pearce, & Taylor, 2012; Kozinets, 2015).

4.8 Netnographic Content Analysis (NCA)

In this study, I am using my own amalgam of netnography and ethnographic content analysis (NCA). Both methods derive from ethnography, which refers to the description of people and their culture (Schwartz and Jacobs, 1979). Within traditional ethnography, people are studied in naturally occurring settings known as 'fields,' which enables researchers to capture social meanings within the culture's everyday activities. Typically, the ethnographer will participate in the culture's setting and activities for the purpose of data collection (Brewer, 2000). Ethnographers perceive human beings as the subjects that require observation for the purpose of identifying and understanding their engagement with meaningful behaviour. Additionally, if the meaning of an activity is significant, ethnography can be considered a methodological orientation independent of the subject matter (Altheide, 1987). For example, as ethnography is focused on the study of people and cultures, it can be applied regardless of the specific subject matter being investigated. If the primary focus of the research is on understanding the meaning behind individuals' activities and behaviours, then ethnography serves as a suitable methodological approach. Altheide (1987) supports this view as he suggests that ethnography offers flexibility and adaptability to various research contexts if the goal is to understand the meanings of activities. Furthermore, social interaction can be studied reflexively by looking at one feature in the context of what is understood about other features (Glaser and Strauss, 1967).

Aspects of traditional ethnography have been applied to netnography and ECA, while other aspects have been modified accordingly for the purpose of studying online communities. As ECA serves as a robust analytical tool, its integration alongside netnography enhances the study by enabling examination of emerging patterns and themes throughout the process of data collection and analysis. This dual-method approach not only facilitates the identification of recurring patterns in online communicative behaviour but also supports the exploration of theoretical relationships underlying these behaviours.

While netnography primarily aims to uncover cultural dynamics and shared meanings within online communities, the inclusion of ECA offers a complementary lens. Specifically, ECA extends the study's scope of delving deeper into the nuances of language used in mental health discourse across different platforms. By elucidating how this discourse evolves and

spreads, ECA enriches our understanding of how digital spaces shape and reflect societal perceptions and experiences related to mental health. As this is my own amalgam, I aim to fill the gap within netnographic and ECA-related research.

4.9 Exploring mental health discourse on social media

The first step to identifying a suitable online community is referred to as cultural entrée. Kozinets (2002) provides five basic criteria to help researchers decide on the virtual community that they'd like to study. The chosen online community should relate to the research question the researcher has set out. 1)The community should have a substantial amount of traffic, including a high percentage of postings. 2) There should be a large number of discrete message posters. 3) The community should contain rich data and be detailed. 4) And finally, the research subject should be interactive.

It's important that the researcher is familiar with the characteristics of the community that they chose, as netnography requires the researcher to 'lurk' the online community in order to gain insight and entry (Catterall & Maclaran, 2001). This study analysed content from three platforms: Twitter, Tumblr, and TikTok, focusing on accounts that engaged with mental health topics, hashtags, and keywords. This included anyone who created their own content, reposted others' content, or engaged with others on the platform. Users engage with mental health discussions online by using keywords, hashtags or searching for mental health-related content within the platform's search bar. As each platform is publicly accessible, any identifiable information has been concealed after data collection (this includes any demographic information), which is discussed in the ethics section of this chapter. However, time and date, number of likes and type of post were recorded for each platform.

4.10 Using semiotics on social media

Studying online platforms means that the researcher deals with a variety of multimedia, which often means deciphering multiple layers of meaning. This means that trying to understand content in its many forms can complicate how to identify meanings. Therefore, this study uses aspects of semiotic analysis as an aid for deciphering the data set across the three social media sites this study has chosen to observe. Using semiotics will provide a much deeper analysis of explanations, which will complement the use of NCA methodology. Semiotic analysis is a relevant tool for researchers to use in order to analyse social media

data (Mikhaeil & Baskerville, 2019). Semiotic techniques have mostly been used to understand textual data; however, this study looks at a range of multimedia (e.g., tweets, photographs, drawings, memes, video), which all have layers to their meanings.

4.10.1 What is semiotics?

Semiotics is the study of signs, where a sign serves as a representation of something else (Berger, 2013). Signs are often embedded within our culture and can be found within music, movies, books, foods, rituals, and advertisements, but most of us do not realise that we have received such messages (Pines, 1982). Pines believes that semiotics teaches people to find meaning in objects and messages that we are frequently exposed to.

Ferdinand de Saussure and Charles Sanders Peirce were two of the most influential founders of semiotics. Saussure used the term 'semiology', which derives from the Greek word semeion for sign, but Peirce's term 'semiotics' replaced the word semiology to describe the study of signs (Berger, 2014). Saussure viewed language as a sign-system of expressing ideas, 'a science that studies the life of signs within society' (Saussure,1915/1966, p.1 as cited in Berger, 2014). He suggested that signs had two components, the signifier and the signified. Saussure stated 'every sign is made of sound-images or signifiers and the concepts generated by the signifiers, signifieds' (p.1). In other words, we must learn the meaning of the signifieds and be aware that their meanings can change. For example, long hair on men once signified an artistic identity, but it is now also common among truck drivers and baseball players (Berger, 2014). Compared to Peirce (1977), he identified three types of signs: indexes, icons, and symbols. He defined each type as 'icons signify resemblance, indexes signify cause and effects, and symbols signify on the basis of convention' (p.2). For instance, a photograph would be iconic, smoke coming out of a house would be indexical, and flags would be symbolic. In addition, iconic also refers to people, places and objects that represent some importance (Berger, 2013). Both Saussure and Peirce provide basic concepts that are valuable to researchers borrowing from the study of semiotics when analysing a phenomenon. Thus, this study borrows from Saussure and Peirce so that we can look at how social media users express their emotions regarding mental health using semiotics.

4.10.2 Social media and semiotics

Social media data contains a variety of multimedia with multiple layers of meaning. Digital communications offer complex content, which can prevent researchers from deciphering during analysis (Mikhaeil & Baskerville, 2019). While some researchers use semiotics as a methodology, most borrow aspects of the approach in conjunction with other methodologies like ethnography. Utilising this analytical technique helps the researcher develop and understand deeper explanations within qualitative data (Mikhaeil & Baskerville, 2019). Previous social media researchers have identified the two main challenges within data, which are: 1) the element of multimedia and 2) the overlapping layers of meanings between the creator and the observer (McKenna, Myers & Newman, 2017; Vaast & Urquhart, 2017). Social media has expanded to enable users to create and share a variety of content beyond text. These sites now contain text within discussion threads (posts, comments), images, emojis, likes, and videos, which leads to large amounts of data for the researcher to collect (Mikhaeil & Baskerville, 2019).

In addition, there are multiple layers of meanings that also exist beyond textual data (Vaast & Urquhart, 2017), with content being co-produced by more than one user. Furthermore, users create content with an audience in mind (see Chapter 3 for further discussion), which could contain friends or an unknown audience. Online interactions can also be in real-time and/or continue after the post has been created (McKenna et al., 2017). This makes it impossible for researchers to track down every user when collecting data, and these overlapping meanings can complicate the process of analysis. To quote Mikhaeil and Baskerville (2019), ‘online social networks give access to unstructured, rich social meanings in data’ (p.6). These meanings can overwhelm researchers because of the speed of collecting, analysing, and processing data, but also because of their richness and multimedia nature (Mikhaeil & Baskerville, 2019).

Qualitative richness views this as both a strength and a challenge (Miles, Huberman & Saldana, 2014; Myers, 2013), i.e., while qualitative research provides detailed and in-depth insights, it can be seen as both an advantage and a difficulty. The richness and depth of qualitative data provide a comprehensive understanding, but can also pose challenges in terms of managing and interpreting extensive information.

Previous literature by Amara and Kusuma (2022) used semiotic analysis to examine the meaning of mental health within song lyrics. The study examined Bangtan Sonyeondan, also

known as BTS, a renowned South Korean (K-pop) band. K-pop, originating from South Korea, is a genre of popular music. The study focused on the song 'Magic Shop' from their album titled 'Love Yourself', which implies aspects of mental health within the lyrics. The lyrics refer to mental health issues, including anxiety and depression, and Amara and Kusuma attempted to understand the meaning behind these lyrics. Through semiotic analysis, the authors were able to identify that the band were expressing their fears to their fans lyrically, that is, the fear of an uncertain future, which leads to excessive anxiety and mental health issues.

In addition, previous psychiatrists had also analysed the song 'Magic Shop' and suggested that the band BTS were using psychodrama techniques to convey their message. Psychodrama is considered by some to be a role-playing game that individuals use to understand themselves better and help them in expressing their needs and responding to pressures (Model, Kelompok, Psikodrama Mengembangkan & Diri, 2013); for example, the pressures a boy band would face while being in the limelight. The song depicts themes of separating the self from things that are making them depressed and learning to love themselves (self-love).

Other research by Bennett (2022) utilised aspects of semiotics to understand various visual communications regarding mental well-being. The study looked at how visual imagery validates the observer's experience and provides guidance in processing distress. For example, throughout the study, Bennett observes a number of mental health issues that are depicted through various themed imagery. Googling depression produces a 'sea of monochrome figures often with their head in their hands,' while anxiety is similar but more colourful, and head-clutching represents mental distress.

However, Bryant argues that head-clutching is an expression of despair rather than an indication of a mental health issue.[28] Consequently, this image (sign) has become associated with depression, which reduces a person to a symptom, and the symptom (head-clutching) becomes a visual cypher. Bennett suggests that while such imagery may be perceived as a compelling or recognisable depiction of despair, it does not necessarily align with the lived experiences of depression for all individuals. These powerful visuals have become signifiers of mental ill health, potentially reinforcing narrow stereotypes and contributing to stigma.

[28] Quoted in Stanton (2016) at: https://www.thecitizen.org.au/articles/getting-picture-right-mental-illness [Accessed April 2nd, 2024].

The findings chapters of this study will explore how online users express themselves through visual communication, while considering how these expressions are bound to an experience, community, and culture.

This section has observed how semiotics is an approach that can be borrowed to assist in the analysis of qualitative research. Semiotics helps the researcher to think about how meaning is made within cultural life. This study borrows the ideas from the founders Saussure and Peirce, as well as previous research that has evaluated the semiotics of mental health. In Chapters 5-7, I detail the findings of my data collection, provide examples, and explore the meanings of the signs depicted within the multimedia when discussing mental health across three platforms.

4.11 Potential limitations of the study

Combining netnography, ECA, and semiotic analysis to study mental health discussions and identity construction on Twitter, Tumblr, and TikTok presents several potential limitations. Each platform has unique features, user demographics, and community norms, which can influence how mental health is discussed and how identities are constructed. The three platforms each have their own algorithms, content restrictions, and user interactions that may shape discourse in distinct ways. This platform-specific variance might introduce bias into the analysis, as findings from one platform may not be easily generalisable to others. Data collected from these platforms may lack representativeness, as active online users discussing mental health may not reflect the broader population, and the anonymity or pseudonymity of users may also affect the openness of these discussions.

While semiotic analysis is valuable, meanings varying across different cultural and personal contexts could lead to inconsistent interpretations. Ethical concerns regarding privacy and consent also arise, as users may not be aware that their publicly accessible posts are being analysed, raising issues of potential misinterpretation (these ethical concerns are explored within this chapter). Moreover, integrating netnography, ECA, and semiotic analysis presents challenges in aligning different methodological frameworks, which can lead to discrepancies in findings. Acknowledging these potential limitations is essential for contextualising findings and enhancing the robustness of the research.

4.12 Choosing social media platforms

Prior to data collection, I familiarised myself with several social media platforms by observing the mental health discourse and the platform's functions, before deciding on the three platforms I wanted to observe. Twitter, Tumblr and TikTok were selected due to their wide use, contrasting platform features and modes of discussing mental health-related topics. For example, each platform has specific features unique to the platform, like tweets, gifs, and reels, which assist users in expressing mental health issues.

Additionally, each platform operates with different algorithms. The process of selecting each social media site and its ethical considerations is outlined in the next section. Once I attained ethical approval to study the platforms, I ensured that I followed both the netnographic and ECA guidelines throughout the study (see Appendix 11 for ethical approval). For netnography, these included:

1. Identifying relevant research questions and selecting appropriate online platforms.
2. Engaging with online communities in an ethical manner.
3. Systematic coding, thematic analysis, and comparative analysis
4. Ensuring ethical considerations
5. And providing rich contextual descriptions to understand the cultural context of the community (Kozinets, 2015).

For ECA, the following guidelines were used:

1. Systematic analysis of media to understand their context and meaning.
2. Producing clear research questions, immersion in the material and using an iterative process for data collection and coding.
3. Continues comparison, contextual understanding, and thematic analysis along with reflexivity and triangulation.
4. To present findings with rich descriptions.
5. And lastly, to ensure ethical considerations such as confidentiality and respect for the data (Altheide, 1987).

4.13 Ethical Considerations

Before proceeding with data collection, ethical approval was obtained from Swansea University's ethics board following their guidelines. When completing my application, I had

to consider the following issues when studying users online: how to ensure interviewees were 18+, justifying why interviews were the best method for sensitive topics, and how I would anonymise data. I submitted my ethics application in May of 2020 and was advised to consider the following) how to authenticate interviewees' ages, methods of recruitment, providing external support for those in distress, and how General Protection Regulation (GDPR) protects those outside the UK (these issues are explored throughout this section).

I gained ethical approval on May 22nd, 2020, and was able to begin data collection. As interview recruitment had a low response rate, I chose to amend my ethics application to include the study of an additional platform, TikTok, to enhance the richness of textual data and to focus more on comparative analysis. I submitted my amendments to the board on August 5th, 2021, and was granted approval on August 8th, 2021. This section outlines all the ethical considerations explored prior to data collection (see Appendix 11).

4.13.1 Public Versus Private

Firstly, it was necessary to determine whether it was ethical for me to download social media posts from each platform, as there is an ongoing public versus private debate when it comes to participant observation on social media. The debate depends on the amount of accessibility researchers have to these social media platforms, but there are often many grey areas. For instance, informed consent is dependent on whether the researcher actively engages with the research participants (Roberts, 2015); for example, directly quoting an online user requires their informed consent. This study employs both passive and direct engagement methods with participants, following the guidelines set by Kozinets (2020). Passive engagements involve observing and analysing existing archival data, such as posts on Twitter, Tumblr, and TikTok, without directly engaging with individuals. These platforms were accessible without the need to create an account to search for relevant posts at the time of data gathering.

Direct engagement occurred solely during the interviews. For this purpose, research accounts were created on each platform to ensure reasonable compliance, self-disclosure, and cultural entrée, as recommended by Kozinets (2020, p.1999). Disclosure of the research purpose was clearly stated in the biography section of these research accounts. Additional information about the research was disclosed in a post on each account and on the dedicated website created for this study, and on my website, which I created for the study (see Appendix 1 & 6 for participant information and recruitment poster). By adhering to these practices, the study

ensured ethical transparency and cultural entrée following Kozinets' guidelines (see Appendix 7 for research accounts). Only online users who had their profiles set to 'public' were included in this study.

Ethical rules for each platform were consulted prior to data collection, including evaluation of any international boundaries, e.g., making sure that GDPR could be applied to participants based in North America and whether the data could be stored within the UK. As a UK-based student, I conducted a UK-based study. Thus, all data collection took place in the UK, meaning that North American-based participants' data could be stored and disposed of under UK-based law, following GDPR guidelines. GDPR rules were referred to throughout the course of the study, as well as Kozinet's (2020) book *Netnography: The Essential Guide to Qualitative Social Media Research for methodological guidance.*

4.13.2 Anonymisation and Confidentiality

As this study includes data sourced from publicly available posts, it was imperative to maintain user anonymity. I did this by removing identifiable information such as user handles and concealing users' faces. Additionally, all the data has been paraphrased to protect the user's identity so that nothing can be traced back to the user, as recommended by Kozinets (2020, p.199). Confidentiality was maintained in compliance with the Data Protection Act 2018 and the General Data Protection Regulation 2018. All information was kept on the researcher's private laptop, which was password-protected.

In addition, information was transferred to the University's file space (which is also password-protected). The data file was encrypted using an encryption programme (AxCrypt). All data was anonymised except for the demographic data collected during interviewing, e.g., age, gender, and location. Any names of participants or users have been provided with pseudonyms for the purpose of presenting data. Written consent was not essential to collect data from the social media sites. However, the terms and conditions were observed for each site. All sites state that posting any content (by using their services) grants users the ability to use, copy, reproduce, adapt, modify, publish, transmit, display, and distribute content of all mixed media. In order to download and analyse data on these social media sites, I used the following methods: 1) Ncapture, 2) Screenshots, and 3) Downloading TikTok videos using the function on the app.

4.13.3 Dealing with young and vulnerable users

As the initial part of the study observed online postings by social media users, it was difficult to identify the users by age, making excluding under-18s impossible unless users disclosed this in their bio. However, not all users disclose their age online, and some social media platforms have relaxed their restrictions for individuals under 18. Nevertheless, each platform implements safeguarding measures to protect users under the age of 18, such as automatically setting their accounts to private and limiting their access to other users. However, some children and young people will not always adhere to these safeguarding rules (O'Neill, 2013). Unfortunately, many studies fail to disclose how to overcome and accommodate this issue, while others fail to seek ethical approval. Spriggs' (2010) handbook addresses some of these matters by suggesting when consent is necessary when conducting internet-based research, which may involve children. I also attained a DBS as a precautionary measure (see Appendix 10). The national statement highlights that simply collecting online material which is in the public domain is often exempt as long as the research is ethically acceptable. This means being aware of possible risks, waiving conditions for consent, and working with ethical review bodies (P.30). Consent is not often required when the information is public, which automatically excludes private accounts. However, it is possible that some young people may not understand the distinction between the public and private domains and may not be concerned about their online privacy.

Therefore, I carried out the following procedures to reduce the risks: 1) Only collecting data from public accounts, 2) Reducing the risk of being able to identity individuals (especially as some may be under 18): excluding any identifiable information (name, username, location, gender), 3) opting to paraphrase users rather than directly quoting them, 4) Only allowing passive engagement (simply observing online behaviour, rather than actively engaging with the online user), 5) For the interviews: participants were asked to electronically sign and confirm that they were 18+ via a consent form, which required their date of birth (see appendix 2).

4.13.4 Interviewing on sensitive topics

According to Elmir, Schmeid, Jackson, & Wilkes (2011), in-depth semi-structured interviews are best suited for exploring sensitive topics. Furthermore, using computer-mediated communication (CMC) is advantageous for participants who are disclosing intimate or personal experiences. Using CMC also helps overcome any geographical

boundaries, by using Skype or other synchronous practices (Stewart & Williams, 2005; Stieger & Gortiz, 2006), while still obtaining informed consent and providing participants with the right to withdraw. As this study dealt with a sensitive topic, I was aware of the possibility that participants may become distressed during the interview. Thus, I attempted to reduce the risks by limiting potentially distressing material during the interview. For example, I used semi-structured open-ended questions throughout the interview, allowing the interviewee to expand on what they felt comfortable answering and only encouraging them to elaborate when appropriate, such as when participants gave brief or vague answers (see appendix 8-9).

Throughout data collection, I adhered to the guidelines outlined by Townsend and Wallace in their guide *Social media research: A guide to ethics* (2016). Their guidelines provide ways to deal with young and/or vulnerable participants. As this study deals with sensitive data, there is a potential risk of harm to the individuals whose data I'm collecting. The following steps were considered throughout, including paraphrasing all data which is republished in research outputs, which will prevent interested parties from tracing the individual's online profile, seeking informed consent from each person who participated, as well as seeking further consent if I wished to use the data in its original form.

Lastly, as children are on social media, it is acceptable to access this data and present the results, but I will not be able to publish the data set, nor republish direct quotes, which will compromise users' anonymity. Instead, paraphrased quotes are presented within my findings chapters and have been paraphrased at conferences that I have attended.

In this study, the sampling process for interviewing participants was designed to ensure that all individuals were 18 years old or older, in accordance with ethical guidelines. Since interviews were conducted via Zoom, I utilised an electronic consent process to verify participants' ages. Each participant was required to electronically sign a consent form that included a field for their date of birth (DOB), which served as a preliminary check of their age. Despite this, I recognised that relying solely on electronic confirmation could be viewed as potentially unreliable. To mitigate this risk, I established a protocol to terminate the interview and remove the participant from the study if I had any concerns about their age. Moreover, I was also aware of the limitations and potential issues surrounding the recruitment process and the execution of Zoom interviews. To address these, I ensured that advertisements for the study were carefully crafted to avoid attracting individuals who might fall outside of the inclusion criteria.

Although I considered alternative methods for age verification, such as requesting photocopies of passports or driving licenses, I ultimately decided against these options. This decision was based on the potential complications such methods could introduce, including the additional burden on participants and the challenges associated with verifying and securely storing identification documents. Instead, I prioritised a streamlined process to facilitate participation while maintaining ethical standards. Sampling on social media is explored further in this chapter under 'data collection.'

4.13.5 Distress Protocol

Lastly, putting a distress protocol in place prior to the interviews was an essential measure in case a participant experienced distress during the interviewing process. While I did not need to carry out the distress protocol during my study, the following steps outline what I would have done. For example, if a participant verbally expressed and/or became upset during the interview (for instance, was tearful or crying), the interview was paused, and I would ask the participant if they would like a break. The duration of the break could be negotiated, depending on the participant's needs. Then I would hang up and call the interviewee back after the duration of the break had elapsed. I would then check in with the participant to see if they wanted to proceed with the interview, postpone or withdraw.

Participants were reminded that they could terminate the call at any time. They were also reassured at the beginning of the interview that they could withdraw from the research if they wished and were provided with contact details for mental health services prior to the interview. If the participant became distressed or uncomfortable, the participant was encouraged to contact the numbers provided on the debrief form (see Appendix 3-5). Although the research is important, participants were reassured that their welfare was a priority.

The research did not take place during busy times, such as on weekends or late nights, in case further support was not available during those times. Recruitment was limited to the UK and North America, as the vast majority of therapy culture research is based on Western societies and cultures. Each participant was provided with the appropriate contact details and mental health services based on their locality.

As a researcher, I had to be mindful of global restrictions; the norms and policies may differ depending on the countries. Thus, I followed an additional distress protocol, which included

the following: 1) monitoring participants emotional reactions throughout the interview, 2) debriefing interviewees at the end of the interview and providing them with contact details for mental health services, 3) If a participant experienced suicidal ideation, I would not be able to contact emergency services on behalf of the participant due to country issues and as I am not qualified to determine if someone is suicidal. However, participants were encouraged to call the emergency service number that was included on the debrief (see Appendix 3-5).

Additionally, I followed the key principles of the Mental Capacity Act (2005), which assisted me in determining whether a participant could understand, retain, and weigh up information which they could communicate to me. The main principles included, 1) a person must be assumed to have capacity unless it is established that they lack capacity, 2) a person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success, 3) a person is not to be treated as unable to make a decision merely because they make an unwise decision, 4) an act done, or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made, in their best interests, 5) before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

4.14 Research question and objectives

As previously stated in the introduction of this study, my objectives are:

1. To develop a deeper understanding of how mental health-related language is used and discussed on Twitter, Tumblr, and TikTok.
2. To examine the meanings and cultural values that shape the construction of online personas.
3. To explore the relationship between identity construction in online spaces and the language of mental health.
4. To evaluate how algorithms and other platform-specific factors influence users' self-presentation and discussions of mental health.

The study is guided by the following research questions:

1. How do individuals on Twitter, Tumblr, and TikTok use language to discuss mental health, and what cultural meanings and values are conveyed through this language?

2. In what ways does mental health-related language shape identity formation and the significance of identifying with illness identities on social media platforms?
3. What role do algorithms and platform-specific features play in shaping users' self-presentation and discourse about mental health on Twitter, Tumblr, and TikTok?

Previous literature has focused on whether social media is a cause of mental ill-health (see Chapter 2), including how time spent online is associated with worsening mental health. Researchers like Charland (2004) and De Choudhury (2015) have explored online mental health communities across various platforms, including seeking group membership and building an online identity (see Chapter 2). Past therapy culture research has provided an overall view of how the medicalisation of everyday life has progressed within Western societies and the urge to reframe mental ill health to reduce overdiagnosis and misdiagnosis, and to find meaning beyond the self.

This study does not focus on whether social media is a cause or worsens mental health, but acknowledges how regular exposure to specific content could encourage users to internalise illness identities. The study looks beyond the engagement within the community, but rather how the platform functions and the frameworks users use to contribute to online mental health communities.

In addition, this study looks at how therapy culture exists within the digital world, specifically TikTok, Tumblr and Twitter. Lastly, this study focuses on the language used surrounding mental ill health, with awareness that it may be influenced by algorithms and censorship, its meaning within the community, and how users present themselves online.

4.15 Data collection

Mental health-related posts were collected for a period of 8 months from June 2020 to January 2021, while additional data collection from TikTok took place from August to September 2021. I conducted a series of sample analyses and ceased data collection when repeated themes were observed and no new themes were identified in subsequent samples. Following the proposed research questions, keyword searches were used to explore #mentalhealth, as well as any co-occurring and related hashtags across each platform. For example, some mental health-related hashtags used diagnostic language (#depression, #bpd), while others promoted awareness (#mentalhealthmatters, #itsoknotobeok), and some appeared as trends or current events (#COVID19, #BLM, #Politics). Some of these hashtags

filled these platforms, were unique to the platform, or were emerging trends. Furthermore, observing three social media platforms allowed me to observe how various mental health discourses compare across each platform, how each platform influences the way users discuss mental health and the impact they may be having on their online self-presentation.

A thousand tweets per week were collected using Ncapture. Ncapture was only used to collect Twitter data for this study, as it was not possible to collect data from Tumblr and TikTok using this method. A total of 128,000 tweets were captured, and I analysed a small sample of 1,800 tweets (1.4%). I initially familiarised myself with a small number of tweets, TikTok, and Tumblr posts before proceeding with further sampling, focusing on recurring mental health-related keywords and hashtags.

This approach did not necessitate additional sampling, as it yielded significant repetition of content. This amount was selected based on how much time I had left to analyse after data collection was complete. Approximately 50 Tumblr posts were screenshot every week, which totalled to 6,400 Tumblr posts and 800 (12.5%) of these were selected at random and coded. Lastly, 80 TikTok videos were downloaded before importing the data into NVivo for further analysis. All platform samples were imported into NVivo.

Data was collected at varying times of day to ensure that the data was more representative. Before the data was sampled, I had to filter the data prior to coding. I did so by creating exclusionary criteria to eliminate unsuitable data, such as 1) if the post did not relate to mental health or referred to something off-topic, or 2) if the user of the post disclosed being under the age of 18. As the data collection did not categorise users by age, gender, or geographical data (it was difficult to do so, especially on platforms where there was pseudo-anonymity), the sampling frame included the entire population on each platform. I used random sampling to select the set number of posts from each platform while considering the amount of time that I had to analyse all the data. Data was randomly selected using a random number generator, through which I assigned a number to each of the samples for each platform and used the random number generator to determine which data I would be analysing. All data was coded accordingly, with nodes representing identified themes, as well as assigning a case in NVivo for each post to record the type of multimedia, number of likes, number of shares and time and date of each post.

Research accounts were created for each platform. It was important to refrain from using the researcher's personal accounts to reduce potential risk to the researcher and to avoid being influenced by the researcher's personal algorithm. This allowed me to build up my research

accounts for the purpose of cultural entrée, which was essential during the initial recruitment for potential interviewees and providing regular updates regarding data collection. Each account was tailored accordingly to each platform. This was essential as I needed to 'fit in' on the platform to be viewed as a part of the online community. Tailoring research accounts for each platform was necessary in order to be perceived as an authentic member of the online community, as recommended by Kozinets (2020).

As Twitter accounts tend to be associated with more professionals, academics and overall avoid anonymity, I used a professional profile picture, explicitly stated my position as a PhD candidate and my research interest, as well as listing some of my other interests. The content of my Twitter page was mainly dedicated to my PhD, data collection, engaging with other researchers and retweeting relevant things to my topic area. The same disclosure was applied to both my Tumblr and TikTok accounts, with the addition of using a username called 'researchfoxx.' I did not disclose my name within my handle on Tumblr and TikTok, as both platforms are associated with pseudonyms. Pseudo-anonymity is a core value on Tumblr; thus, creating a pseudonym was integral. I still ensured I had disclosed my research as well as listing my interests and reposting related posts to my studies.

Finally, while TikTok uses pseudonyms, users disclose their identity once they post videos (often of themselves). My bio disclosed my purpose on the app, but I did not engage beyond that, nor did I post my own videos. Prior to creating each account, I had to familiarise myself with the norms and practices of each platform in order to achieve cultural entrée. An advertisement was posted to my Twitter and Tumblr accounts in an attempt to attract potential interviewees. As TikTok was introduced later to the study as an alternative to interview data, there was no need to post advertisements on the platform.

Based on my prior knowledge of these platforms and what I learnt during data collection, I suspected that the data analysis would reflect the major platform differences in terms of their functionality and how this would influence users' discussion of mental health.

4.15.1 Qualitative Interviews

The initial data gathering of social media posts played a crucial role in formulating the open-ended interview questions (see Appendix 9). This approach aligns with ECA, where researchers immerse themselves in the material to generate themes and questions that are reflective of the content being studied. In my case, this process involved systematically

analysing social media interactions to identify key issues and concerns that would inform the subsequent interview phase. Potential interviewees were recruited using an advertisement that I created (see Appendix 6), which was posted on a weekly basis during alternating times on Twitter and Tumblr from November 2020 to February 2021. The poster was also shared on LinkedIn, ResearchGate, throughout my university's department, and by contacting Twitter users with large followings.

To further support this recruitment effort, I created a website to inform potential interviewees about my educational background, contact details, and all the relevant information regarding the study, including the participant information sheet, consent form, and debrief forms for the UK, US, and Canada (see appendix 1-5).[29] This step mirrors the principles of netnography, where transparency and community engagement are vital in gaining the trust of potential participants within digital communities. Potential participants were encouraged to contact me or my supervisors with any questions prior to the interview, and all interviewees were required to sign a consent form and confirm a suitable date and time for the interview.

Despite these efforts, the interviews yielded a low response rate, which may have been affected by several factors. For instance, the recruitment took place during the COVID-19 pandemic, a time when many studies were recruiting participants for related research, leading to a high demand for online users. Additionally, the term 'interview 'may have been off-putting, particularly in the context of research, where discussing sensitive issues within pseudo-anonymous communities may have felt invasive. The use of platforms like Zoom and Skype for ethical reasons, which have video capabilities, may also have discouraged participation, despite the option for participants to keep their cameras off.

To address these challenges, I designed a more engaging poster targeted at users of both Twitter and Tumblr and employed various digital strategies, including tweeting, using memes, and incorporating GIFs, along with relevant keywords and hashtags in each post (see appendix 6-7). These strategies were informed by a netnographic understanding of the cultural dynamics within these online communities. However, these efforts were unsuccessful in recruiting additional participants, possibly due to several reasons. For example, the number of followers on a researcher's account can influence whether a participant will engage, with Twitter users being more sceptical of accounts with fewer

[29] Website I created during recruitment process: https://chloewakeham14.wixsite.com/phdstudy

followers. My attempts to build a following on my Twitter research account were time-consuming and ultimately insufficient. Moreover, cultural factors may have played a role, where my use of memes and GIFs might have been perceived as inauthentic or unserious and may have deterred potential participants from engaging with the content or the recruitment effort by using them in this way. This highlights the importance of not only understanding the technical aspects of social media engagement but also the cultural dynamics and expectations of the target audience.

Future researchers may need to reflect on the nature of cultural entrée in online communities and whether it may act as a deterrent. Netnography is reflected in my study through digital immersion, by analysing posts and interaction on Twitter and Tumblr, and gaining insights into community norms and values essential for effective recruitment. I actively participated in community practices using digital tools and strategies, which revealed the complexities of engaging with online communities and highlighted the importance of cultural sensitivity. In addition, ethical considerations were addressed through the creation of a dedicated website with detailed study information and consent forms, demonstrating a commitment to respecting community boundaries and ensuring informed participation.

Ultimately, only four Twitter users participated in the interviews. Tumblr users, on the other hand, may have been more reluctant due to the issues surrounding anonymity. As discussed in the introduction, Tumblr promotes pseudo-anonymity, allowing users to control the personal details they disclose. This contrasts with Twitter, where users are more openly public. The potential for exploitation in an interview setting may have further dissuaded Tumblr users from participating.

Given the low response rate to the interview invitations, I modified my methods to mitigate the lack of interview data, which had been a central component of my original research design. The initial plan included interviews to capture in-depth personal experiences and insights related to mental health discourse across social media platforms. However, due to the difficulties in securing a representative sample during the pandemic, I decided that interviews could not occupy a central place in the thesis. While the limited interview data collected did offer some preliminary insights, the small sample size and lack of diversity meant these findings could not be meaningfully generalised or integrated into the core analysis. Therefore, rather than relying on this sparse data, I chose to pivot my approach.

After considering alternatives such as focus groups and open-ended surveys, which were also unlikely to succeed given pandemic constraints, I introduced TikTok as a third platform

to enrich the study's ethnographic content analysis. TikTok's unique algorithmic dynamics and cultural significance provided a robust data source to explore mental health discourse, enabling me to address my research questions effectively despite the loss of interview data. For example, TikTok gained considerable attention in 2020 for its portrayal of viral suicide videos and disturbing livestreams of an individual taking their own life (Hern, 2020; The Conversation, 2020; Ribeiro, 2020). Thus, the decision reflects a pragmatic adaptation to circumstance rather than an abandonment of qualitative insights.

While the literature on TikTok and mental health is expanding, it has yet to explore the impact of the medium and its algorithmic influence on mental health self-presentations, or to compare these dynamics across multiple social media platforms. While the platform allows users to adopt pseudonyms, many still choose to show their faces, creating a dynamic where self-presentation is both personal and selectively anonymous. Each platform that this study examines spans a spectrum from 'real name' to 'pseudo-anonymous,' offering varying degrees of anonymity in user interactions. This study aims to contribute to both mental health and cross-platform literature by applying my own amalgam of NCA, offering new insights into how mental health is presented and navigated across these digital spaces.

4.16 Comparative research

Previous research has focused primarily on individual use of online, with very few studies covering how individuals interact across multiple social networking sites (see Introduction for discussion on social media). There are now many platforms for users to engage with, and many users operate more than one, all of which offer unique ways of communicating online while simultaneously having overlapping functionalities.

However, there are some examples of previous research that explore multiple platforms, including research by Lim, Lu, Chen & Kan (2015), which explored user behaviour across Instagram, Tumblr, Twitter, Flickr, YouTube, and Google+. The study also explored user cross-sharing, i.e., the act of broadcasting activity across multiple networks. Similarly, Lim et al. (2015) wanted to understand why some individuals post more about their activities on one network than the other, as well as choosing to cross-share their posts. The study included a large sample of users who participated in multiple SNS and linked their accounts to these six platforms (e.g., online users can do this by linking their accounts in order to engage in public sharing activities). Lim et al (2015) used a service called 'about.me' which allows users to create a public online identity, enabling users to connect their SNS accounts to the

site. The application enabled the researchers to use an application programming interface (API) to capture data which was publicly available. Using the API, they collected data from registered user profiles who use multiple SNS. The study concluded that each network offers something different, meaning that a particular SNS has a particular niché to fill. They also identified that users displayed varied behaviour across different SNS, due to the dichotomy between personal and professional usage. From the data set, Lim et al (2015) found that users tended to post from a source network (Instagram) to a sink network (Twitter).

The current study will be observing each platform so that the researcher can familiarise themselves with how each platform functions and the frameworks users follow on each platform when discussing mental ill health.

Further research by Waterloo, Baumgartner, Peter & Valkenburg (2017) explored the injunctive norms of expressing six discrete emotions (i.e., worry, joy, anger, sadness, and pride) across four different social media platforms, including Twitter, Instagram, WhatsApp, and Facebook. Participants were recruited by a professional research company, which surveyed individuals from different parts of the Netherlands, between the ages of 15 and 25 years. Participants received a list of 21 social media platforms, so they could indicate their active use. They were then presented with statements for each perceived norm of emotional expression for each of the four platforms in question, which were measured on a five-point Likert scale. They then measured the participants' perceived appropriateness of expression of a particular emotion in a similar way. The study concluded that positive expressions were deemed more appropriate to share than negative expressions across all platforms. In addition, the study identified differences in norms of emotional expression across platforms. For instance, WhatsApp was found to be the most appropriate place to express all six emotions.

Further results suggested that the expression of negative emotions was rated as more appropriate on Twitter and Facebook compared to Instagram. Instagram was perceived as more appropriate for positive expression, especially due to the amount of self-promotive qualities the platform holds, due to its visual properties (Sheldon & Bryant, 2016). In conclusion, the different features on each social media platform are what makes them distinct and invite different types of expressions and beliefs to form, based on what is deemed most appropriate for each platform (Waterloo et al., 2017).

Although some recent research has carried out comparative studies in relation to mental health, they often focus on how social media is responsible for users' wellbeing (Roberts & David, 2023; Ramsden & Talbot, 2024) and how the dissemination of mental health

information could be useful. For example, Pretorius, McCashin and Coyle (2022) explored TikTok and Instagram and identified licensed mental health professionals who promoted mental health literacy, such as how to seek mental health information, knowledge of causes, and risk factors of mental illness. The study concluded that disseminating mental health information could be valuable to users for the purpose of help-seeking. This contrasts with the literature in Chapter 2, which shows that users have historically avoided seeking professional help and instead accessed information through peers in the mental health community. Suggesting an obvious shift has occurred once platforms like TikTok and Instagram enabled professionals to share information for free.

While this study does not focus on professionals online, the findings chapter acknowledges the presence of TikTok videos created by professionals to educate platform users on the symptomology of a variety of mental illnesses. Previous comparative studies have emphasised the need to evaluate across numerous platforms to understand a wide range of topics. While the studies aren't as in-depth compared to studying a singular platform, comparative studies offer the ability to distinguish how things differ on each platform. In this comparative study, the researcher explored mental health discourse across three platforms while identifying the similarities and differences of each platform (see Chapters 5-7).

Although previous research has evaluated user behaviour and emotion using quantitative methods, this study aims to contribute to qualitative research, while also providing an in-depth analysis across three platforms. So far, there is very little literature that explores TikTok within comparative literature regarding mental health.

4.17 Conclusion

Throughout this chapter, I have provided a rationale for choosing the research approach and methodology used within this study. I chose to combine netnography and ethnographic content analysis for the purpose of studying mental health discourse on Twitter, Tumblr and TikTok.

This framework was the most suitable for guiding me through the process of observing and data gathering on each platform. Netnography offers valuable tools to help identify emerging trends across platforms and how to capture and analyse online conversations, while ECA explores the meanings behind the content and offers greater insight into social interactions and norms.

The combination of the two methodologies enabled me to infer meaning from mental health language used through various multimedia across TikTok, Tumblr and Twitter. In addition to NCA, I borrowed aspects of semiotics to further understand how users use digital communication and the meanings they assign to language and symbols surrounding mental health.

This study aims to explore how mental health is discussed across the three social media platforms. I decided to focus on observing online users within mental health communities that engage in mental health discussion and use different mediums to explore mental health through a variety of multimedia. Observing and collecting data from each platform allowed me to gain a better understanding of how each platform functions and the content users engage with, in hopes of gaining a greater understanding of the ways users discuss mental health and how it informs their online identities and presentations of the self.

Throughout this chapter, I have considered ethical considerations regarding the debate surrounding public vs private on collecting online data, consent, safeguarding, anonymity, and confidentiality that were relevant to online data collection and interviewing. I have also detailed ethical responsibilities that have been carried out throughout this study, including recruitment, managing and storing data and the process I undertook to receive ethical approval from the university.

Chapter 5: Theme 1 Humour

5.1 Introduction

Chapter 5 offers a comprehensive overview of the findings, coding, and themes that were identified throughout the process of data collection and examination. The subsequent Chapters 5,6, and 7 will explore each of the identified themes, offering a detailed exploration.

In this chapter, I focus on the first theme uncovered in my analysis, which is 'Humour.' This chapter outlines the history of humour, online humour, and mental health-related humour as examined in existing literature. I then present key findings for each platform, including examples of tweets, Tumblr posts, and screenshots from TikTok videos that illustrate how users express mental health challenges through humour.

This chapter also explores the use of memes and the trend of 'traumacore' inspired posts. Towards the end of the chapter, I discuss the main findings and offer a synthesis of how humorous content is used to explore mental health issues across social media platforms. Substantial amounts of data were generated from all three platforms, which were then sampled for analysis (see Chapter 4 for more on sampling). This approach enabled a deeper investigation into the discourse surrounding mental health and allowed for a comparative analysis across Twitter, Tumblr and TikTok.

This study employed a deductive semiotic analysis approach to comprehend the meanings of social media posts and uncover any underlying messages. A deductive approach, described as 'top down,' involves applying existing theory to the data in order to test it (Bingham & Witkowsky, 2022). In addition, this study incorporates semiotics, which focuses on analysing the signs and symbols within the data (Myers, 1999), such as the hidden messages found within a meme.

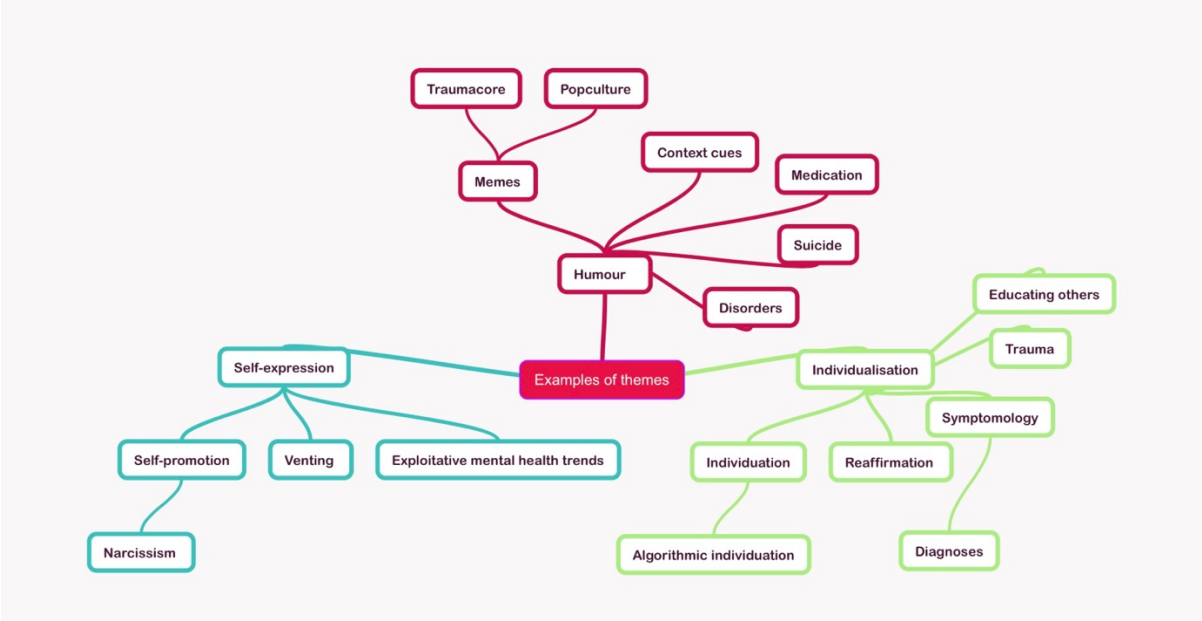
5.2 Coding and themes

To manage each data set, separate databases were created for each platform using NVivo. Following Kozinets (2020) guidelines, the data were collated in preparation for coding,

which is essential when working with diverse multimedia formats. Given that netnographic data appears in various forms, such as photos, text, and videos, it's essential that the data is collated by consolidating it into a consistent format suitable for coding. I then coded the data by assigning meaningful labels, which facilitated the abstraction process, ultimately leading to theory validation and extension. Coding also enables the researcher to reflect and discover meaning and detect any repeating patterns across the dataset (p. 332).

Through coding data, I was able to identify the main themes and sub-themes of this study. The image below is an example of how I mapped this out before further investigation.

Figure 2: Themes and sub-themes that emerged during data analysis.



During the third phase, conceptually related codes were merged, allowing for the development of 'pattern codes.' This process helps identify abstract patterns and conceptual relationships (p.332). Through this approach, I identified three main themes, including 1. Humour, 2. Individualisation and 3. Self-expression, along with sub-themes that will be explored within the analysis and discussion chapters. In the fourth stage of data analysis, I used counting to determine the frequency of words and their percentages. These findings are discussed within this chapter, with examples drawn from the Twitter data due to its textual nature, although this approach could not be applied to the other multimedia data found on Tumblr and TikTok. Finally, the data has been charted (i.e., visualised) throughout this thesis, using tables and screenshots (Kozinets, 2020, p.333), which are featured across Chapters 5-7.

Figure 3: This word cloud was created in NVivo to demonstrate the top 10 words that were found across each database.

Table 2: The word frequency and percentages across all databases.

Word Frequency:	**Count:**	**Percentage:**
Mental health	3310	50%
traumatised	1082	16%
responsibility	778	12%
therapists	709	11%
experienced	587	9%
everything	505	8%
understand	495	8%
experience	487	7%
psychological	480	7%
handcuffed	472	7%

Additionally, cases were used to classify and structure coded data. For example, in this study, cases were created for each Tweet, Tumblr post, and TikTok video, allowing me to assign attributes such as multimedia type, number of likes, and reshares.

In the realm of mental health discourse, the relationship between vulnerability and resilience is often mediated by a veil of humour. Amid the sombre narratives and candid confessions, humour appears as a paradoxical element that offers a multifaceted lens through which individuals learn to navigate and make sense of their mental health issues. This chapter delves deep into the theme of humour within mental health discourse across Twitter, Tumblr and TikTok. The findings in relation to the theme of humour showcase the nuances, functions, and significance it has in shaping the narratives of lived experiences.

This chapter revisits humour's historical role within an online world and how it infiltrated many online spaces to address sensitive topics that might remain private in the offline world. The chapter will present examples of humour from each platform, analysing the findings to understand their influence on mental health conversations. The section will begin by looking at examples from Twitter, then move to TikTok, and finally, explore Tumblr.

This analysis reveals three main themes across these platforms: 1) Humour, 2) Self-expression, and 3) Individualisation. Each theme will be discussed in detail, including relevant sub-themes, previous literature, and examples from the dataset, culminating in a comparative analysis.

5.3 The history of humour

The documentation of humour has existed online since the introduction of the internet. It plays a key role in understanding social and cultural processes within society (Shifman, 2007). Humour achieves this as it invokes communication, which leads to information and idea exchange through socialising with others. Using this tool helps individuals connect more deeply with a community, fostering social cohesion, enhancing their sense of belonging, and strengthening relationships (Haidau, 2023). Humour is a part of everyday life and provides insights into other people's experiences. By sharing these experiences, people can engage in a process of meaning-making (Tavory, 2014). The internet is now one of the main sources of production and distribution of humour (Shifman, 2007), specifically social media, which enables online users to generate, share, alter, and recombine various content (Weitz, 2017). While humour was originally shared within email chains and across various websites, technological advances have enabled a plethora of ways to express online humour. Although today's media can appear trivial and mundane, it is intertwined with new media: emoticons, emojis, GIFs, internet memes, online jargon, and slang (de Seta, 2019).

5.3.1 Online Humour and Digital folklore

Modern media now reflect contemporary examples of digital folklore. Folklore involves stories that encourage people to share their experiences, whether through traditional spoken methods or, more recently, online. Folkloric theory suggests that expression is reflective of societal and cultural values (Blank, 2009). Although traditional folklore is an oral tradition, it has been adapted for digital platforms such as social media (Anggraeni, Pentury, Nurfarkhana & Pratama, 2019). Social media has become a pedagogical tool for the younger generation, which influences their education, attitude, and lifestyle. While traditional folklore was primarily a means of communication, digital folklore encourages young people to explore and express their perspectives in online spaces (Anggraeni et al, 2019). For further discussion on folklore, refer to Chapter 3.

The introduction of new media entered the domain between the late 1980s and early 1990s, where the rise of typographical emoticons, copy-pasted jokes, and email chains appeared online. This was the beginning of 'topical humour' circulating through a series of forwarded emails (Frank, 2009). The introduction of the internet enabled the development of multimedia content, graphical interfaces, and editing software to expand the technological scope of mediated folklore (de Seta, 2019). The use of emojis, Tumblr humour, online slang, memes, and GIFs did not become commonplace until the early 2000s to 2010s (de Seta, 2019).

Early ethnographic work by Baym (1995) described the use of internet humour as something that is 'embedded in shared knowledge, shared codes, and shared emotional significances which provide its meanings and determine its appropriateness.' This means that the meaning and appropriateness of humour is shaped by the common experiences and cultural references of the community, influencing what is understood as funny or acceptable within the specific context. Some of the earliest examples of digital folklore have been observed within newsgroup humour and bulletin board vernaculars, consisting of collections of jokes, emoticon repertoires, and humour dictionaries (Correll, 1995).

Shifman (2007) emphasised how humour plays a key role in understanding social and cultural processes. He proposed that 'humour hubs' help indicate whether to categorise humour-related content as 'globally oriented' or 'locally oriented.' These 'humour hubs' serve as focal points in online environments where humour is shared and disseminated.

Globally oriented humour transcends cultural and national boundaries, often resonating with a broad international audience. In contrast, locally oriented humour is specific to particular cultural or social contexts, resonating primarily within those specific groups (Shifman, 2007). Ellis (2000) noted that the anonymity of forwarded messages has become a preferred mode of circulating topical humour and that anonymity leads to a more authentic online performance (Bargh, McKenna and Fitzsimons, 2002).

Today's online folk groups are found within blogs, forums, fan pages, and among online discussions, highlighting the distinctive nature of internet expression (Blank, 2009). While Blank argues that focusing solely on nonverbal communication can be limiting, it's crucial to recognise how individuals express themselves and the actions they take to communicate their feelings. Despite the differences between the online and offline environments, the presence of the human element ensures that expression remains a constant factor.

5.3.2 Mental Health Humour on Social Media

Humour as a tool for discussing mental health issues first appeared within psychotherapy frameworks (Gelkopf, 2009) before eventually making its way onto the internet. The introduction of the internet allowed mental health communities to freely discuss their experiences within online spaces, which coincided with the increasing prevalence of mental health issues (e.g., Naslund, Aschbrenner, Marsch and Bartels, 2016). The expansion of social media platforms has provided additional spaces for online users to discuss mental health topics. Users have created mental health-related hashtags and promoted initiatives such as 'To Write Love on Her Arms' (twloha.com) and #ProjectSemicolon (McCosker & Gerrard, 2021), which support individuals who self-harm or are affected by suicide.[30] [31] While social media is frequently used as a space for sharing, educating, and connecting around mental health, humour introduces a productive tension, highlighting how users negotiate the complexities of speaking about distress within platform-specific norms and broader cultural expectations.

[30] To Write Love on Her Arms (TWLOHA) is a mental health nonprofit organization that are known for their merchandise with the TWLOHA acronym written on their products. https://twloha.com/learn/

[31] Project Semicolon; is an American nonprofit organization that advocated mental wellness with a focus on anti-suicide initiative. https://projectsemicolon.com/

Previous studies have observed mental health communities online, framing the use of humour as a response to symptoms of mental health conditions and as a way of expressing identity, building community, and conveying authenticity (Herrick, Hallward & Duncan, 2021; Kanai, 2019; Chateau, 2020). However, such interpretations may risk reinforcing a medicalised understanding of distress, overlooking how humour also functions as a cultural and discursive strategy within these communities. In this thesis, I consider the way humour is portrayed within social media posts and the choice of multimedia that is used to express mental health discourse. This chapter explores the theme of humour for each platform by investigating selected humorous tweets, TikTok videos, Tumblr posts, and the addition of memes. Unlike previous studies, this chapter evaluates the use of humour in discussing mental health-related topics by interpreting the findings across each platform. This section will examine how mental health is addressed through humour, interpreting the meanings of posts and how humour helps convey subtle messages about therapy culture's ideals of personhood. Additionally, while semiotics has been approached from several angles, this study will account for the process of identity using digital folklore.

5.4 Humour findings

This section will explore the use of humour in mental health discourse. For clarity, examples from Tumblr and TikTok are labelled with platform abbreviations (TB=Tumblr, TT= TikTok) followed by a number, while Twitter posts are given pseudonyms to preserve anonymity. [32] Illustrative examples are organised by theme, with overarching examples numbered sequentially (Illustrative Example 1,2,3…), and platform-specific examples nested beneath each theme (TT, TB, pseudonym) to allow comparison across platforms while preserving the distinct context of each example. On Twitter, humour is often injected into mental health conversations through emoticons and laughing features, with colons and asterisks used to depict actions, offering a unique and light-hearted twist to serious topics. TikTok, on the other hand, frequently frames discussions about antidepressants, suicide, and various diagnoses with a humorous undertone, providing a complex and multifaceted perspective on mental health experiences. Meanwhile, Tumblr's dialogue shifts towards a deeper exploration of therapists, childhood trauma, and memes, a phenomenon I refer to as

[32] Twitter examples are provided with randomly selected names from the game Animal Crossing to protect each user's anonymity. Tumblr and TikTok examples are labelled with platform abbreviations plus a number (e.g., TB1, TB2, TT10, TT11). This system is applied consistently across all findings sections.

the ‘meming of mental health,’ particularly embodied in the ‘traumacore’ trend. Each platform, with its unique mode of humour, contributes to a broader understanding of how humour functions when discussing mental health online.

5.4.1 Twitter humour

As Twitter is a predominantly text-based site, users will often compensate by using additional cues within their Twitter posts to emphasise how they are feeling. These will be explored in the following examples below. All Twitter examples presented were randomly selected from the Twitter database (see Chapter 4 for more on sampling). The following examples showcase a series of context cues that Twitter users employ within their posts, beginning with the use of emoticons.

Emoticons are the precursors to modern emojis (graphic symbols). They are keyboard characters used to convey facial expressions such as :) for a smile, :(for sadness, or :/ for uncertainty. Filik et al (2015) suggest that emoticons serve as contextual cues for the observer. In illustrative example 1, users employ emoticons to provide emotional context and underscore the mood they are conveying. Astrid uses smiley face emoticons twice, not to indicate happiness, but rather to highlight their frustration in a sarcastic tone to the audience. This usage exemplifies how the meaning of emoticons can shift based on context and intent.

Conversely, Goose uses a slanted smiley face emoticon, which could initially be interpreted as expressing disappointment. However, Goose uses it ironically to make fun of themselves for ‘falling in love with another man on TikTok,’ thereby adding a layer of self-deprecating humour. Unlike face-to-face communication, where sarcasm is often detected through vocal tone, inflexion, facial expressions, belief, or laughter within one’s voice (Muresan, Gonzalez-Ibanez, Ghosh & Wacholder, 2015; Ghosh & Veale, 2016), social media users rely on emoticons and acronyms to convey sarcasm and irony.

In Reece’s post, they state:

> I hate when people are like “so tell me about yourself :)”
> Like, what do you want to know? My trauma or my favourite colour let’s be specific.

Reece uses the smiley face emotion not to signal joy or friendliness, but to highlight a social absurdity. The :) acts as a sarcastic device, exposing the tension between small talk and

deeper emotional realities. Here, humour masks discomfort, while the emoticon functions as a signal of ironic performance, inviting observers to see the emotional labour involved in presenting oneself within everyday exchanges.

Similarly, Axel writes:

> Opening up to a friend about my childhood trauma only for them to laugh at me -.- this is why I keep things bottles up.

The -.- emoticon represents weariness or resignation, commonly interpreted as an eyeroll or deadpan expression. Positioned after a deeply personal disclosure, it reflects both frustration and emotional deflection, using irony to distance the speaker from their own vulnerability. The humour here does not negate the pain makes it more digestible for public consumption.

These digital symbols serve as a workaround to express nuanced emotional states and ironic tones that would otherwise be communicated through vocal and physical cues in personal interactions (Kunneman, Liebrecht, Van Mulken & Bosch, 2015; Filik et al., 2015). Below are paraphrased examples, with emoticons preserved in their original form:

Illustrative example 1: Examples of Emoticons used in Twitter posts.

Pseudonym	Use of emoticons found within tweets	Year of Tweet
Astrid	'trauma anniversary? Night terrors? Venlafaxine?? What are you talking about :) it's 1996 ur not even in utero!!! U haven't been born yet bro :) everything's okay!'	2020
Goose	'fell in love with another man on TikTok :/ I think I have to delete the app for my own mental health'	2023
Reece	'I hate when people are like "so tell me about yourself :)" Like. what do you want to know? my trauma or my	2023

	favourite colour let's be specific'	
Axel	'Opening up to a friend about my childhood trauma only for them to laugh at me for it -.- this is why I keep things bottled up'	2020

These examples illustrate how emoticons are strategically used to enhance the emotional tone of posts and provide deeper insight into the user's intended message. The diverse ways in which humour is deployed on social media can be understood not only as expressions of emotions but also as performative acts that constitute and shape mental health identities.

In this chapter, I use the terms 'performativity' and 'performance' not to imply inauthenticity or falseness, but to describe how identity is inevitably produced through repeated social and linguistic acts, as theorised by Butler (1990). Butler's argument directly opposes the notion that there is a 'real' or stable self behind performance, orchestrating it to express an underlying essence. Instead, identity just is what is constituted via our performances and actions. Goffman's (1959) notion of everyday interaction as a series of performances shaped by audience and context, together with Foucault's (1978) analysis of confession and self-governance, further highlight how online mental health expressions are not simply acts of storytelling, but processes of identity formation situated within structured digital environments. In this sense, posts deploying humour, irony, or stylistic exaggeration are not just communicative tools but ways of doing mental health that are both personally meaningful and socially legible.

In addition to emoticons, users frequently employ what Barbieri, Saggion and Ronzana (2014) refer to as the 'laughing feature' to convey humour. This includes expressions such as 'haha,' 'laugh my ass off (lmao),' and 'laughing out loud (lol)' embedded within posts to signal that the content is intended to be humorous. Barbieri et al (2014) argue that the laughing feature has effectively become a new form of punctuation, replacing the traditional exclamation mark in conveying emotions such as amusement. This shift is particularly evident as the laughing feature often appears at the end of a post, as seen in illustrative example 2, further supporting Barbieri's claim.

Moreover, the use of laughing features is not a novel phenomenon unique to social media. Their origins date back as early as 1989, when they were documented in email communication as a way to express laughter. This historical perspective highlights the evolution of digital communication, where textual indicators of emotions have become increasingly nuanced and embedded in everyday online interactions. Furthermore, Weitz (2014) emphasises the importance of editorial humour as a broader social phenomenon, noting that humour, along with the use of laughing features, plays a crucial role in shaping social narratives on digital platforms. On social media, editorial humour often blurs the lines between personal and public, as users incorporate elements of their personal experiences, such as 'trauma anniversaries' or mental health struggles, into humorous posts.

Cyd, for instance, writes:

> Dude, we all need trauma counselling, my brain can't even process this much grief and dystopia lol.

The laughing feature (lol) is not merely an expression of amusement but functions to soften the affective weight of the statement. The post juxtaposes global despair with casual language, and the use of lol repositions the speaker's emotional intensity, signalling a kind of resigned irony. It communicates distress while maintaining social palatability, a key example of how humour operates as a discursive strategy for managing emotional excess in digital mental health talk.

Similarly, Olaf tweets:

> "omg u so mature/open minded for your age" thanks, it was the trauma lmao.

The punchline here hinges on the contrast between the compliment and the dark source of that perceived maturity. The 'lmao' deflects the emotional gravity of the trauma, transforming it into a socially recognisable meme-like expression of self-awareness. The humour is not trivialising but performative as it enables the speaker to both acknowledge and contain their experience, making it legible to a wider audience within platform norms.

This blend of vulnerability and wit creates a unique dynamic in online communication. The integration of laughing features and editorial humour in social media posts reflects the evolving nature of online expression. Humour serves not only as a linguistic tool but also as a social connector, enabling users to engage with others in meaningful and relatable ways.

From a social constructionist perspective, these expressions are not simply reflective of inner states but are part of the discursive practices through which mental health and identity are constructed, shared, and made culturally intelligible. Through laughing features, users negotiate visibility, relatability, and credibility, performing mental health in ways that are both affectively charged and socially strategic.

Illustrative example 2: Examples of using the laughing feature to convey humour.

Pseudonym	Laughing Feature used within tweets	Year of Tweet
Elmer	‘hey there Delilah just came on the radio, and I was immediately triggered. First year music assessment will haunt me forever hahahah,’	2020
Shino	‘I’m a simple man: I love all night and project all my trauma onto him LMAO.’	2020
Cyd	‘Dude we all need trauma counselling, my brain can’t even process this much grief and dystopia lol’	2023
Olaf	"omg u so mature/open minded for your age" thanks, it was the trauma lmao’	2023

These examples illustrate how laughing features are employed to underscore the humour in posts, transforming personal anecdotes into shared moments of amusement.

Another notable feature in expressing mental health humour is the use of a colon to introduce a topic (see illustrative example 3). While it may seem like a straightforward stylistic choice, it has become a trend across social media platforms. This practice, resembling a 'newsflash,' serves to alert the audience to a mental health-related topic in a humorous or satirical way. Rather than just being a stylistic touch, the colon often sets up a humorous post by framing it as an unofficial announcement, thereby preparing the audience for a comedic twist.

Illustrative example 3: The use of a colon within a tweet

Pseudonym	Colon used within tweets	Year of Tweet
Peanut	'Mental health status: Curled in a ball on the sofa at 2:45am listening to Bjork play from my phone'	2023
Klaus	'How to be funny: Divorced parents Depressed Childhood trauma All of the above If you're not on the list, you're not funny.'	2020
Weber	'first base: sex second base: sharing childhood trauma third base: going food shopping together'	2020
Flo	'no one: me: girls who speak in a baby voice have unresolved childhood sexual trauma'	2023

In these examples, the use of a colon serves distinct yet complementary purposes. Peanut employs the colon to humorously update their audience on their current mental health status,

presenting a candid snapshot of their situation. Klaus, on the other hand, uses the colon to introduce a satirical checklist that humorously critiques what qualifies as 'funny' based on personal experiences of adversity. The appearance of the colon in these tweets reflects a broader trend on social media, where it is often used in memes and posts to set up a humorous or satirical context.

This rhetorical strategy is further illustrated by Weber's Post:

> First base: sex, second base: sharing childhood trauma, third base: going food shopping together

Here, the colons are used to structure a faux-hierarchical list that mimics the familiar 'bases' of romantic progression, but instead of following conventional sexual/romantic milestones, Weber subverts expectations by inserting emotional disclosure as part of modern dating scripts, exposing how emotional labour and vulnerability are increasingly folded into casual relational norms online. The structure, while humorous, also reveals shifting social values, where intimacy is measured not just by physical closeness but by shared personal history.

Flo states:

> No one: me: girls who speak in a baby voice have unresolved childhood sexual trauma

Flo adopts the widely recognisable meme format of 'no one: me.' This colon-based structure mimics a dramatic inner monologue, and the use of overstatement, combined with trauma discourse, creates a shock effect. The blunt humour serves to provoke, but also to reveal how trauma language has become embedded in casual digital interactions. This post simultaneously enacts and reflects a mode of speaking in which everyday behaviours are framed through psychological or diagnostic language, highlighting how such discourses have become culturally embedded and widely circulated in online spaces. Such usage demonstrates the cultural fluency required to participate in online mental health spaces, where humorous formats rely on shared understanding of clinical language and meme logic.

These humorous formats serve not only to amuse but also to signal belonging within mental health discourse online. Following Goffman, this might be seen as a form of impression management, a way of crafting a relatable, ironic persona that fits platform-specific expectations for discussing vulnerability.

According to Tiidenberg and Whelan (2017), such text is frequently paired with memes, tweets, or GIFs to create a form of self-representation. This trend is evident in the juxtaposition of humorous elements with serious topics, a recurring theme in data. Users strategically use this format to present their content as both amusing and relatable, aligning with the notion that humour and seriousness can coexist in social media discourse (Vásquez & Creel, 2017).

The fourth feature that users apply within their posts is asterisks. Using this self-referential method helps the user convey verbs or short descriptions about the user's actions. Previous literature by Virtanen (2022) suggests that using alternative features like emojis did not satisfy the users' communicative needs the same way as physically typing the word. Virtanen refers to these as 'virtual performatives.'

Virtual performatives incite playfulness within digitally mediated communication as opposed to emojis (Danet, 2001). Virtual performatives consist of enacting a virtual emotion or action through the documentation of words (Virtanen, 2022). Thus, the asterisk represents an action or experience that has taken place in the user's real life.

Illustrative example 4: Examples of using asterisks to convey actions in tweets.

Pseudonyms	Asterisks used within tweets	Year of Tweet
Tucker	*Slaps own head* you can fit so much trauma in this bad boy	2020
Coco	*reads an article about how victims of trauma typically stay up late at night due to hypervigilance at 4am* oh.	2020
Mac	'me: what if i don't even have trauma and I'm just being overdramatic about what I've been through also me: *had to learn how to talk twice because i forgot the first time due to trauma*	2023

Rizzo	'idk how to explain what I'm feeling rn, but it hurts. Everything hurts, my heart feels so heavy *cry*'	2023

The examples above demonstrate how asterisks are used to represent actions or experiences in tweets, often followed by the user's commentary or reaction. It is important to note that these actions are usually exaggerated for comedic effect and may not reveal real-life events. For instance, it's unlikely that Tucker literally slapped their head; instead, this is a rhetorical device used to humorously emphasise the extent of trauma that they feel. On the other hand, Coco's tweet provides a detailed description of an action within the asterisks, with the addition of 'oh' afterwards serving to lighten the mood and add humour.

Mac's tweet introduced a more reflexive tone. The contrasts between self-doubt ('what if I'm just being overdramatic') and the stark action of 'had to learn how to talk twice…' underlines the use of irony to dramatise but also validate the user's experience. This post plays with doubt and certainty, comedy and trauma, showcasing the flexibility of virtual performatives to hold multiple meanings simultaneously. Rizzo's post, by contrast, veers into emotional directness, as the action of 'cry' is not only presented as an expression of humour but as a raw expression distress. The use of the asterisk here still performs for an audience, but it does so with affective sincerity rather than detachment, showing that virtual performatives are not always entirely comedic but can also function as coded displays of vulnerability.

In addition to the use of asterisks, users employ various other performative techniques to convey humour in their posts. While the study focused on three primary methods, other notable performatives include writing in all caps, addressing the audience with terms like 'bitches' or 'bros' at the beginning of each post, and trends like 'I know a place.' This trend, inspired by a lyric from the band 'MUNA,' has been repurposed in humorous contexts, such as 'Therapists be like, I know a place and take you to revisit unresolved trauma.'[33] These diverse strategies highlight the creativity and variety in how users engage with humour within online mental health communities.

[33] MUNA is an American indie pop band. Their song 'I Know a Place' became popular trend on Twitter in 2020, in which users changed the ending of the lyric. https://en.wikipedia.org/wiki/Muna_(band)

From a Butlerian perspective, these stylised actions reflect how subjectivities are constructed through repeated discursive practices. The use of 'slaps own head or reads article' becomes a recognisable performance of trauma-informed identity. These repeated gestures, though framed humorously, accumulate meaning across time and platforms, becoming part of a larger repertoire of how an individual performs mental distress online. Crucially, as Butler (1990, 1993) emphasises, it is precisely through this repetition that identities come to appear coherent and stable. What seems like a fixed 'trauma-informed' identity is not the reflection of some underlying fact of the matter, but the product of reiterative acts that sediment over time, giving the impression of performance. This effect can be seen in posts such as Reece's or Axel's, where emotive humour and the use of emoticons contribute to a recognisable style of 'trauma talk' that feels continuous across different contexts, even though it is produced through discrete, momentary performances. In line with a social constructionist view, such expressions do not simply reflect internal states but are part of the cultural grammar through which mental health is communicated, shared, and understood in contemporary digital spaces.

5.4.2 TikTok Humour

TikTok videos have become the most popular medium for capturing and reflecting current cultural trends across societies. While much of TikTok's content is created by 'Gen Z' (people born between 1997-2012), there are clear traces of 'millennial' humour (people born between 1981-1996) also present on the platform (Dimock, 2020). Attardo (2020) notes that jokes often don't require extensive explanation because they are 'self-contained,' as they come with a 'built in guarantee that they are instances of humour' (p.21). This suggests that online humour leverages familiar motifs, with memes, for example, offering an exploitable framework that doesn't need much elaboration.

Additionally, humour on these platforms serves as a means of escaping life's seriousness, enabling users to engage in playful expression. Speck (1991) proposes that people use a 'play cue' to indicate to their audience that the following message will be humorous. Kräussl's (2022) study further identifies that online users convey humour through various techniques, including exaggerating visual and verbal elements, using audio, and employing visual aids like distinctive fonts, all contributing to the perception that 'this is play.' To illustrate these techniques in action, the following examples demonstrate how users discuss various mental health topics on TikTok, employing visual and verbal exaggeration, audio elements, and distinct fonts to convey humour.

Illustrative example 5. TikTok Expressions of Antidepressant Use [34] [35]

TT1

[34] User's identities are concealed for the purpose of anonymity and are referred to by pseudonyms.

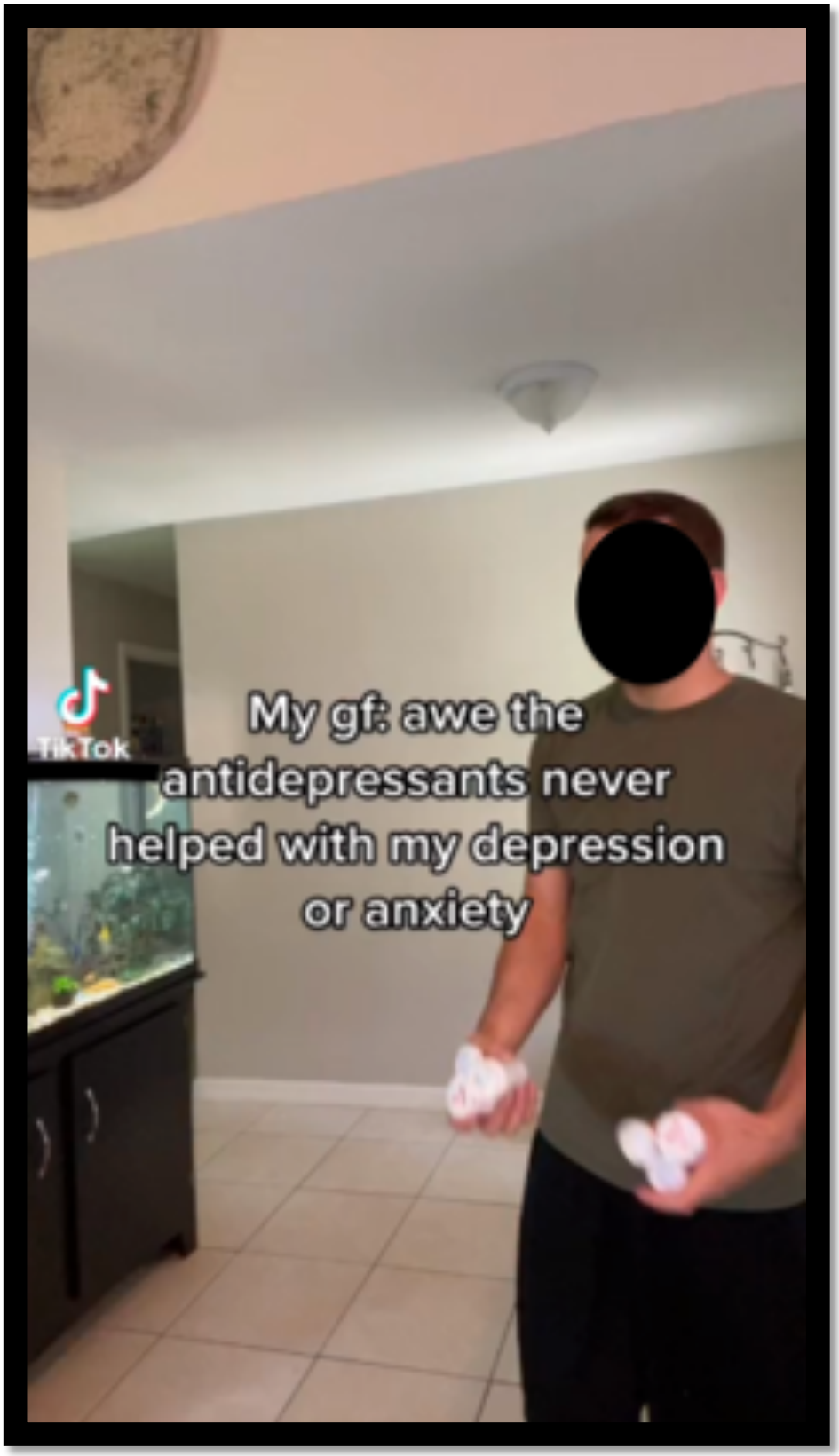
In example TT1, the TikTok features a user flicking the lid off a pill bottle, emptying the pills into the toilet, and flushing them away while Eminem's song 'Not Afraid plays.'[36] This is an example of TikTok's unique cinematic style. The video is performed to the lyric 'It was

[36] Eminem is an American rap artist who released the song 'Not Afraid' in 2010 https://en.wikipedia.org/wiki/Not_Afraid

my decision to get clean, I did it for me,' accompanied by the caption 'after 23 years long years, I've decided I'm quitting depression,' reflects TikTok's characteristic blend of personal narrative and popular culture (Abidin, 2020). The video plays on humour by contrasting the symbolic act of throwing away antidepressants with a message about 'quitting' depression, highlighting how TikTok content often relies on relatability and light-hearted framing to engage with serious issues. The addition of music deepens the emotional tone while also shaping the narrative, drawing attention to themes of personal choice and mental health. This aligns with wider patterns on the platform, where discussions about psychiatric medication are common, with many users openly sharing experiences of side effects, struggles, and doubts about treatment effectiveness (see De Choudhury & De, 2014). This example aligns with Goffman's idea of the 'front stage,' where users carefully craft scenes that are legible and resonant to their audience. By pairing this with an audio-visual sequence and ironic commentary, the user also enacts a Butlerian performativity, repetitively doing and undoing what 'depression recovery 'might mean in digital spaces.

Since TikTok's user base is largely made up of younger individuals who frequently use social media to discuss and seek support for mental health issues, the video represents a shared space where they can express and connect over these experiences in a way that resonates with contemporary digital culture (Anderson & Jiang, 2018). Furthermore, these TikTok videos reflect how illness labels are negotiated and redefined within digital spaces. This is also another example of a performative act that does more than entertain the audience, as it helps construct and circulate mental health identities. Both Goffman's and Butler's work on performativity suggest that users do not simply express pre-existing emotions or diagnoses; rather, these identities are enacted and reinforced through repetition, audio overlays, meme structures, and visual exaggeration. In this way, TikTok becomes a stage where illness is performed, not just disclosed.

TT2


TikTok
My gf: awe the antidepressants never helped with my depression or anxiety

Example TT2: The example below includes the captions and audio that appear in example TT2.

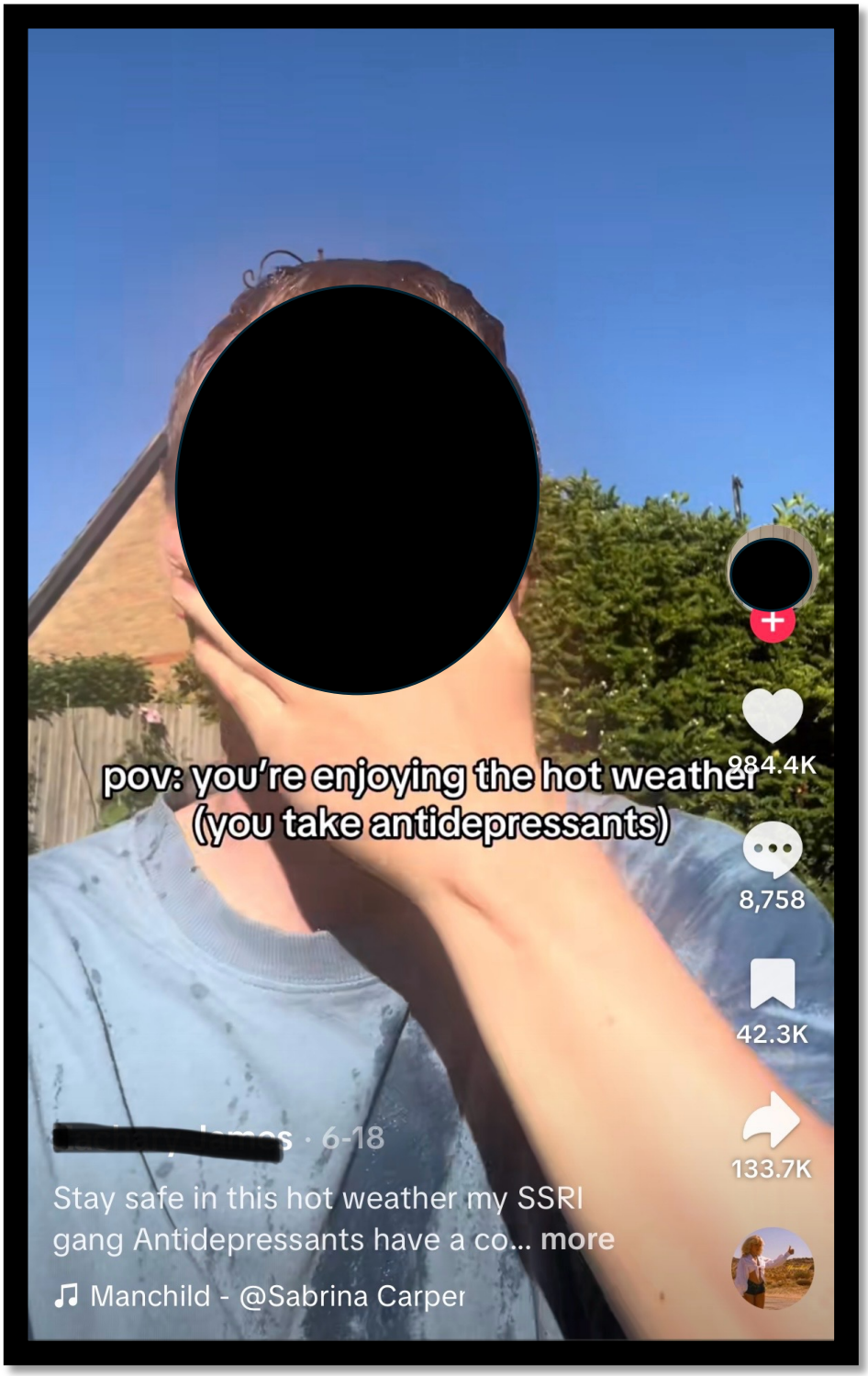
Audio:	User's Caption:
Person 1: 'aww my caterpillar never turned into a butterfly.' Person 2: 'that's a cheeto.' Person 1: 'Oh'	My gf: awe the antidepressants never helped with my depression or anxiety. Me: because its BPD My gf: Oh

The user in example TT2 plays an audio clip from the movie *Despicable Me*. The user places the captions over the video adjacent to the audio playing. They do this to personify the video in line with their personal experiences. This is consistently found across all TikTok content. In addition, the original audio does not need to refer to mental ill health at all. It is up to the creator to decide how to modify the audio quote to fit with what they're trying to express. If the altercation is successfully delivered, the audience can infer humour from the creators' captions, which coincide with the original audio, as well as any other additional cues expressed within the video. These small but layered acts are examples of micro-performances of illness identity, where the user repurposes popular audio to reveal, and simultaneously mask a diagnosis. Butler (1993) would argue that it is not the content of the audio alone but its iterative re-use in mental health contexts that stabilise and legitimise a form of subjectivity: 'this is what BPD looks like.'

TT3


My medications watching
me text my ex, binge drink
& self distruct after 2 weeks
of not taking them
TikTok
Wellbutrin® XL 150
Extended-Release Tablets
Verlengde-Vrystelling Tablette
150 mg

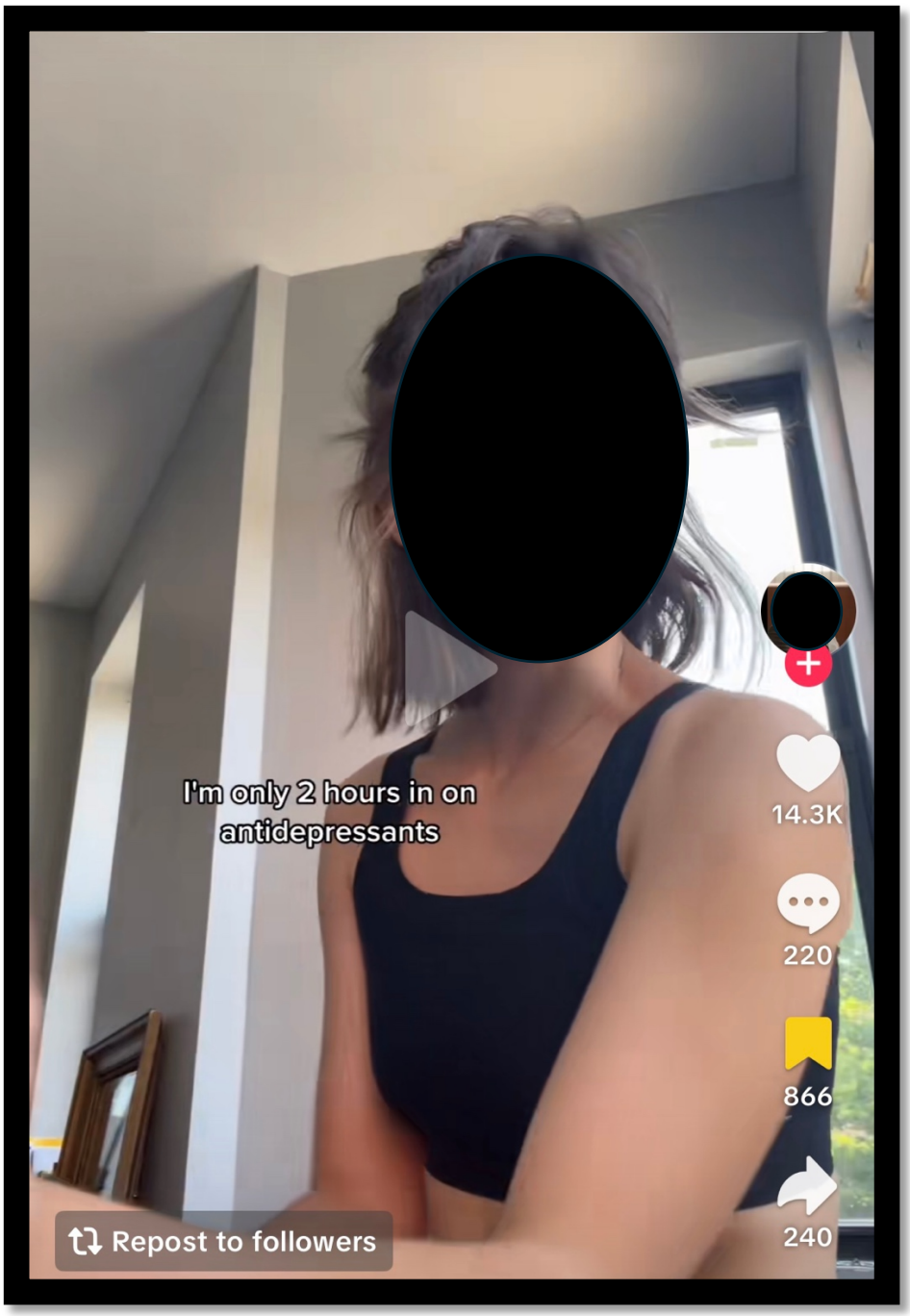
TT4



Alongside more overtly ironic gestures like flushing medication, other TikTok's illustrate a softer, self-aware performance of medicated life. For example, TT3 discusses antidepressant use and side effects, signalling the humorous, confessional approach characteristic of these posts. This theme is further exemplified by TT4, which features a young man drenched in sweat, captioned: 'POV: you're enjoying the hot weather (you take antidepressants),' set to Sabrina Carpenter's song 'Manchild.' This video plays on a shared embodied side effect, the increased sweating associated with Selective Serotonin Reuptake Inhibitors (SSRIs) and uses

the meme format of the ‘POV’ genre to humorously address a private, uncomfortable symptom. While the audio is not directly related, its presence adds to TikTok’s signature layering of affective content, ironic, playful, and confessional all at once. The video’s humour hinges on shared experience and recognition, inviting viewers into a collective joke about the hidden realities of medicated life.

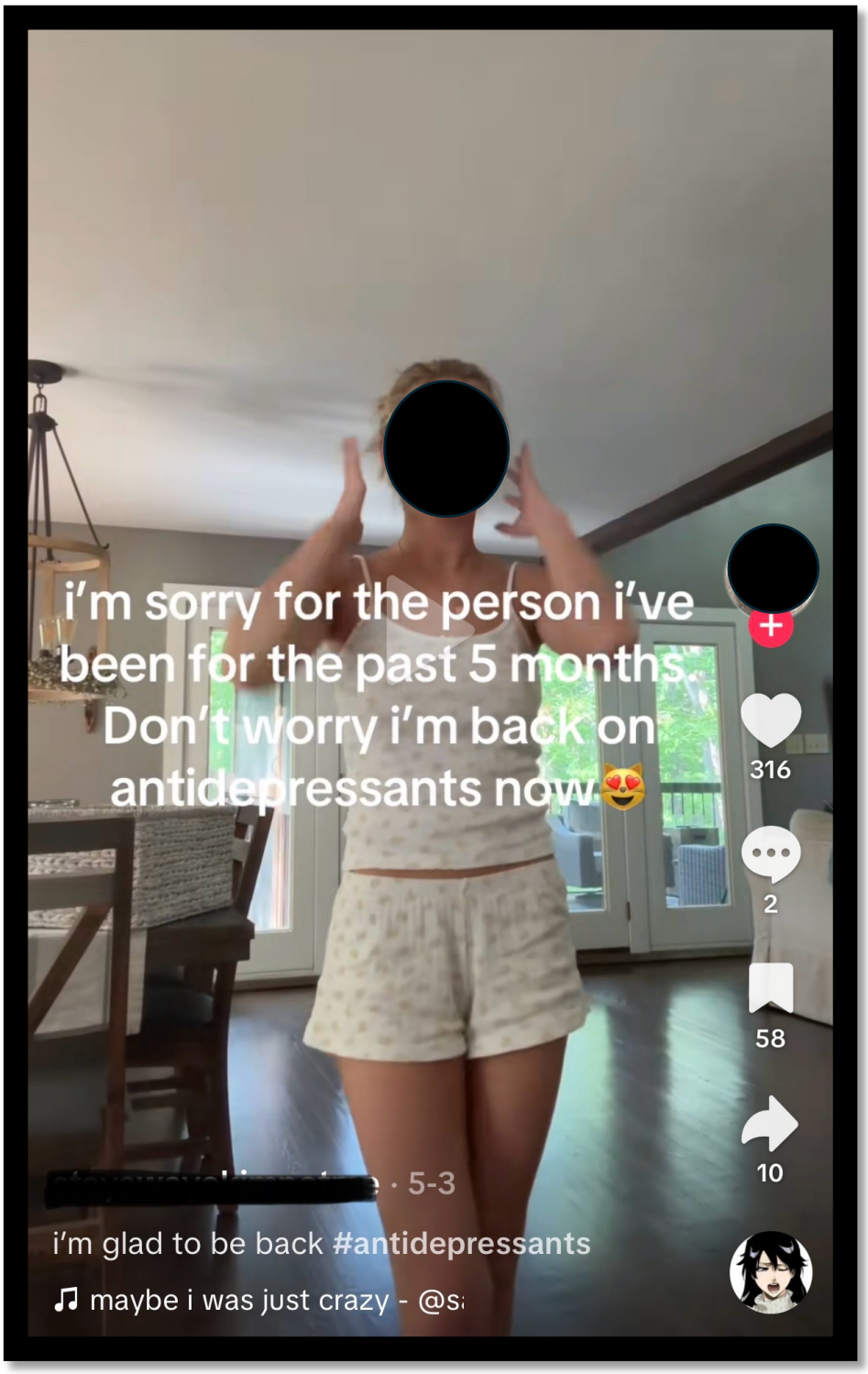
TT5



Example TT5 adopts a more sincere tone: a girl speaks directly to the camera, only two hours into taking her antidepressant, and says, ‘I gotta say, the outlook from here is much

better… maybe it's placebo but something's working.' Captioned simply 'good stuff,' this video lightly mocks its own enthusiasm, yet also reveals the immediacy with which users turn to TikTok to document and process their experience of treatment. The rapid timeframe makes the video both comedic and poignant, blurring lines between genuine optimism, performance, and the placebo effect as a kind of content.

TT6



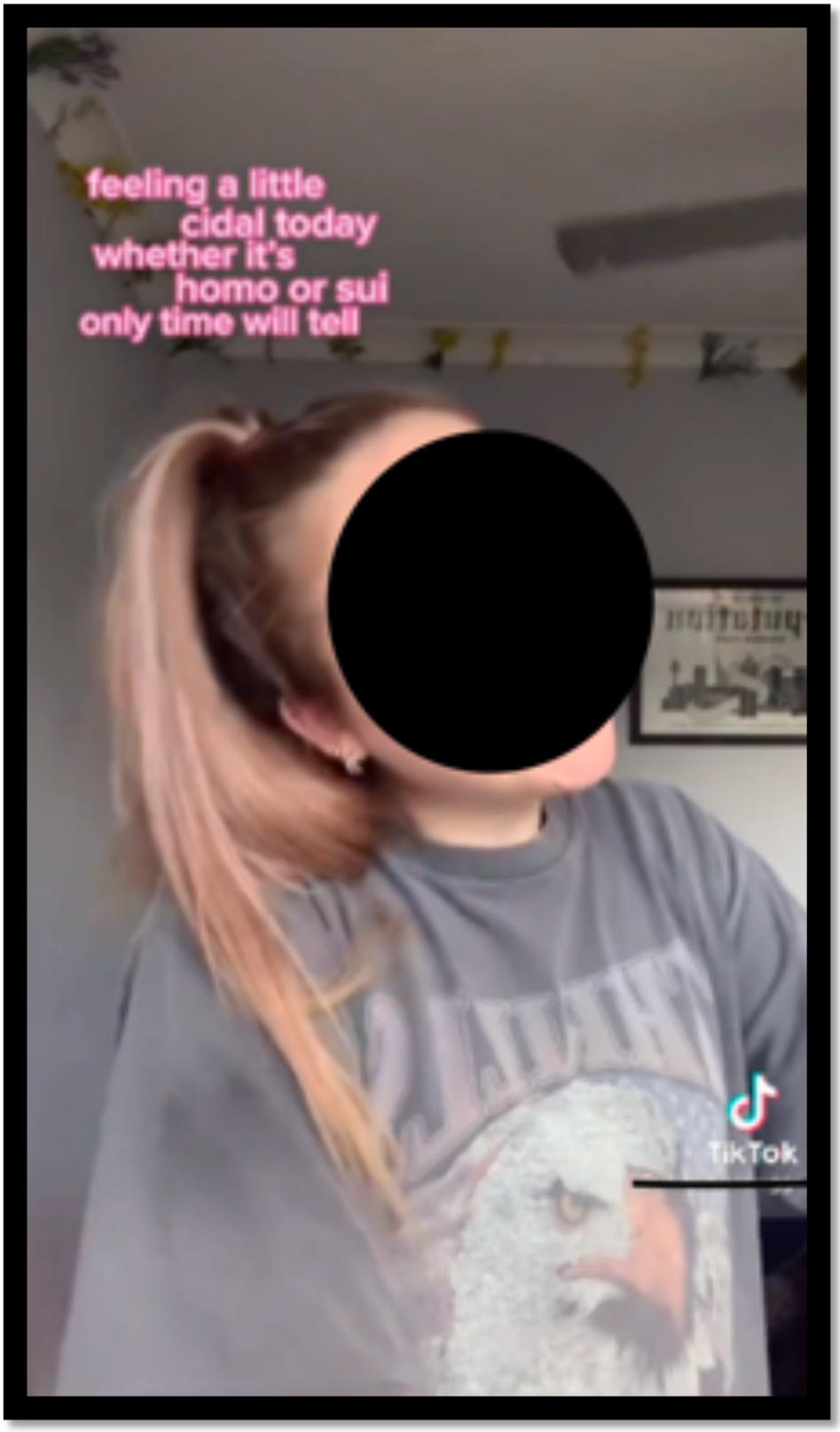
Example TT6 is a more stylised example, which features a user lip-syncing to a line from the film *Girl Interrupted*, ‘maybe I was just crazy, maybe it was the 60s, or maybe I was just a girl interrupted, ‘while overlayed audio from Radiohead’s song ‘Creep’ plays in the background. The caption reads: ‘I’m sorry for the person I’ve been the past 5 months, don’t worry, I’m back on antidepressants now.’ The user dances with slow, graceful, ballerina-like movements, and kisses a pill bottle at the end of the performance. This merges cinematic aesthetic, irony, and vulnerability in a way typical of TikTok's creative language. The reference to *Girl Interrupted* not only situates the user’s self-narrative within a broader cultural framework of psychiatric femininity but also highlights the ways instability and recovery are creatively rendered through romantic and aesthetic tropes common on TikTok.

Therefore, these examples reflect TikTok’s distinctive affordances for crafting humorous and emotionally resonant depictions of medicated identity. The brevity of content, access to audio trends, and emphasis on performative timing allow users to condense complex experiences of shame, relief, humour, and side effects into moments of legible performance. These can be seen as what Goffman would describe as front-stage acts: consciously curated for public consumption and community resonance. They also operate within what Butler (1990) conceptualises as performativity, where acts of self-representation (e.g., rejoining medication, referencing psychiatric tropes) help to constitute mental health identity itself.

Moreover, these performances reflect a broader participatory culture around psychiatric medication. Rather than positioning themselves as passive patients, users actively shape and circulate narratives of selfhood and treatment. Illness becomes not only something to be managed but something to be expressed, narrated, and styled, often using popular culture and digital aesthetics to make these stories accessible to others. In this way, TikTok becomes both a stage and a support system, where the act of taking or quitting medication is not only a medical event but a social and symbolic one.

Illustrative example 6: Humour, Algospeak, and Suicidal Ideation on TikTok

TT7

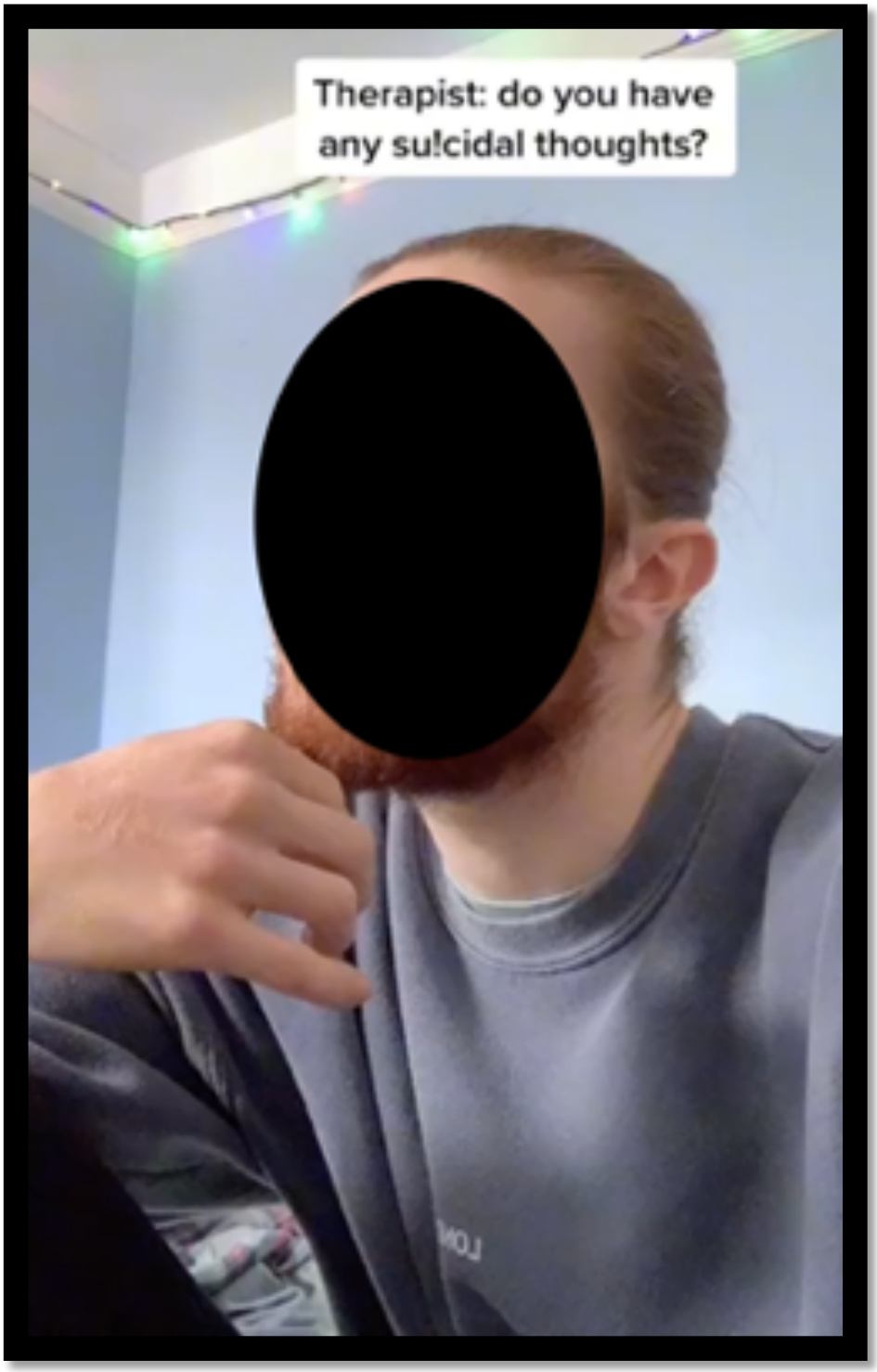


The examples in illustrative example 6 all discuss the topic of suicide to varying degrees, with creators approaching their experiences with suicidal ideation through a humorous lens. For instance, in example TT7, the user lip-syncs to an audio clip that says, ‘feeling a little cidal today, whether it’s homo or sui, only time will tell,’ delivered in a sweet and sardonic

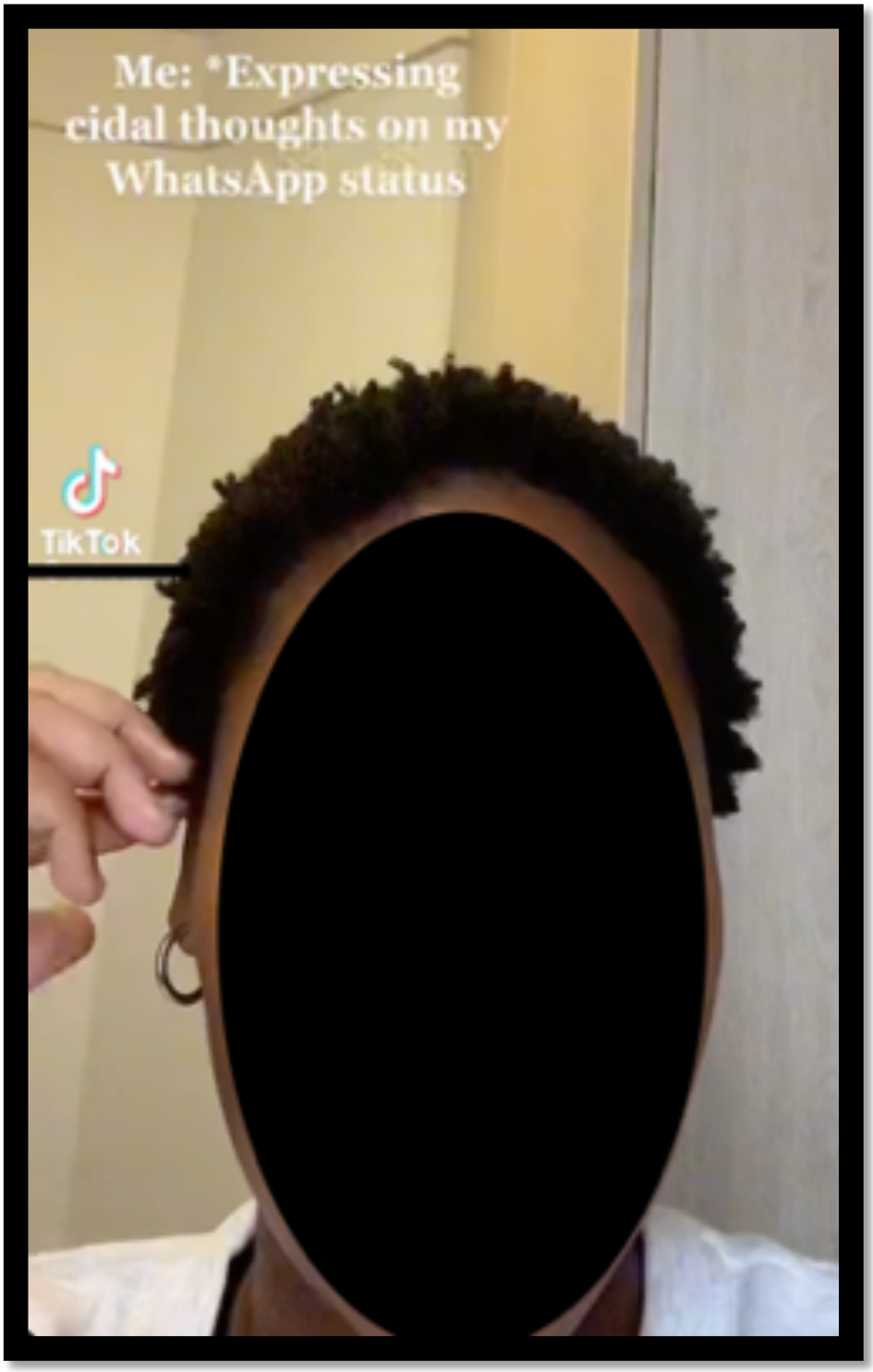
tone. The TikTok user performs along to the audio and accentuates their body language by tilting their head to match the sarcastic and ‘cutesy’ tone of the audio. This performance can be understood as a way of navigating emotional expression online, where humour becomes a strategy for engaging with distress while managing audience reaction. It implies a kind of meta-message, ‘I’m not really serious, don’t worry,’ that enables users to speak about difficult topics within the boundaries of platform acceptability. This form of expression reflects a delicate balancing act, where the affective tone is carefully managed. To maintain this balance, users adopt abbreviations for suicide and homicide, such as ‘sui,’ ‘homo,’ and ‘cidal,’ which preserve a humorous or coded tone. These linguistic choices allow online users to engage with stigmatised topics in a way that is legible to platform moderators and the audience alike.

Other examples in this theme further illustrate the variety of humorous approaches to suicidal expression. TT8 displays a conversation with a therapist in which the user denies suicidal thoughts, TT9 uses their WhatsApp status to signal ‘cidal’ thoughts, and TT10 presents a serious YouTube video about suicidal ideation that pans to the user who humorously relates to wanting to take their own life. Together, these examples demonstrate the multiple ways users employ humour and coded language to navigate and communicate distressing experiences online.

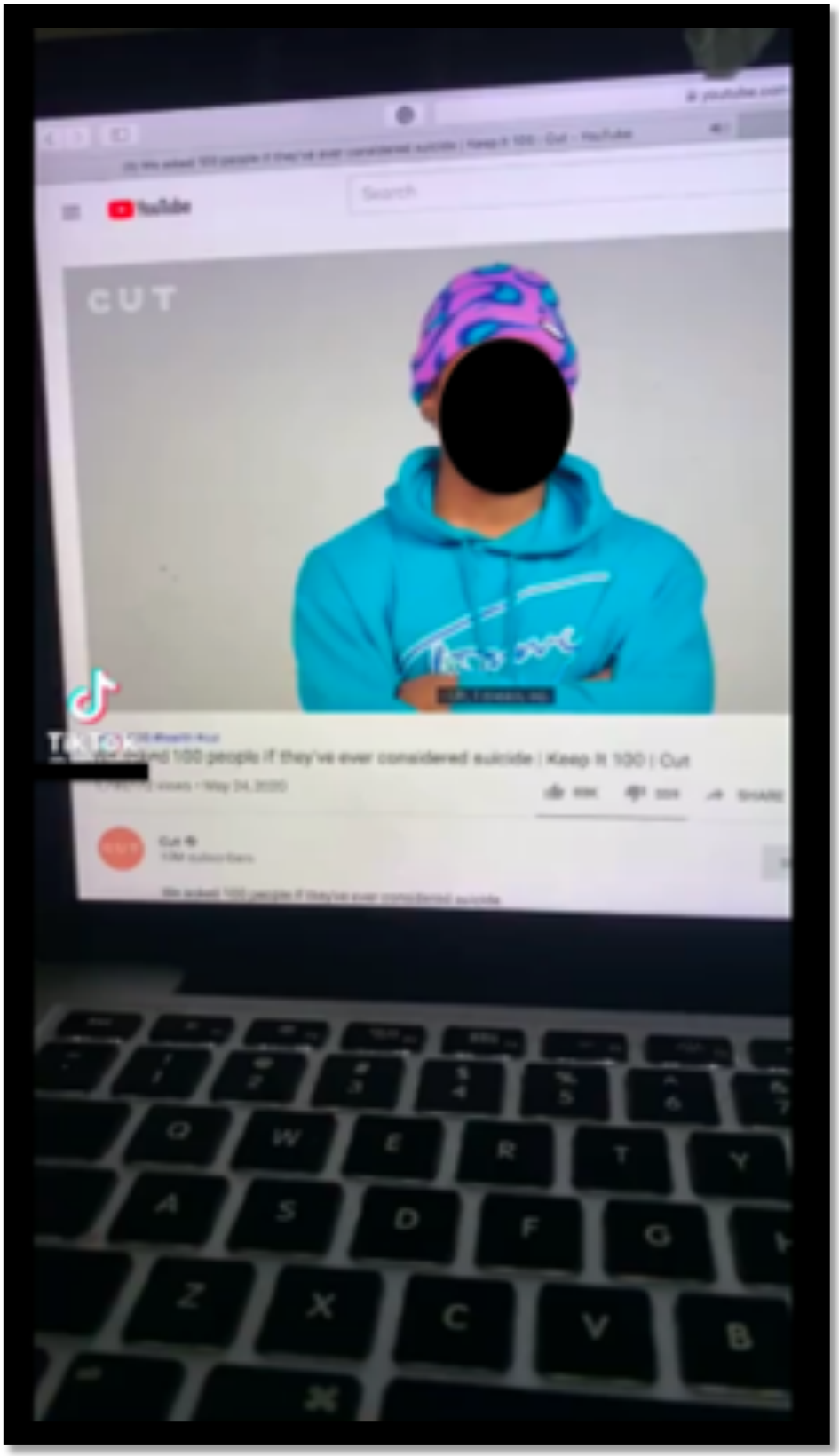
TT8



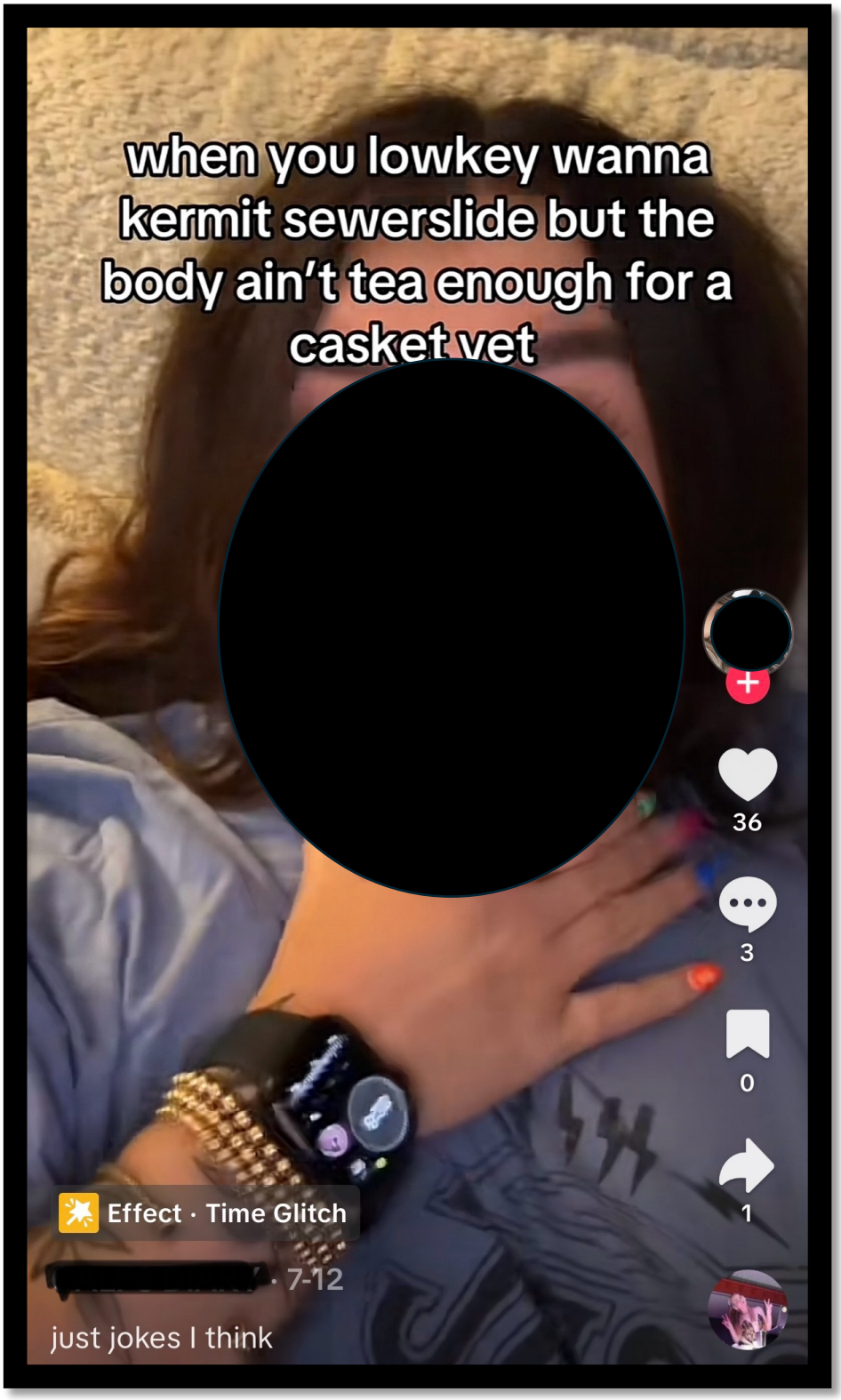
TT9



TT10



TT11

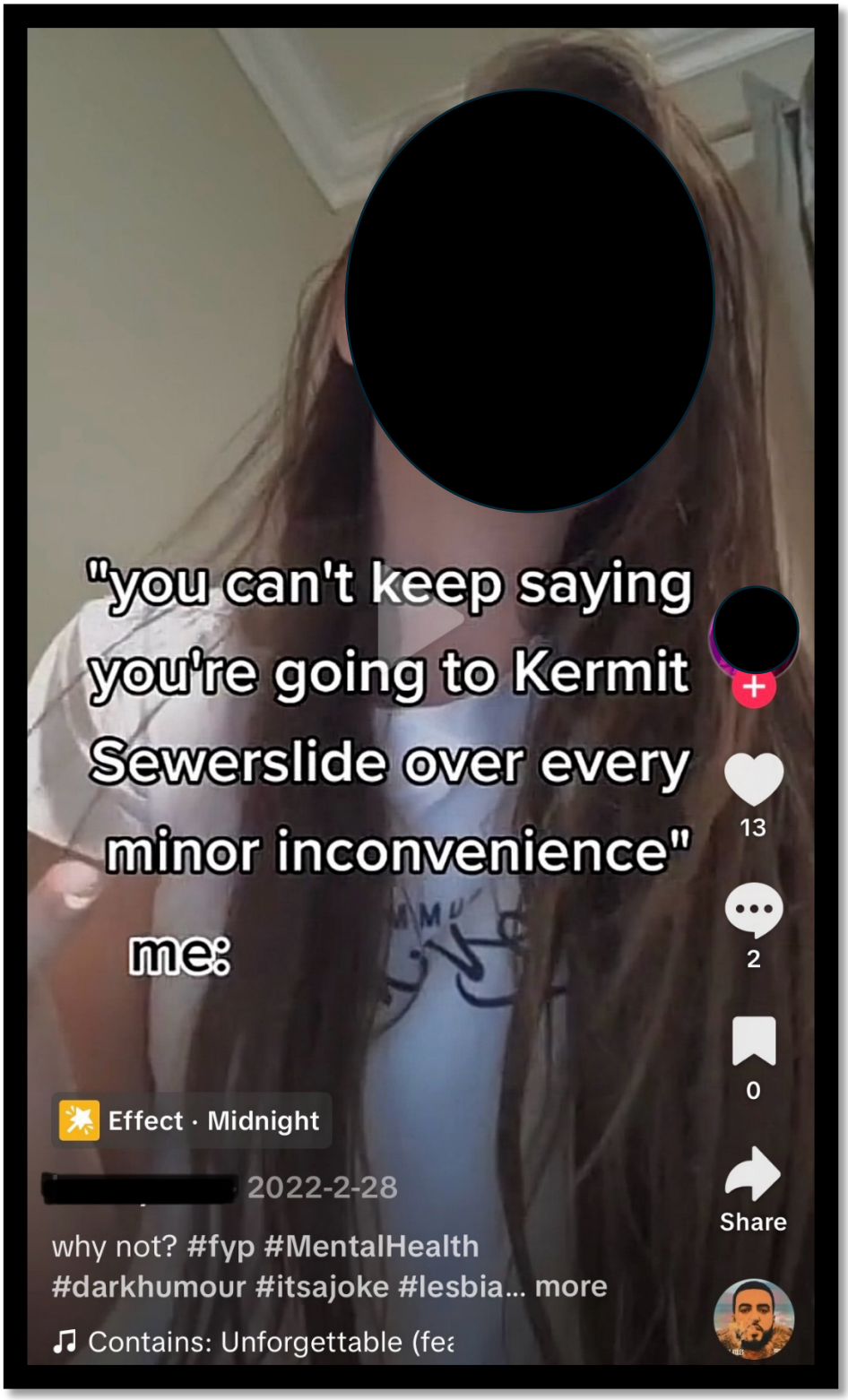


Other examples continue this use of dark humour and expressive performance. In example TT11, the user jokes about suicidal ideation by pulling expressive faces and pretending to choke themselves, with the caption: 'when you lowkey wanna kermit sewerslide but the body ain't tea enough for the casket yet.' This caption exemplifies algospeak, with terms like 'kermit' and 'sewerslide' used to bypass content moderation. Similarly, in example TT12,

the user includes the caption, ‘you can’t keep saying you’re going to kermit sewerslide over every minor inconvenience,’ before lip-syncing the phrase ‘why not?’ from the track ‘Unforgettable (feat. Swae Lee),’ paired with a wistful gaze and a flick of the hand. The use of hashtags such as #itsajoke, #mentalhealth, #trauma, #healing, and #darkhumour signals both the intention behind the content and its situatedness within a broader mental health meme culture on TikTok.

These examples reflect a delicate balancing act, in which users rely on coded language and humorous visual cues to make distressing content feel palatable, both to the algorithm and to peers. This form of affective self-expression not only highlights TikTok’s visual and performative affordances but also reveals how users must constantly negotiate visibility, risk, and reception.

TT12



These abbreviations are also examples of algospeak, a method users employ to bypass banned or restricted words on social media (see Chapter 1 for more on algospeak and shadowbanning content). Although jokes about suicide have circulated on social media for some time, darker humour has become increasingly prominent on performance-oriented

platforms like TikTok. The visual and performative affordances of such platforms may amplify the affective intensity of these expressions, potentially shaping how audiences engage with them.

These videos also raise questions about who can speak, how, and under what constraints, issues that Foucault (2001) explores through his notion of parrhesia, or truth-telling. For Foucault, parrhesia involves more than mere speech; it is a form of risky truth-telling that may challenge prevailing norms and, in doing so, expose the speaker to exclusion or sanction. It can be seen both as a form of resistance and as an expression of personal integrity, reflecting the belief in a self that is able to speak authentically before being shaped by wider social or cultural influences.

This sits uneasily alongside other strands of Foucault's thoughts, which often reject the idea of pre-discursive self and emphasise the inextricable link between truth and power (Miller, 2024). It also contrasts with Butler's (1997) argument that speech cannot be disentangled from the norms and power relations that constitute subjects. In this sense, humour may function not only as a protective frame against moderation but as a complex form of parrhesiastic practice, oscillating between disclosure, self-preservation, and the risk of speaking difficult truths.

Illustrative example 7: Performing diagnosis through TikTok memes.

TT13

Another prevalent topic within the TikTok mental health community is diagnosis. Users frequently engage in discussions around diagnostic culture, sharing personal narratives of mental health, speculating about potential conditions, exchanging symptom information, and using humour to explore and critique these themes. In TT13, the creator uses an audio clip

from the TV show *Pokémon*, layering it with personalised captions. This illustrates how users adapt familiar cultural references to communicate their own experiences, showing how memes have evolved beyond static images into dynamic, multimedia formats like TikTok videos. These practices reflect the socially constructed nature of diagnosis online, where meaning is continually negotiated through shared cultural symbols and community discourse.

This repetition of form: audio, caption, diagnosis is what Butler refers to as 'citationality,' the act of referencing familiar structures that confer recognisability. TikTok's meme logic allows users to not only parody but also inhabit diagnostic identities. The humorous and stylised mode may appear light-hearted, but it contributed to the ongoing performativity of diagnosis, where the meaning of illness is produced through digital imitation and remix culture.

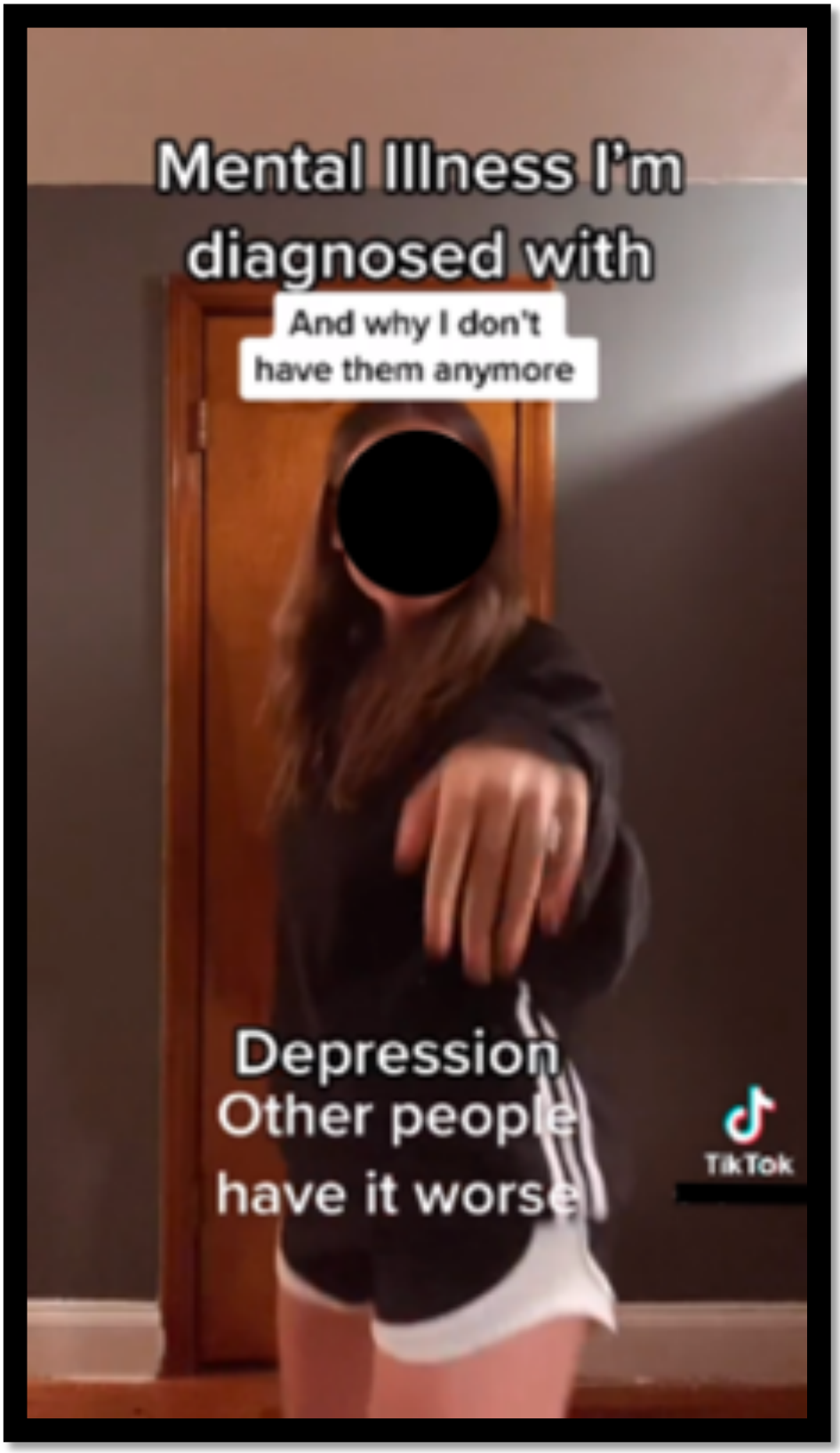
Excerpts of Diagnostic Discourse Embedded in Audio Clip example TT13

All:	'Who's that Pokémon?'[37]		
Audio:	It's Pikachu	TikTok user:	It's OCD
Audio:	No, it's Clefairy	TikTok User:	No, it's Autism
All:	'Fuuuuuuuu'		

This example highlights one of TikTok's features that allows users to add captions alongside original audio clips to express how the audio relates to their personal experiences. Much like a meme, this format can be replicated and modified endlessly, giving users the creative freedom to share their stories and tailor content specifically to the mental health community.

[37] Pokémon is a children's television show and a series of video games that developed in the 1990's. 'Pikachu' and 'Clefairy' are popular Pokémon characters which are referred to within the audio clip.

TT14

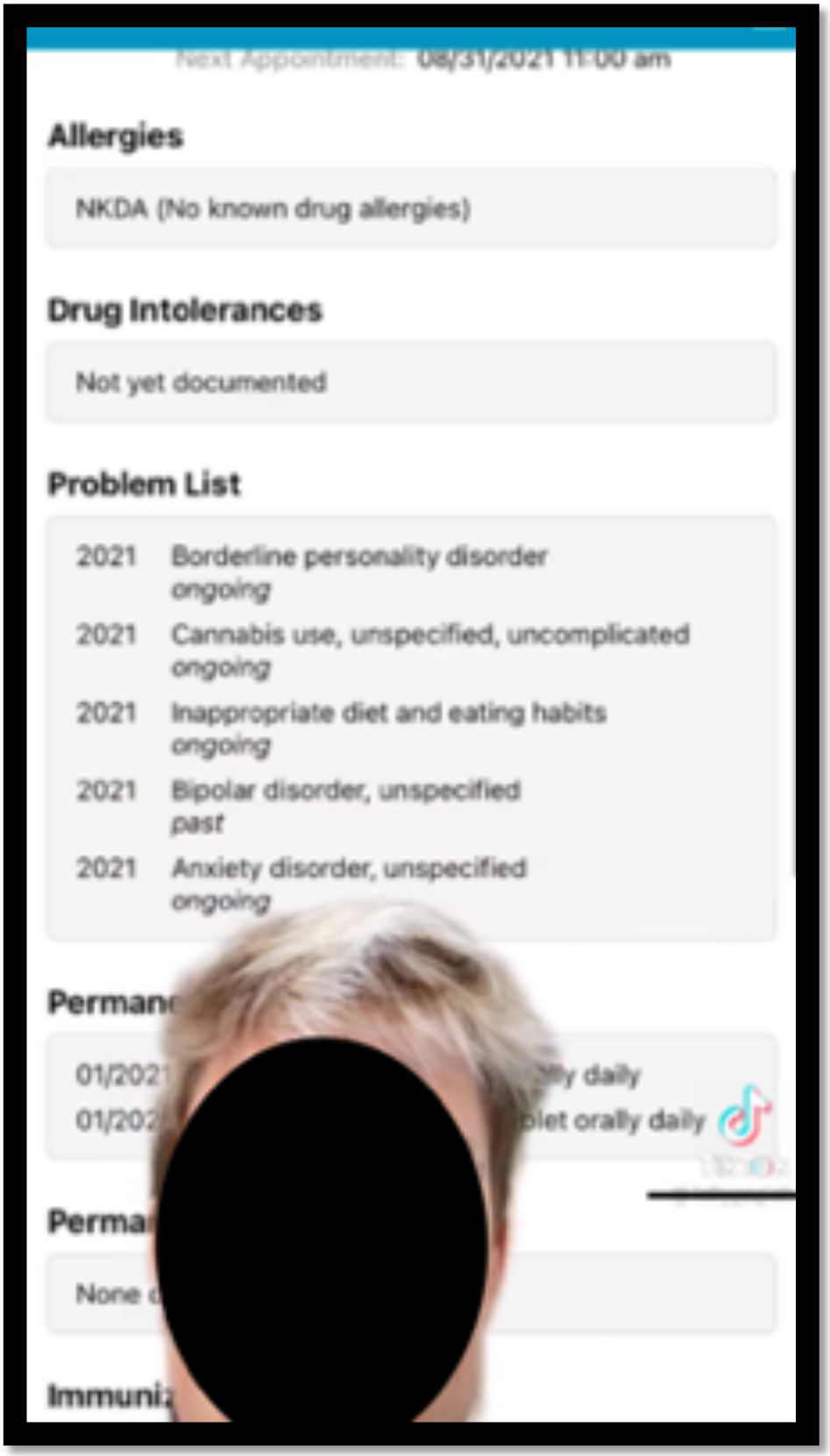


Furthermore, TT14 demonstrates how diagnostic language can be conveyed through a combination of audio, dance, and captions. The creator uses a sample from *Pitch Perfect's* version of the song 'The Sign' (originally by the band Ace of Base), performing a dance

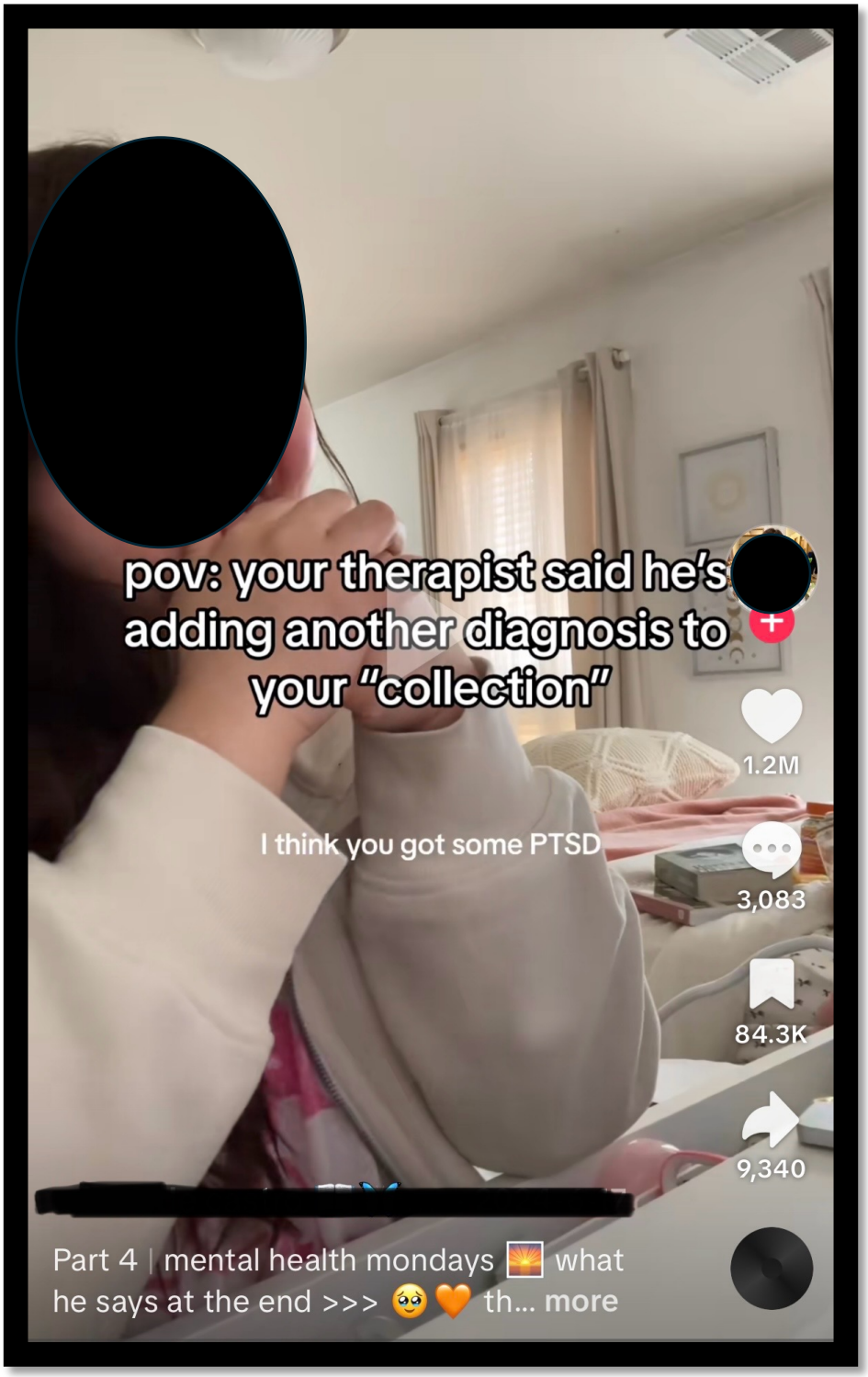
associated with the audio clip. [38] After each dance move, a caption appears, corresponding to the mental health topic being addressed, such as Anxiety: 'Just breathe,' ED: 'Just eat,' Depression: 'Other people have it worse,' and OCD: 'A lot of people are neat freaks.'

These examples highlight how TikTok users blend humour with the platform's cinematic features to discuss mental health topics. Discussion of diagnostic language contributes to the broader mental health narrative online. By utilising features like audio clips, captions, and dance, users create content that not only normalise discussions regarding mental health but also reinforce their identification with specific illness identities. This trend is deeply intertwined with the culture of self-diagnosis and therapy online, where users seek to validate their experiences through collective understanding and shared language.

[38] Pitch Perfect is an American musical comedy movie released in 2012

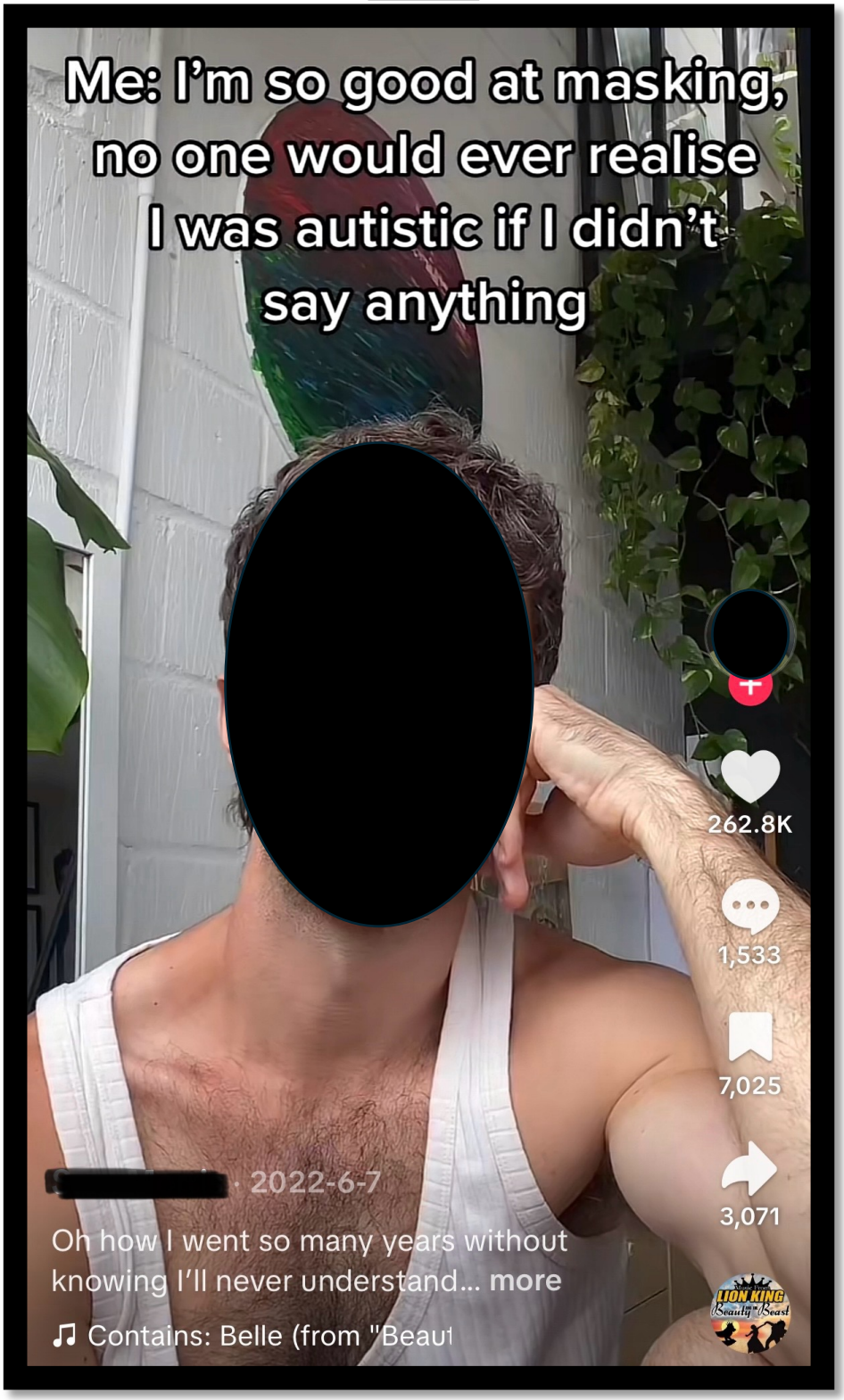

Next Appointment: 08/31/2021 11:00 am
Allergies
NKDA (No known drug allergies)
Drug Intolerances
Not yet documented
Problem List
2021 Borderline personality disorder
ongoing
2021 Cannabis use, unspecified, uncomplicated
ongoing
2021 Inappropriate diet and eating habits
ongoing
2021 Bipolar disorder, unspecified
past
2021 Anxiety disorder, unspecified
ongoing

TT16

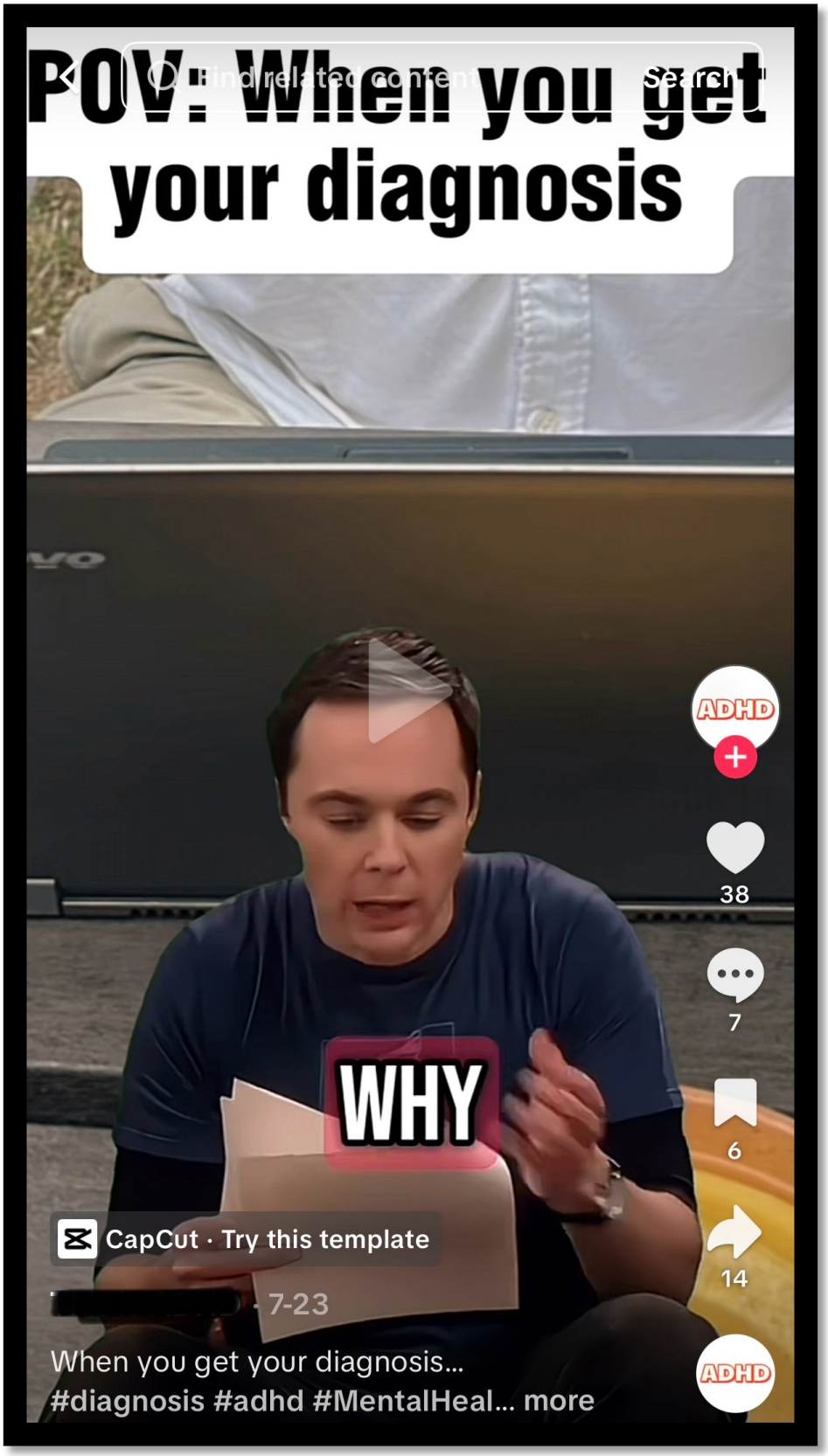


Other examples demonstrate the social constructionist nature of diagnosis as a performative and negotiated identity. For instance, TT16 features a user filming their therapist saying, 'I gotta add a new diagnosis to your like collection,' followed by the therapist suggesting PTSD, with the user's laughter indicating an ironic acceptance of diagnosis as a fluid and somewhat playful identity marker. The use of Billie Eilish's song 'What Was I Made For' piano version in the background adds an emotional resonance, showing how digital content layers meaning through cultural references and shared affective cues. Another example

(TT17) foregrounds the tension between social performance and private experience: a user mimics an audio saying, ‘I’m so good at masking no one would ever realise I was autistic if I didn’t say anything,’ before showing themselves sitting in an unusual posture captioned ‘Also me: sitting like a literal bird for comfort.’ The overlay of Belle’s line ‘That girl is so peculiar’ from ‘Beauty and the Beast’ highlights how cultural narratives are repurposed to articulate the contradictions in autistic identity performance and self-expression online.


Me: I'm so good at masking, no one would ever realise I was autistic if I didn't say anything
262.8K
1,533
7,025
3,071
· 2022-6-7
Oh how I went so many years without knowing I'll never understand... more
♫ Contains: Belle (from "Beaut

TT18



Lastly, a humorous TikTok (TT18) featuring Jim Parsons as Sheldon Cooper from the TV show *The Big Bang Theory*, reading papers, shouting 'why' and 'oh that's why,' dramatises

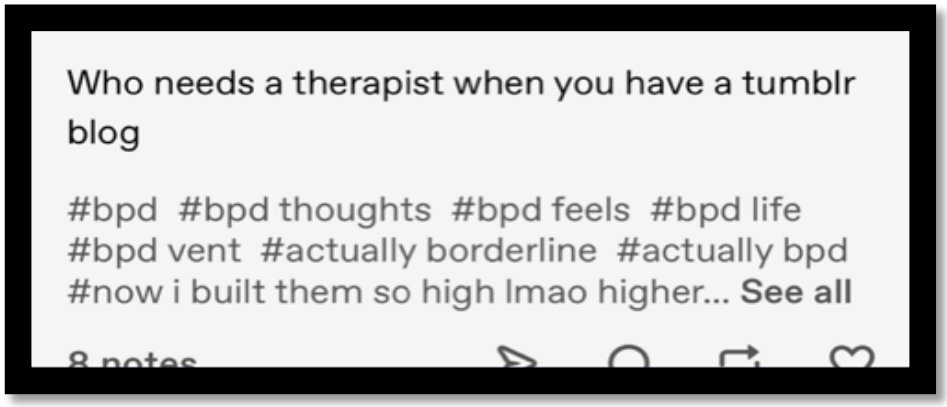
the retrospective re-interpretation of self upon receiving a diagnosis. The background canned laughter from the original sitcom underscores the social framing of diagnosis as a shared cultural script, reinforcing that illness identities are constructed through collective humour and popular media references. Together, these examples underscore how TikTok users participate in the co-construction of diagnostic identities by drawing on familiar cultural scripts, remixing media, and blending humour with personal disclosure. The interplay between public and private, humour and seriousness, reveals diagnosis as an ongoing social performance negotiated within digital communities, consistent with social constructionist perspectives on mental health.

5.4.3 Tumblr Humour

In contrast to platforms like TikTok and Twitter, Tumblr offers a unique environment for expressing mental health humour through its versatile multimedia features. This allows users to explore and convey humour in ways that are particularly characteristic of Tumblr. The following examples illustrate some of the distinct methods Tumblr users employ to infuse humour into discussions about mental health, showcasing how the platform's features contribute to its unique comedic voice. Tumblr's multimedia capabilities allow users to explore and express mental health humour in diverse ways. This versatility contributes to Tumblr's unique position among social media platforms, offering forms of humour that are particularly distinctive to its environment. The following examples illustrate how Tumblr users creatively incorporate humour into their discussions about mental health.

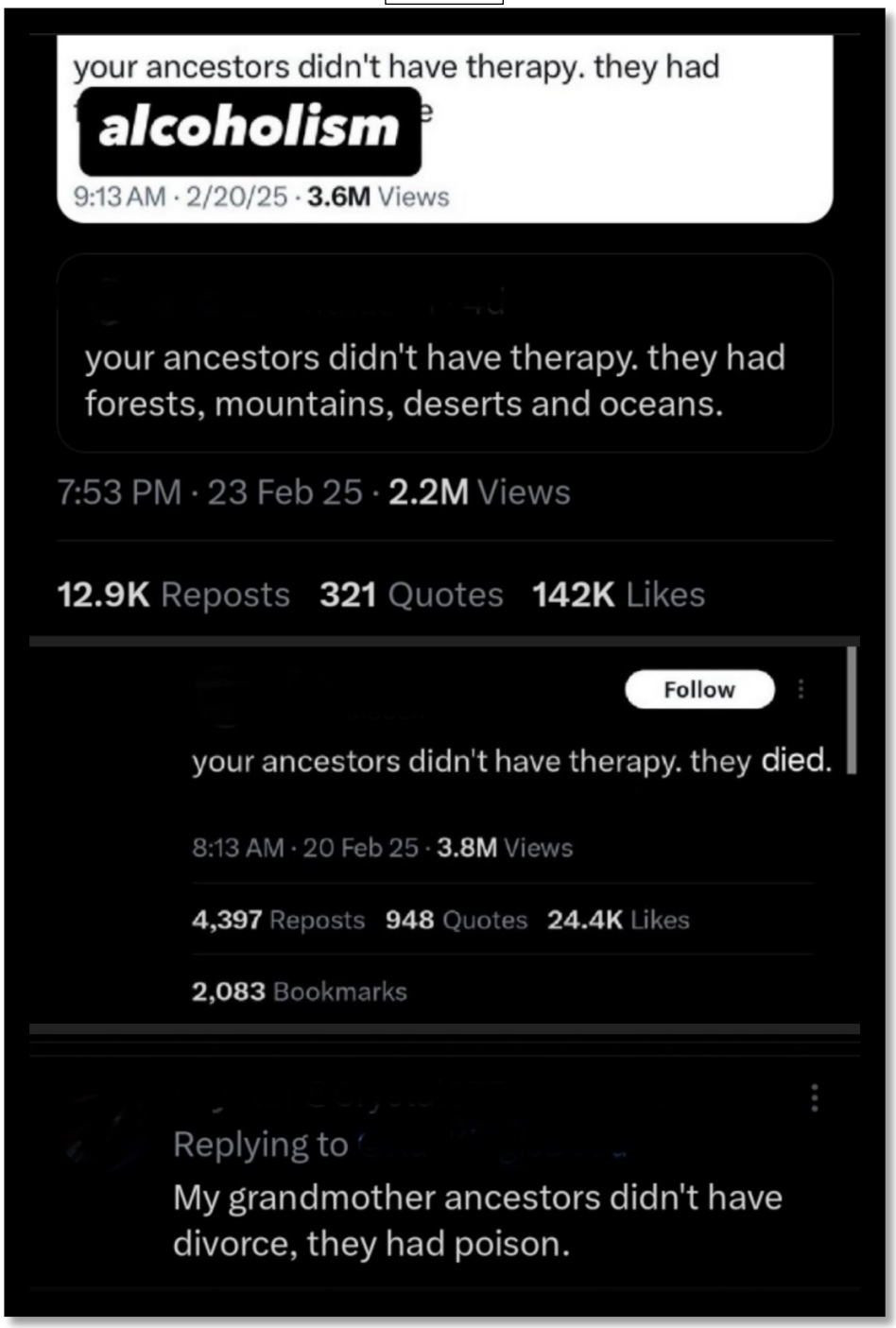
Illustrative example 8: Tumblr as a therapeutic outlet.

TB1



For instance, example TB1 (above) demonstrates a Tumblr post where a user reflects on how their blog serves as a therapeutic outlet. Tumblr has long been known for its strong mental health community, which provides a space for users to express their experiences and emotions and to receive practical advice on mental health issues. The platform's features enable users to address mental health topics any way they'd like, with minimal restrictions, while maintaining a degree of anonymity. While the post is brief, the tags offer additional commentary, allowing users to elaborate on their thoughts and feelings. This practice of using tags as supplementary 'footnotes' enriches the main post with further personal insight and internal dialogue. This practice can be understood through Butler's theory of performativity, which views identity not as a fixed trait but as something shaped through repeated acts. On Tumblr, these acts take the form of hashtags, meme references, and self-reflexive humour, which together construct and reaffirm particular illness identities such as 'mentally ill,' 'resilient,' or 'traumatised.' For instance, recurring tags like #bpd or #actuallyborderline do not just label content; they perform identity work by aligning the user with a wider discursive community. These micro-performances, though casual in tone, are part of the broader repetition through which illness identities gain meaning and coherence online.

TB2



In example TB2, a Tumblr user shares a screenshot of a Twitter thread where the phrase ‘your ancestors didn’t have therapy, they had…’ is repeated and subverted. The word ‘alcoholism’ is pasted over in place of something more romanticised or naturalistic, like ‘forest’ or ‘mountains,’ followed by darker rejoinders such as ‘they died’ or ‘they had poison.’ This layered text operates as both critique and dark joke, exposing the romanticisation of suffering while reaffirming that therapy is a modern (and perhaps necessary) intervention, which can also be read through Kinderman’s (2019) critique of the dominance of the medical model in understanding distress. While some Tumblr posts parody or resist formal therapy, others appear to resign themselves to its perceived necessity, a

reflection of how deeply embedded therapeutic culture has become. This aligns with Kinderman's argument that rather than seeing therapy as a neutral or purely scientific solution, we should attend to the social and cultural contexts that shape its perceived legitimacy. These posts, in joking that 'Tumblr cures you' or presenting therapy as a punchline, are still working within a broader cultural logic where therapy is the default mode of care, even if approached cynically or ironically.

TB3

This blend of serious content with humour highlights a unique aspect of Tumblr: it serves as a digital journal where users document their mental health journeys and engage with therapeutic practices shared by other community members. While the practice of venting online is not new, as earlier platforms such as Bebo, Myspace, and LiveJournal also provided spaces for personal narratives, Tumblr stands out for the way it combines self-disclosure with humour, shaping a recognisable style of mental health expression.

Here, the user transforms the clinical setting into a celebratory, communal ritual, playfully implying that Tumblr itself performs curative work. Another post (TB3) begins with: ‘Started seeing someone.’ A reply asks: ‘As in dating or hallucinations?’ to which the original poster responds: ‘A therapist, actually.’ This interaction hinges on a comedic misreading that nonetheless reflects the instability and ambiguity of seeking mental health support.

TB4

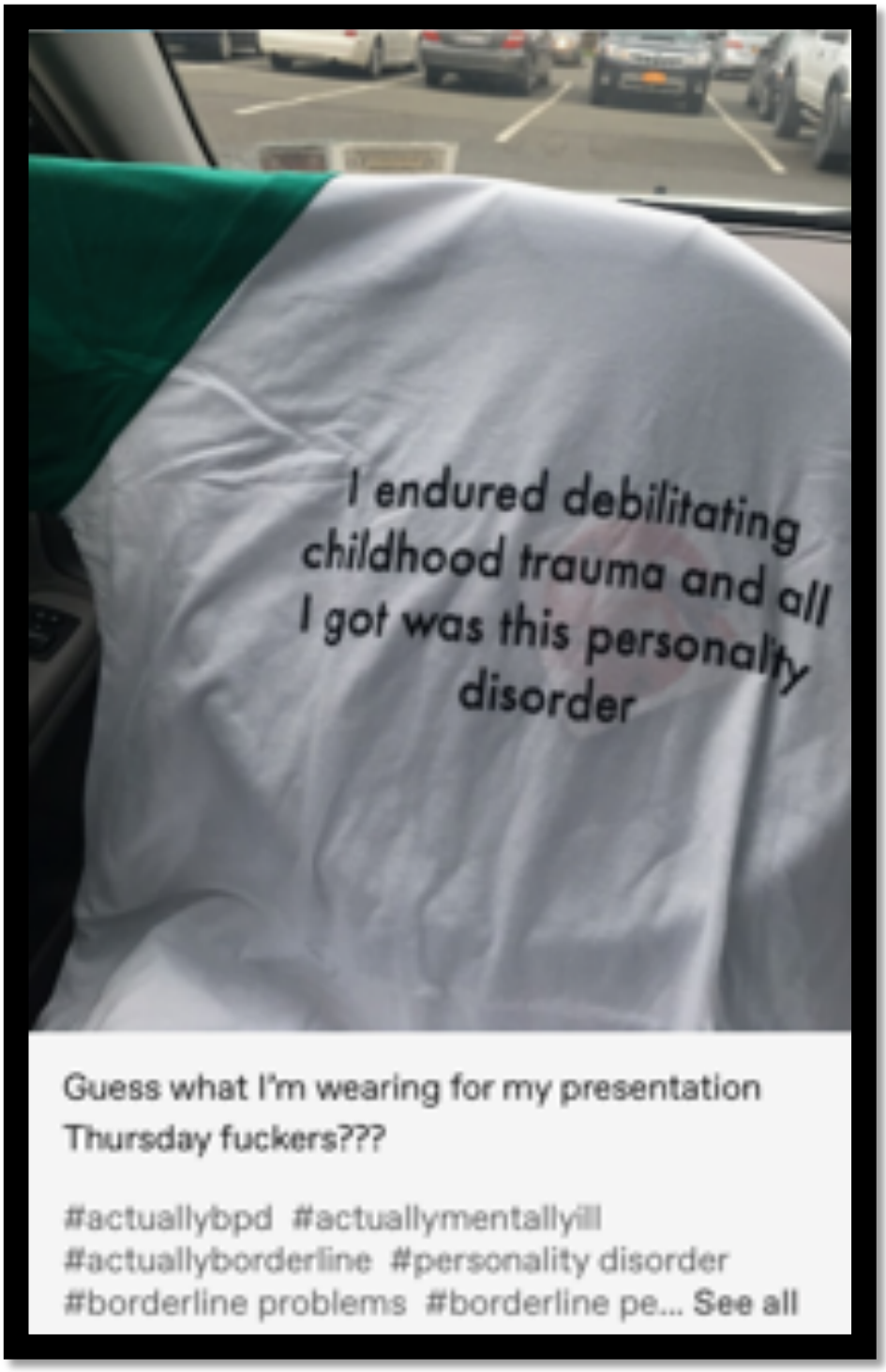
The example above (TB4) reinforces this framing of Tumblr as a therapeutic alternative, using humour to parody or reimagine formal therapy.

One user jokes:

> My therapist: 'So let’s talk about this website Tumblr.'
> Me: 'You know, I’m cured actually.'
> Therapist: 'Works every time' and then we went clubbing.

Illustrative example 9: Tumblr posts illustrating childhood trauma.

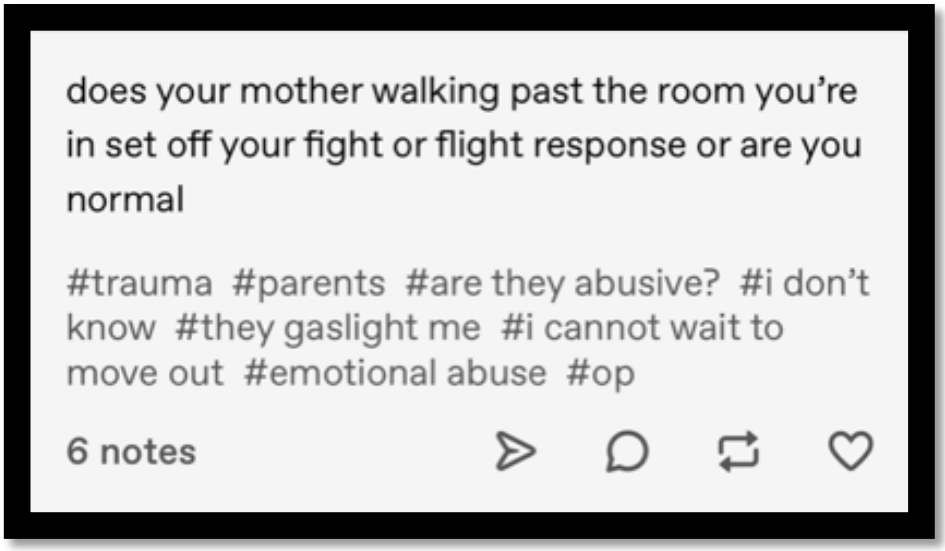
TB5



The first image (TB5) shows a statement on a t-shirt that humorously laments the outcome of childhood trauma: a personality disorder. Through the use of dark humour, this example highlights the serious consequences of childhood trauma, which is delivered in a sarcastic tone, to depict how receiving a disorder was a trivial or unexpected result, akin to a disappointing consolation prize. The humour softens the severity of the issue to make it

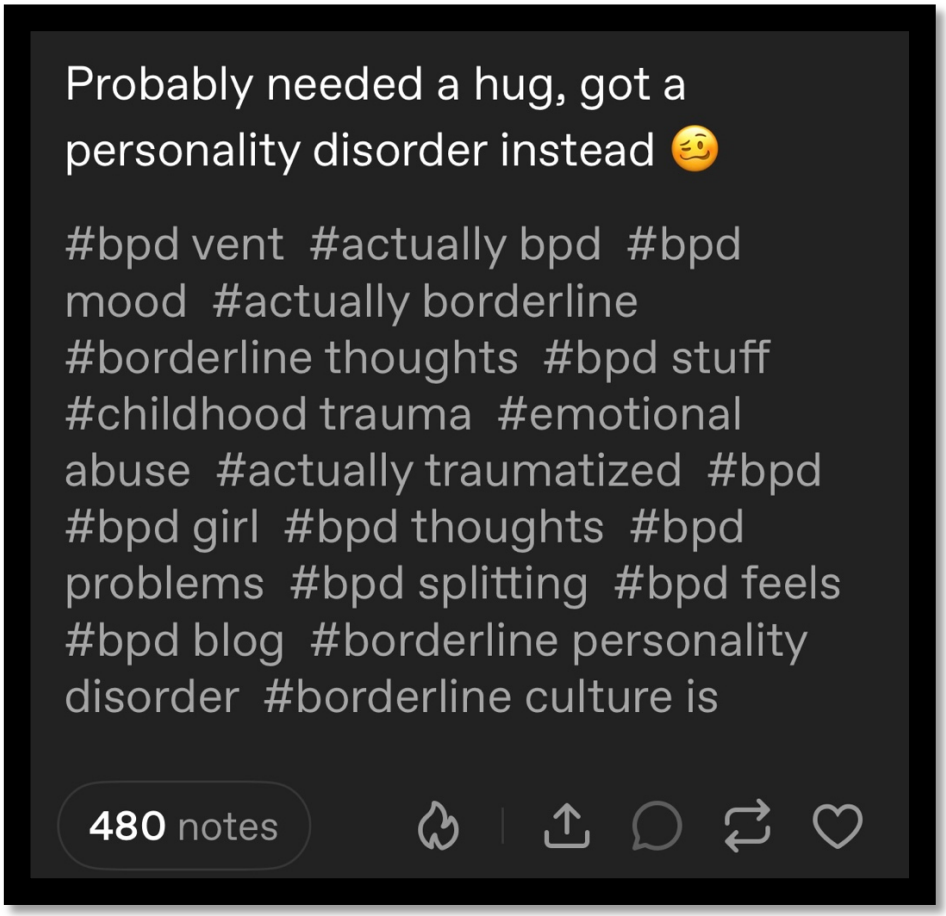
easier for others to relate to the meme. By wearing or sharing this message, individuals reaffirm their identity as a survivor of childhood trauma and a sufferer of a personality disorder. This repeated sharing and circulation of the meme functions as a performative act, where each instance actively contributes to the ongoing construction and stabilisation of trauma and disorder identities within the community. As Butler (1993) argues, identity emerges through such a chain of repeated cultural performances, where humour here becomes a mode of citation that draws on and reshapes cultural understandings of trauma, survival, and disorder.

TB6



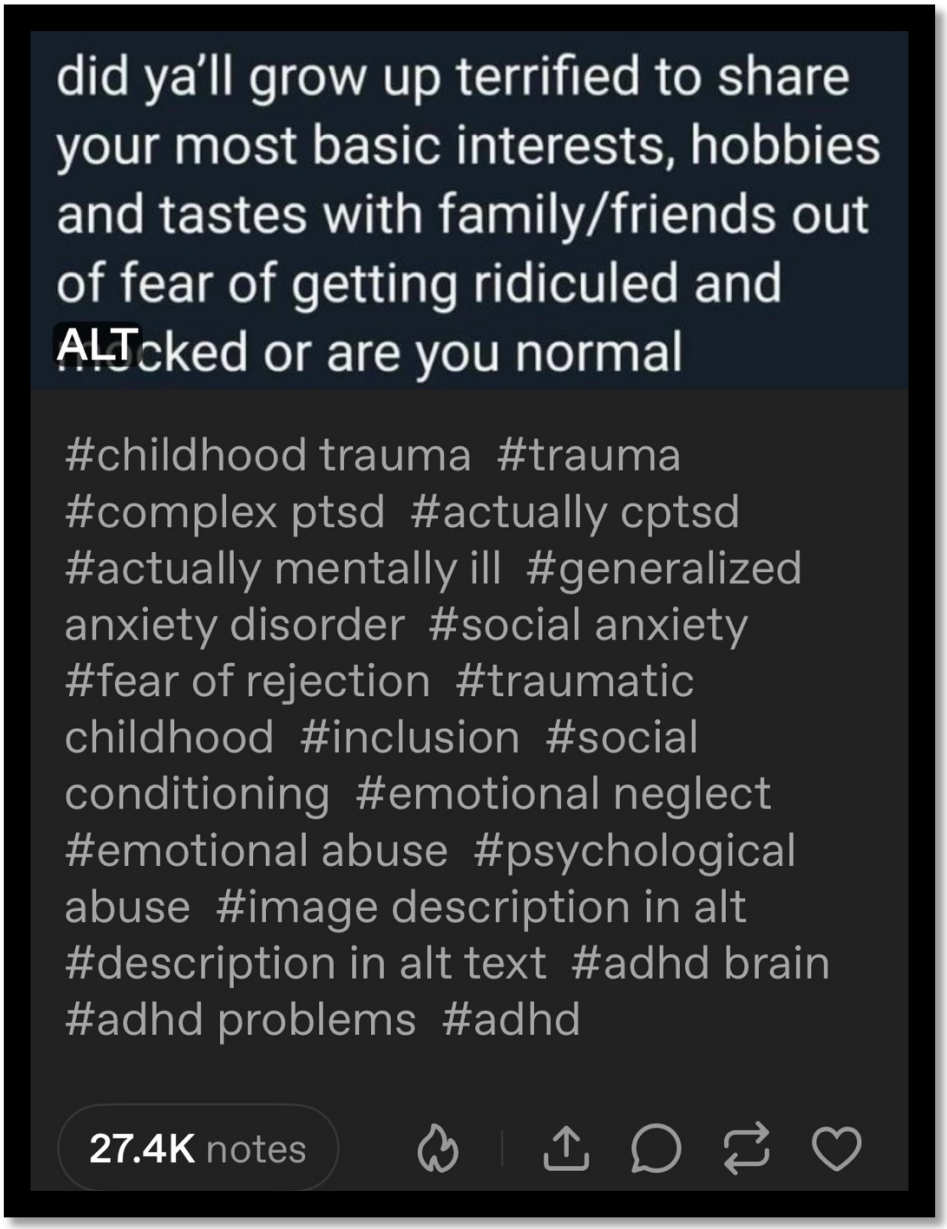
The second example (TB6) in this excerpt directly addresses a specific reaction to a triggering event, constructing an identity around the shared experience of heightened anxiety due to a parent's presence. The use of a rhetorical question implies that such a response is part of the shared identity among those who have had similar experiences. It suggests that this reaction is a defining characteristic of their illness identity. In addition, the use of hashtags such as #trauma, #emotional abuse, and #gaslight further anchors this identity within a broader community of individuals who recognise and validate these experiences. The provided examples contribute to the construction and reaffirmation of illness identities through the use of humour to address various experiences, like trauma. This type of content plays a significant role in shaping how individuals understand and express their illness identities within online communities.

TB7



Further examples continue this pattern, using ironic or sarcastic phrasing to narrate the perceived outcomes of traumatic childhoods. TB7 states ‘probably need a hug, got a personality disorder instead,’ pairing the line with hashtags such as #childhood trauma, #emotional abuse, and #actually bpd. This evokes a sense of disillusionment and bitter humour, while also reaffirming a collective identity formed around trauma-related diagnoses. Another example (TB8) asks, ‘did y’all grow up terrified to share your most basic interests, hobbies, and taste with family/friends out of fear of getting ridiculed and attacked or are you normal,’ again accompanied by hashtags like #complex PTSD and #traumatic childhood. In both cases, the hashtags perform dual functions: they act as indexing tools and also as part of a discursive identity claim, binding individual experience to collective trauma narratives.

TB8



This resonates with the therapeutic culture identified by scholars such as Furedi (2004) and Kinderman (2019), previously discussed in Chapter 2, in which personal difficulties are increasingly framed through a lens of psychological harm and clinical consequence. While the tone of these posts may be playful or self-deprecating, the repeated invocation of trauma terminology, including diagnostic labels, works to further embed clinical language into everyday self-expression. These micro-performances reaffirm both a psychological understanding of distress and a moral positioning of the self as shaped by trauma.

5.4.4 The meming of mental health

Memes have become notable digital artefacts of the internet. They play a part in 21st-century global life and within qualitative research. Memes are a form of modern-day communication and expression which aid individuals in explaining themselves and their experiences. Memes are valuable currency for communicating ideas, humour, experiences, and individual outlooks on life. The creation and sharing of memes has become a key participatory activity within online communities.

The term 'meme' derives from Dawkins' (2006) explanation, which referred to the cultural transmission of an idea as analogous to genes. This is applicable to mode-n day memes as they are shared across multiple social media platforms or within dedicated meme groups or pages. These groups often focus on specific themes, shared interests, identities, and niche memes, which are genres of memes created for a small group of people who can relate to the specific content (Newton, Zappavigna, Drysdale & Newman, 2022). Newton et al (2022) suggest that everyday meme engagement contributes to collective identity formation and a sense of belonging. As social media provides opportunities to connect individuals on a global scale, connecting over memes is just one example of how people find collective understanding of experiences, emotions, and interests.
In addition, social media enables groups to form their own self-representations absent from the media (Craig, Eaton, McInroy, Leung, & Krishnan, 2021; Williams, 2020). For instance, previous research proposes that humour establishes a relational identity which provides a sense of group membership (Boxer & Cortés-Conde, 1997; Dynel & Chovanec, 2021). Humour provides vulnerable groups with a means to cope with their painful experiences, fostering a sense of solidarity and relatability, and creating a feeling of 'I'm like you' (Knobel & Lankshear, 2008).

Although identifying a meme is easy, defining one comes with some difficulty due to the ambiguity surrounding the term (Iloh, 2021). Dawkins first acknowledges 'demes' in his book titled *The Selfish Gene*. The term derives from a Greek word known as 'mimeme' which represents human reason (Suswandari & Soleh, 2021) and is meant to mimic the word 'gene' as it rhymes with 'meme,' which mimics the process of genes spreading (Dawkins, 1976). As Solon (2013) notes, rather than evolving through random changes and natural selection, memes are intentionally modified through human creativity. Dawkins claimed that memes occur through examples of fashion, slang, and behaviours (Johnson, 2007).

When it comes to the internet, the lifespan of a meme depends on the level of popularity, while its 'selfishness' stems from its competitive nature (Wiggins & Bowers, 2015). Thus, the life and death of a meme depends on whether the culture and society accepts or rejects them. Memes are constant reminders of how people interact with information, expression, and culture, and they are both widespread and varied in their forms (Iloh, 2021). They are constantly evolving and expanding for individuals to express themselves through text combined with imagery, GIFs, and video. The text in combination with the image is what 'sets the tone' of the meme (Majumder, Boga, Krishna, Mukherjee & Krishnan, 2017). However, simply adding text to an image does not create a meme; it is the transmission of the meme, its extent and speed of spread that defines it (Gleik, 2011).

Memes have the capacity to be recreated, modified, and produced at any given time. While the symbolism is not something new, how they dominate social spheres is (Iloh, 2021). They are powerful digital artefacts that help individuals become informed and reflect on the current state of the world. The way individuals express themselves online continues to evolve, which is why memes are useful tools that help encapsulate human emotion, experiences, thoughts, and ideas (Iloh, 2021).

Memes are multifaceted, capable of addressing a wide range of topics, from politics to the quality of one's sleep. This includes discussion of sensitive topics, as the creator can share something serious with the internet without coming across as insensitive. Memes provide online users with a space to share and unpack uncomfortable or heavy experiences that they have encountered (Iloh, 2021).

Memes play an important role in speech and communication (Ejaz, 2016; Grundlingh, 2018; Haynes, 2019). They are not necessarily for everyone, per se, as people who understand the cultural meaning of a meme are typically people who can relate to it as well or are savvy with the communication structure of the medium. Other times, memes are not reflected the way the creator intended and get 'missed' in the process (Iloh, 2021). In this study, meme analysis is useful for the researcher to get a sense of how the creator thinks and/or how the meme reflects the individual's personality.

As previously discussed in Chapter 3, memes are a form of digital folkloric expression which have increasingly been used to articulate mental health-related experiences. The accessible and relatable nature of memes makes them effective for discussing mental health issues. Previous research suggests that humour and relatable content in memes provide a unique avenue for individuals to express their mental health struggles in a way that feels safe

and approachable (Knobel & Lankshear, 2008; Dynel & Chovanec, 2021). The following findings of this study explore how these dynamics play out in practice.

Illustrative example 10: Mental health memes found on Tumblr.

TB9

The examples found within this study often range from light-hearted jokes about mental health to more poignant reflections on specific mental health issues like depression and anxiety. Memes create a shared language that resonates with other users who have had similar experiences, leading to a mutual understanding.

Moreover, the anonymity and distance provided on social media platforms enable users to freely express themselves, perhaps more so on sites like Tumblr, where users can remain pseudo-anonymous. Users often explore and express difficult experiences through memes, but they do so within clear boundaries. These boundaries refer to the structured ways in which users communicate their messages, adopting specific formats and conventions that allow them to portray themselves in particular ways.

For instance, examples of memes often depict this message of 'it's okay to not be okay' in combination with humorous and relatable content that highlights common struggles while also reassuring the user. In other words, while the memes deliver a message that it's okay to feel bad, they often carry an underlying message that reassures the audience that they are actually okay, are managing, or will eventually be okay. This has become increasingly apt throughout the data collection in this study.

The first meme (TB9) exposes the societal pressure that men must suppress vulnerability and 'handle' their emotions by 'being a man.' The humour in this meme reflects a shared frustration, while also implying that the person experiencing this pressure isn't okay. However, by presenting the situation in a comedic format, the meme indirectly reassures the audience that 'it's okay not to be okay.' The second meme (TB10) also leverages a well-known pop culture reference to confront the issue of childhood trauma, packaging it in a way that seems almost causal or even nostalgic. The humour here lies in the contrast between the light-hearted album reference and the heavy topic of trauma.

TB10


no one:
me overthinking my past in my head:
NOW
THAT'S WHAT I CALL
CHILDHOOD
TRAUMA
#trauma #bpd mood #bpd thoughts
#actually bpd #bpd #bpd feels #being
borderline #bpd memes
62 notes

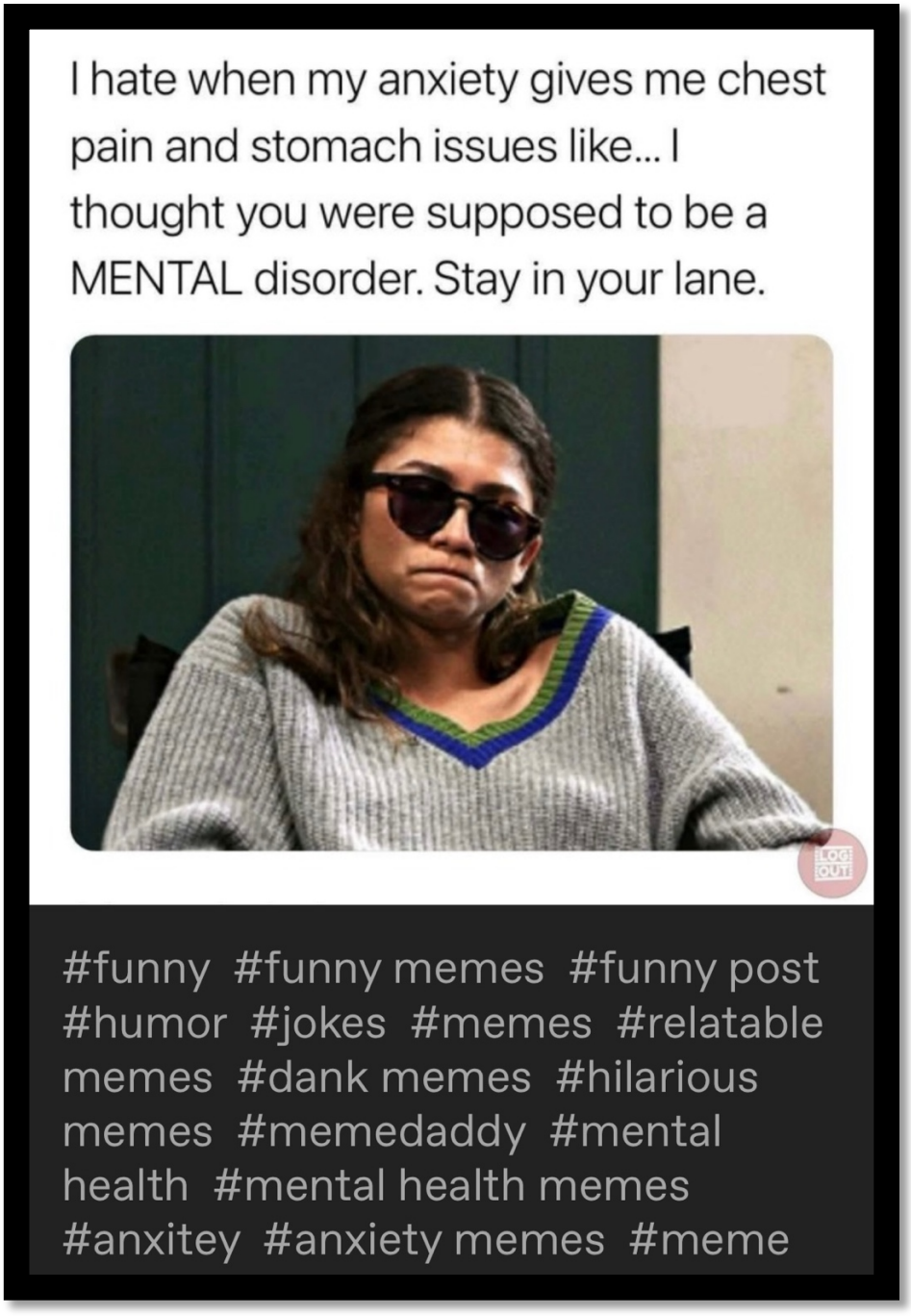
TB11

The third meme (TB11), however, depicts the creator as dealing with multiple mental health issues at once. By personifying these issues and placing them together in a somewhat humorous scenario, the meme acknowledges the chaos and difficulty of such a mental state. In this example, a child is sitting on a bed, surrounded by people dressed up as Teletubbies, each representing different mental health issues like eating disorders (ED), insomnia, anxiety, and depression, with the caption 'when the whole gang gets together.' The humour softens the seriousness of these disorders by providing subtle reassurance to the audience that, despite the complexity of their mental state, they're okay.

Each of these memes is an example of creators striking the right balance between depicting the harsh realities of mental health struggles and subtly reassuring their audience that 'it's okay not to be okay,' but actually, they are managing. The personification of these memes

not only validates the creator's feelings but also validates the audience's experience through the mere act of sharing and engaging in content.

TB12



Further examples build on this meme logic, particularly through stylised or ironic representations of internal states. One meme (TB12) features Zendaya wearing sunglasses with a downward smile, captioned: 'I hate when my anxiety gives me chest pain and stomach issues like... I thought you were supposed to be a MENTAL disorder. Stay in your lane.' The meme uses personification to depict anxiety as an unruly and irrational character

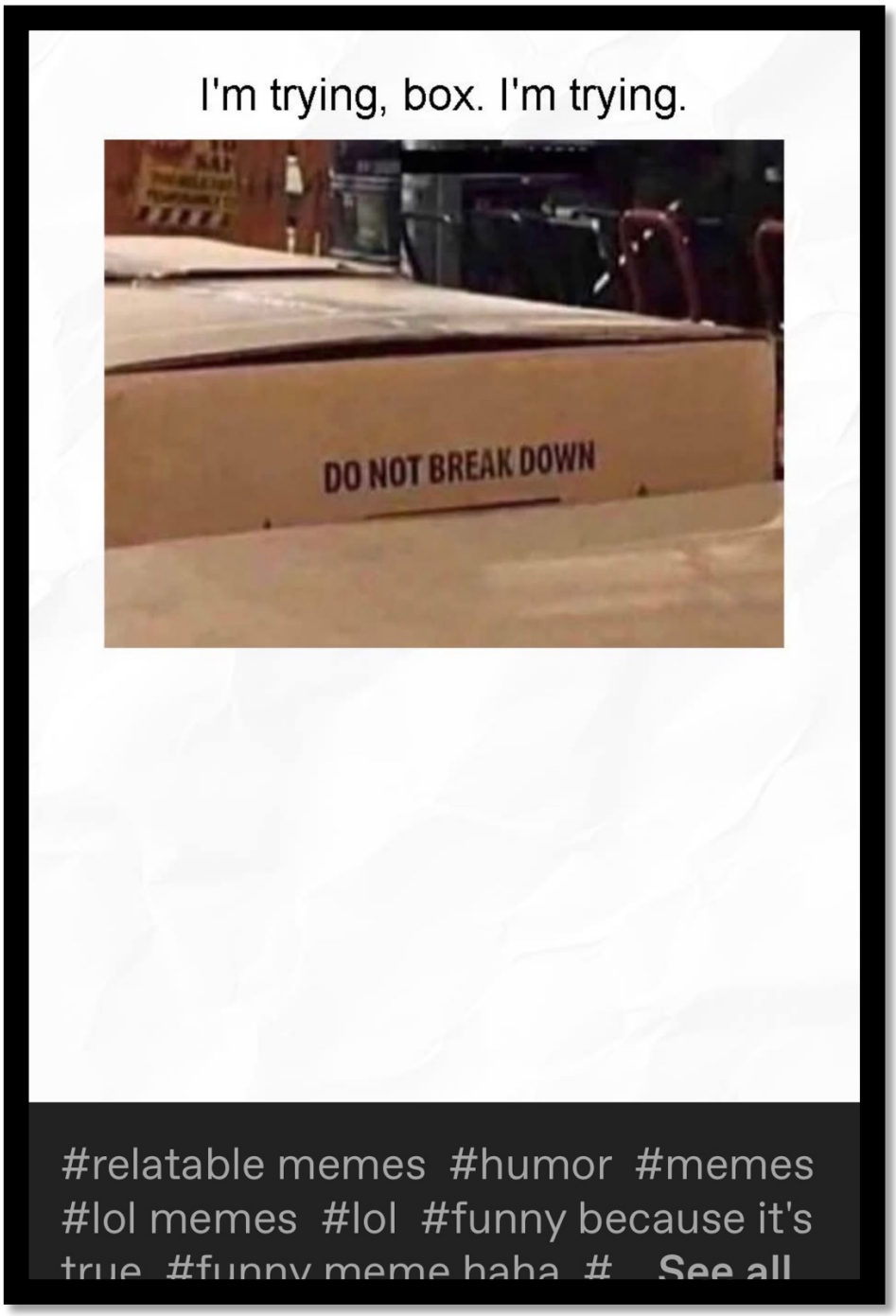
who has overstepped its boundaries, allowing the creator to reclaim a sense of control through humour.

TB13

Another meme (TB13) features a cartoon clown with the caption: 'When I accidentally tell someone too much about how I'm feeling,' followed by: 'I was lying by the way I'm fine.' This meme captures the dual performance of oversharing and immediate emotional retraction, a pattern that is particularly resonant in online spaces where disclosure and deflection often happen simultaneously. The final meme (TB14) shows a brown cardboard box with the phrase 'DO NOT BREAK DOWN' printed on the side. The caption reads: 'I'm trying, box. I'm trying,' and the accompanying hashtags include #relatablememes. Here, the

object (a cardboard box) becomes a metaphor for emotional containment, and the user's identification with it introduces a light-hearted form of self-awareness that again validates emotional instability while wrapping it in comedic relief.

TB14

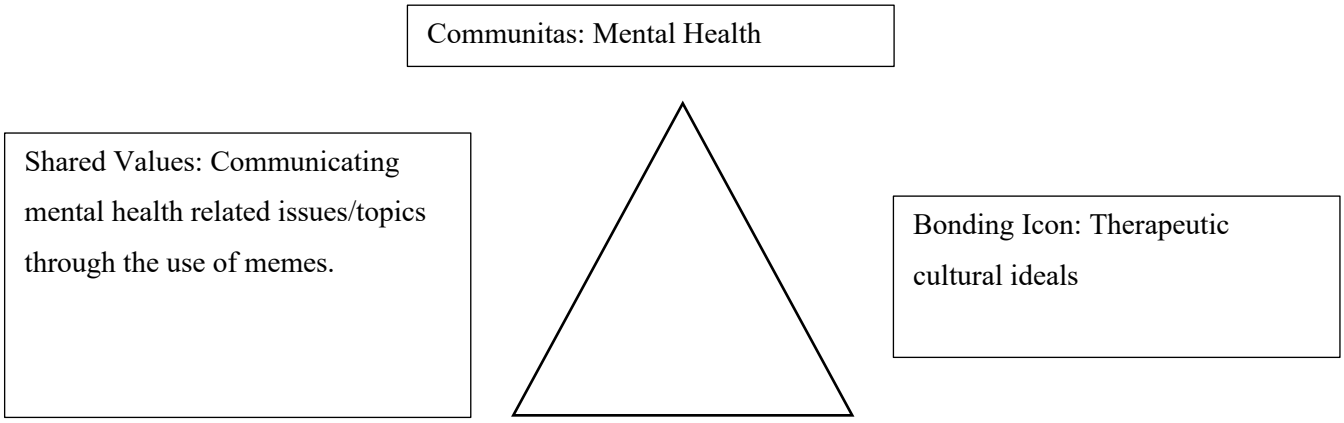


These examples reinforce the idea that memes do not simply trivialise mental health experiences but instead provide a vehicle for complex emotional processing, connection, and

subtle reassurance. Through absurdist humour, stylised performativity, and personification, they allow users to both name and contain their emotional distress in ways that feel safer, more manageable, and socially recognisable.

Using Tann's (2013) tripartite iconisation model, I will analyse the meme from my dataset below. The model is triangular and consists of 1) Communitas, which are communities and/or sub-communities (Turner, 1974), 2) Doxa (borrowed from Barthes, 1977), which refers to shared core values of the community and lastly 3) the bonding icon specific to that community (Stenglin, 2008). Tann's framework considers the interpersonal dimensions of memes, focusing on the values individuals express through meme creation and sharing. This model can help the researcher understand the purpose of meme-making and its role within mental health communities in this study.

The triangular model below demonstrates how Tann's framework can be applied to this study's dataset regarding the use of memes within the online mental health communities.



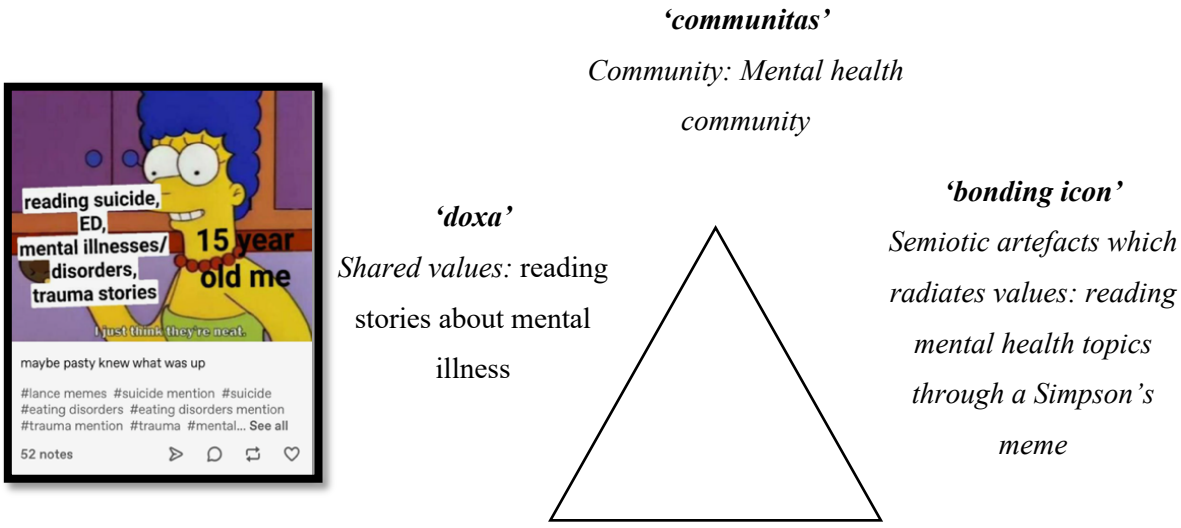
The framework above uses Tann's tripartite iconisation model to account for the memes collected in this study. From the framework above, I conclude that the community is an underlying value system dominated by therapeutic cultural ideals, which are rules of living. Communitas, in this context, refers to the online mental health communities where these memes are created, shared, and understood.

This community consists of individuals who relate to mental health issues. Members of this community are united by their common experiences and struggles and use the platforms to express, cope with, and discuss these issues. The doxa, or shared core values in this community, revolves around the use of memes as a medium to communicate and cope with mental health issues. The community values humour, openness, and relatability when addressing mental health. Memes serve as a tool for discussing difficult topics and emotions

in an accessible and humorous manner. Lastly, the bonding icon represents the therapeutic cultural ideals that are embedded in these memes. These ideals include the notion that it's okay not to be okay, and that sharing your struggles is a step toward self-healing.

These memes often depict scenarios that reflect these therapeutic ideals, such as finding humour in the absurdity of mental health struggles or using popular culture references to make light of difficult topics. These icons serve as a visual and emotional shorthand for the community's shared understanding that mental health challenges are a normal part of life, and managing them through humour and community support is possible.

Illustrative example 11: Application of the iconisation framework to a Simpsons meme from this study's Tumblr dataset.



Illustrative example 11 demonstrates how the iconisation framework can be applied to a meme. The communitas here is the broader online mental health community, particularly the sub-community that engages in sharing and consuming content related to mental health. The doxa in this context is the practice and value of reading and discussing stories about mental illness. This community values the consumption of content, whether it's personal stories, fictional accounts, or educational material. Lastly, the bonding icon in this case is the use of a Simpsons meme to engage with mental health topics. The image of Marge Simpson smiling while holding an object with the caption 'I just think they're neat,' humorously contrasts with the serious subject matter of reading mental illness stories.

This particular meme has been repurposed to discuss mental health, making it a recognisable and relatable symbol within the community. The Simpsons, a well-known and beloved cultural reference, serves as a familiar and comforting backdrop against the serious issues explored. By applying Tann's tripartite iconisation model, we can see how it functions within the online mental health community. This model emphasises that a meme is more than just a humorous image, but a cultural artefact that encapsulates the shared values and practices of the community.

Research by Newton et al (2022) indicates that everyday engagement with memes plays a significant role in shaping collective identity and fostering a sense of belonging. Social media platforms, which enable global connections, illustrate how memes facilitate a shared understanding of experiences, emotions, and interests among individuals. In the context of mental health, engaging with memes allows individuals to share and validate their experiences, contributing to the construction of a collective identity around mental illness.

This shared engagement reduces feelings of isolation and encourages further open discussions about sensitive topics. The global connectivity facilitated by social media enables mental health experiences to be shared, which contributes to the medicalisation of everyday life experiences. Through this process, individuals' experiences are validated and play a crucial role in constructing online mental health identities. Some of the identities that are being constructed within this thesis include: 1. Survivor Identity, 2. Diagnoser Identity, 3. Patient Identity, 4. Over-Committed Identity, and 5. Advocate Identity. Survivor Identity is constructed through engaging with content like memes that focus on overcoming mental health challenges and frame them as being resilient. Individuals who resonate with this identity will view themselves as survivors. Those who attribute a diagnoser identity related to memes that label everyday behaviours with clinical terms. Users often engage in self-diagnosis or label others' behaviours using psychological terminology, frequently outside of professional or clinical contexts. For example, a meme joking about being 'OCD' because someone enjoys organising their desk illustrates how psychiatric language circulates in everyday digital interactions. Such usage reflects how mental health concepts are increasingly embedded in popular discourse, but also highlights how diagnostic labels can be repurposed, flattened, or divorced from their original clinical contexts. Rather than indicating misinformation, this phenomenon signals a shift in how psychological identities and experiences are being culturally negotiated and redefined.

Engaging with memes that depict symptoms and treatment can contribute to the ongoing construction of a 'patient' identity, as individuals interpret and express their experiences

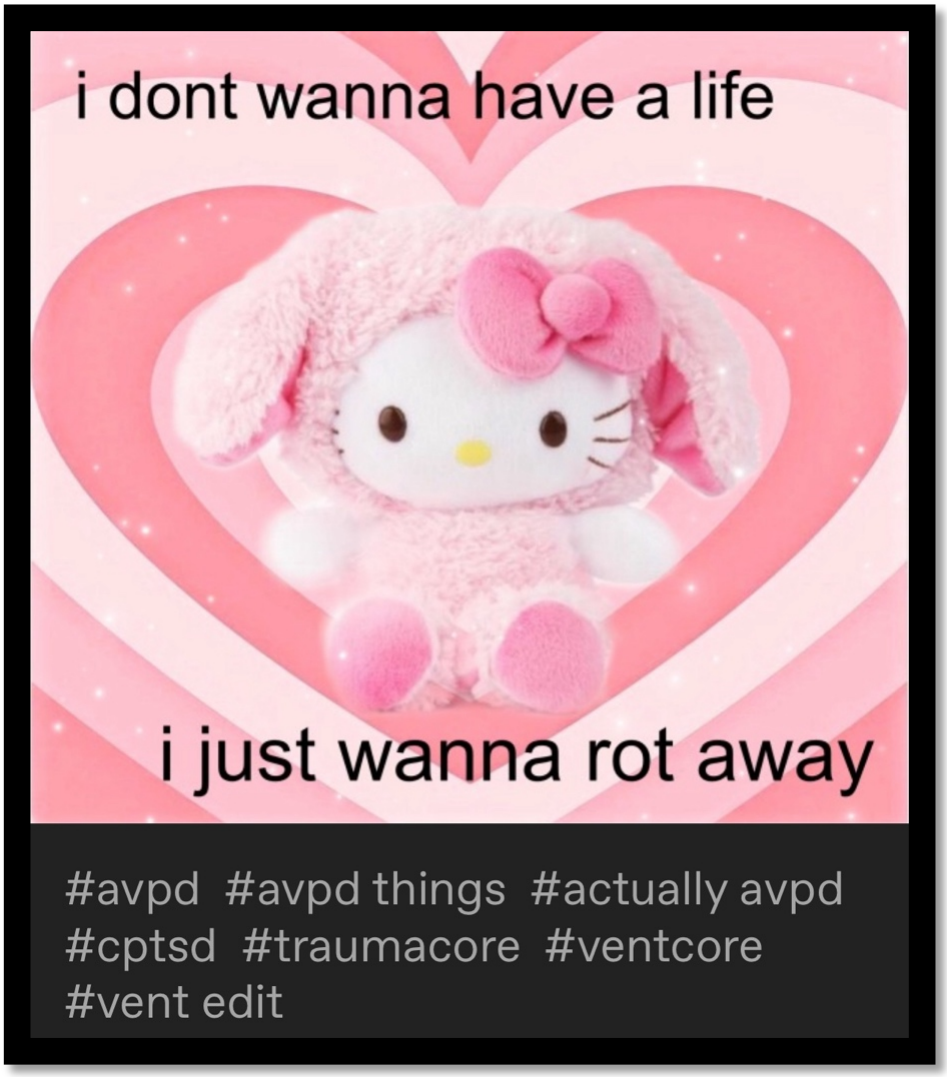
through culturally recognisable mental health narratives. These memes often offer a sense of validation by framing personal experiences through culturally familiar clinical language. This process reflects how individuals may come to identify with the descriptions of mental health disorders circulated in meme culture, not necessarily as clinical truth, but as a means of making sense of their own emotional or psychological states. In doing so, memes become a space where identity is negotiated through both shared cultural references and psychiatric discourse. An over-committed identity can emerge through engagement with memes that amplify everyday stress or anxiety, reframing these experiences as pathological. This process may encourage users to see themselves as consistently struggling with severe mental health issues. For instance, a meme about having a panic attack in response to a seemingly minor everyday event might contribute to framing such experiences through the lens of mental illness. In doing so, users may come to view emotional responses to everyday stressors as part of a broader illness narrative.

Lastly, some users adopt the identity of an awareness advocate, positioning themselves as educators or informal experts on mental health. This role involves actively disseminating information, sharing personal insights, and raising awareness about the symptoms and experiences associated with mental health issues. Such content often aims to destigmatise mental illness, offer support to others, and promote mental health literacy within the community. Notably, all of the identity types outlined here, survivor, diagnoser, patient, over-committed, and advocate, are not confined to memes alone, but extend across a range of digital content and platforms.

While exploring themes of humour in memes, a variation of a meme was identified known as ‘traumacore.’ The term ‘core’ originates from ‘hardcore’ and has evolved into various sub-genres such as ‘usedcore,’ ‘sadcore,’ and ‘emptycore.’ Traumacore uses aesthetic imagery to depict themes of trauma and abuse, particularly sexual abuse or child sexual abuse (CSA). Creators of traumacore use a combination of cute, often nostalgic imagery, layered with dark, distressing messages. Although it is commonly associated with physical sexual abuse, traumacore also addresses other forms of abuse, including emotional abuse. As a subcultural aesthetic, traumacore can be understood as a creative and affective form of meaning-making, allowing individuals to express, visualise, and circulate personal and collective experiences of trauma in ways that resonate emotionally and culturally within specific online communities.

Illustrative example 12: Traumacore on Tumblr.

TB15



Traumacore content uses similar components to those found in traditional memes, such as superimposed imagery alongside messy captions to convey specific experiences. However, unlike typical memes, which aim to be humorous, traumacore is intentionally unsettling. It draws from childhood themes to depict trauma experienced during early life, which can extend into adulthood. Many individuals create or engage with this type of content as a coping mechanism for their past pain.

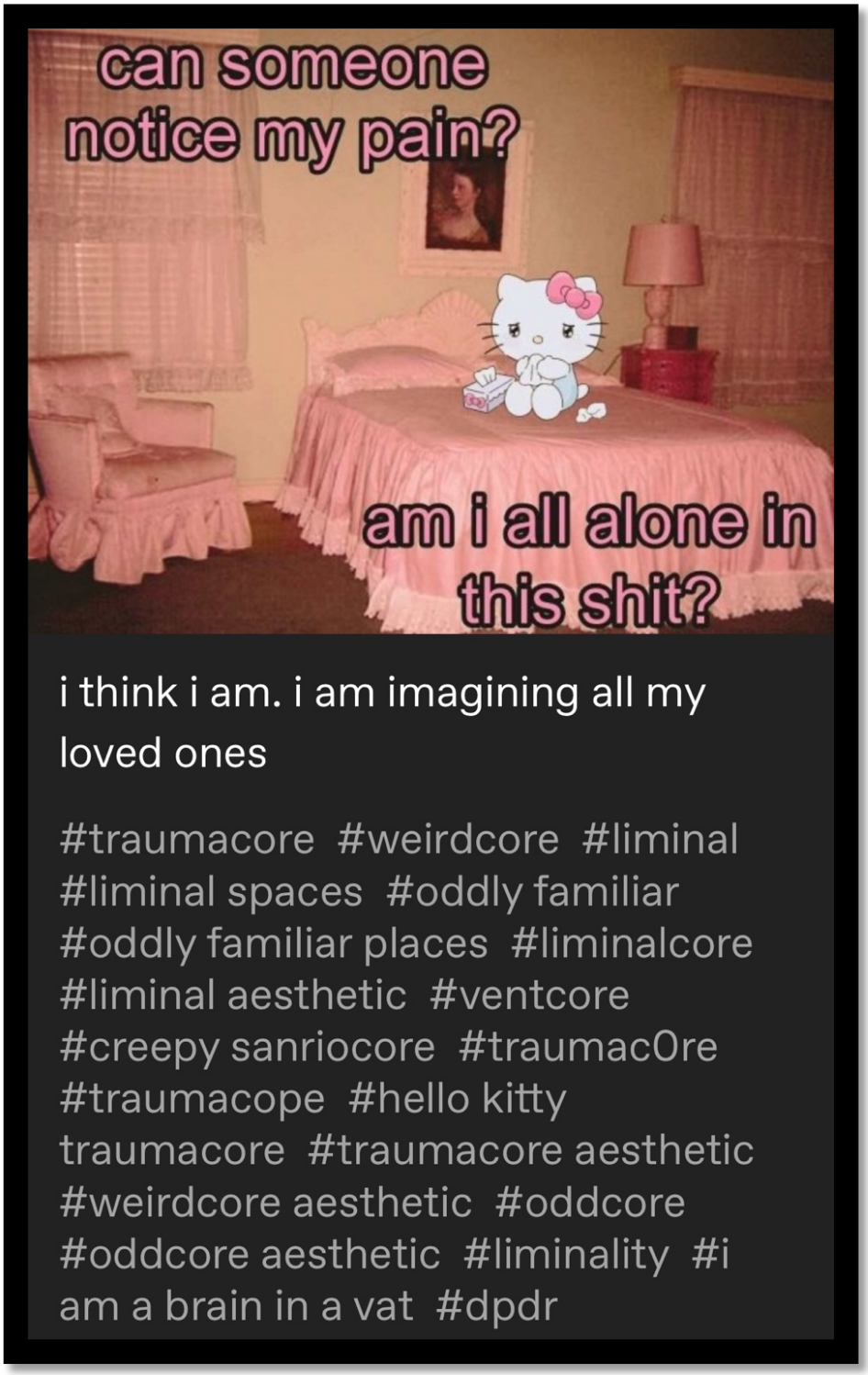
The community surrounding traumacore is divided on its purpose and impact. While some members argue that traumacore should not be seen as an aesthetic due to its serious subject matter, the imagery used is inherently aesthetic, often featuring Sanrio characters and other childhood symbols.[39] Many users create traumacore as a form of visual journaling; however, there is also a concern within the community about the romanticisation of trauma, which is

[39] Sanrio is a Japanese based entertainment company that is famous for its characters like Hello Kitty

generally frowned upon. Traumacore has predecessors, such as the ‘morute’ aesthetic, which also combines morbid themes with cute imagery to express trauma related to mental illness. Popular on platforms like Tumblr in the early 2010s, the morute aesthetic used tags like #creepy and #cute to categorise content that juxtaposed dark subject matter with delicate, pastel visuals. This juxtaposition creates an unsettling effect, particularly for outsiders unfamiliar with the context.[40] This process aligns with Foucault’s (2001) analysis of confession as a form of truth-telling, where individuals articulate their suffering within recognised discourses to constitute themselves as knowable subjects. Traumacore, while visual and aestheticised, functions as a confessional medium, enabling individuals to externalise and stylise their pain in ways that are intelligible within the therapeutic culture that dominates digital mental health discourse.

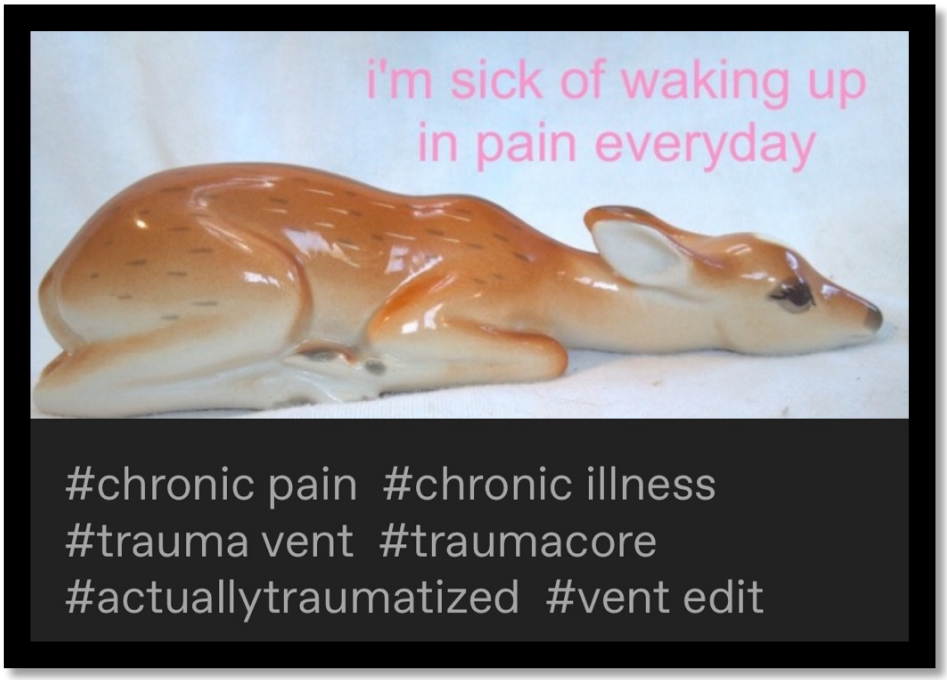
[40] https://aesthetics.fandom.com/wiki/Traumacore#:~:text=Traumacore%20is%20a%20type%20of,also%20common%20themes%20in%20traumacore.

TB16



This aesthetic is visible in the examples above (TB15-TB16). One image (TB16) features an old, eerie-looking pink bedroom with Hello Kitty copied and pasted onto the bed next to a box of tissues. The caption reads, 'Can someone notice my pain? am I all alone in this shit,' overlaid in messy, glitchy text. This blends imagery of childhood innocence with emotional abandonment, drawing attention to the need to be seen, a recurring motif in traumacore.

TB17

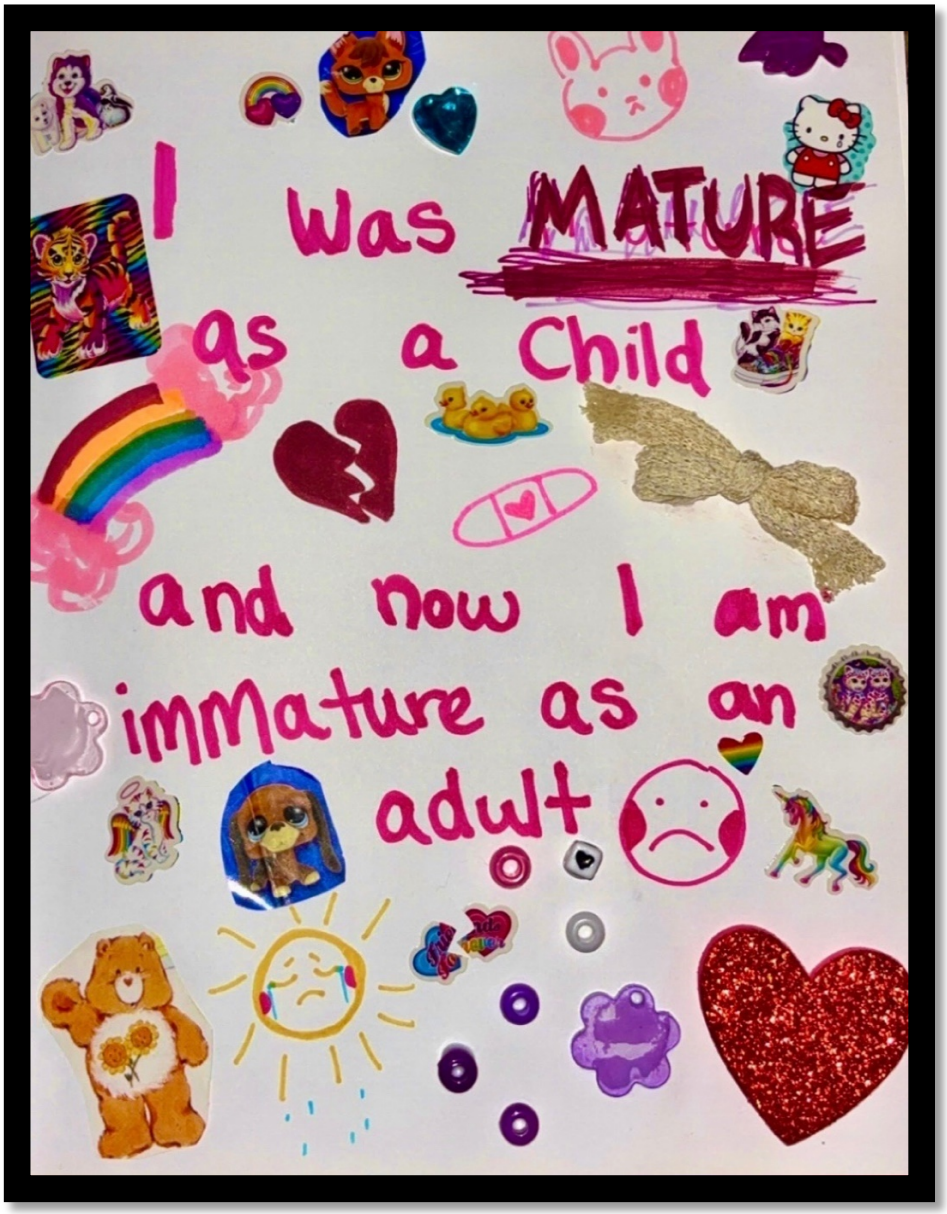


TB17 exemplifies the traumacore aesthetic by combining a visually innocuous object, a deer ornament, with text that communicates chronic pain and trauma through hashtags. The contrast between the gentle image and the intense personal declaration highlights how Tumblr users use everyday imagery to express ongoing suffering while connecting with a broader online community that shares similar experiences. This example reinforces the sub-theme of humour and irony as a means of negotiating personal trauma within digital spaces. In example TB18, the image depicts a room painted blue with clouds and text. ‘I wasn’t made for this world by I can’t escape it, trust me I’ve tried, I’ve begged,’ visually and textually representing feelings of alienation and despair central to the traumacore subculture. The post illustrates how Tumblr users create immersive, symbolic environments to communicate internal emotional states, blending aesthetic expression with personal narrative.

TB18

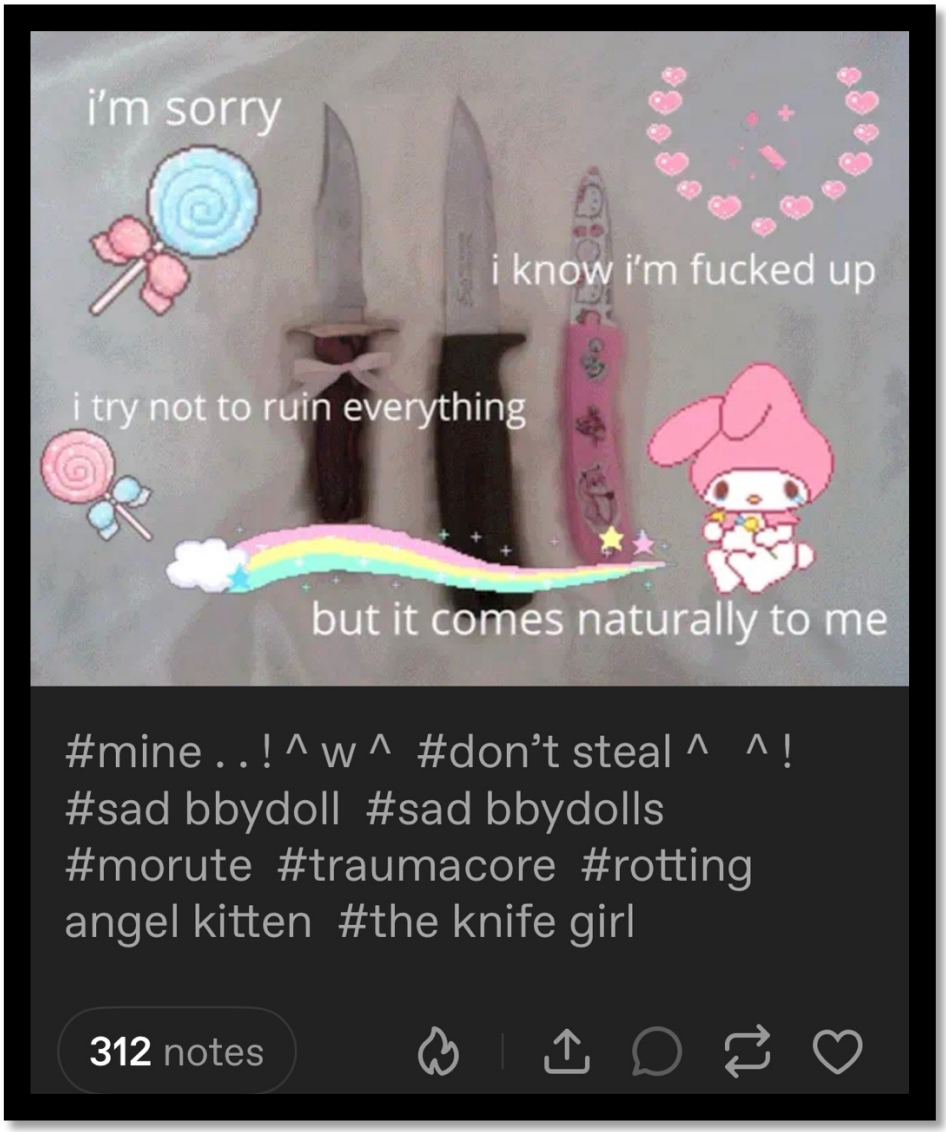

i wasn't made for this world
but i can't escape it
trust me
i've tried
i've begged

TB19



Another post (TB19) shows a piece of A4 paper covered in childlike stickers: a crying Hello Kitty, unicorns, a carebear, with the handwritten message: *'I was MATURE as a child, and now I am immature as an adult.'* The statement reflects the long-term impact of childhood trauma, particularly parentification or being forced to grow up too soon, and now being stuck in a regressed state. The emotional weight is intensified by the juvenile aesthetics, felt-tip pen, stickers, turning the post into a form of visual self-theorising, although through a fragmented lens.

TB20



The last example (TB20) is more overtly violent: a photograph of three knives, one of which is a pink Hello Kitty-branded blade. The text reads: 'I'm sorry, I know I'm fucked up. I try not to ruin everything, but it comes naturally to me.' The surrounding imagery, lollipops, My Melody, hearts, adds a dissonant layer of cuteness. The result is a deeply conflicted message: violent self-perception stylised in pastel tones. It invites concern, but also functions as a stylised performance of brokenness, one that is legible within a subculture that normalises these forms of affective expression.

Just as traditional memes provide reassurance through shared experiences and humour, traumacore offers a similar sense of community and understanding by incorporating characters and themes from childhood that once provided comfort. These examples point to how traumacore offers more than visual shock or catharsis; it represents a digitally constructed identity, one that sits uneasily between aestheticisation and confession. While on the surface the posts seem personal, they are also highly intertextual, referencing existing

traumacore tropes and drawing from a shared symbolic language. In this sense, they exemplify Goffman's notion of self-presentation (1959), but adapted to platform logics that reward affect, stylisation, and intensity. Rather than viewing these images as either 'authentic' or 'exaggerated,' they can be understood as performed emotional truths, shaped by cultural norms and platform-specific aesthetic practices.

5.5 Discussion and Synthesis

This synthesis explores the theme of humour and its significant role in understanding social and cultural processes in online mental health communities. Social media platforms have become key sites for the production and circulation of humour. The rise of new media formats such as memes, emoticons, and platform-specific jargon has shaped the way humour is expressed and interpreted online. From a social surveillance perspective, users are aware that their behaviour, including their use of humour, is monitored and evaluated by others. This awareness, viewed through a social surveillance lens, influences how users curate and manage their self-presentation in digital spaces.

As discussed in Chapter 3, new media can be understood as digital folklore: a mode of storytelling that allows users to construct and share narratives about identity, emotion, and experience within online mental health spaces. From a folkloric and semiotic standpoint, these narratives draw from a shared cultural repertoire and conform to the communicative conventions of each platform, making them more engaging and resonant. While humour has long existed online, it has become an especially salient tool for articulating distress and navigating the complex relationship between illness and identity. Informed by Goffman's theory of self-presentation, humour can be seen as a strategic performance, allowing users to manage impressions, maintain control over how they are perceived, and negotiate authenticity without exposing themselves to undue vulnerability. While this chapter has described humour as a form of strategic self-presentation, understanding these acts as performative from Butler's point of view reveals how illness identities are not merely expressed but actively constituted through repeated social acts. These performances enact and reinforce communal norms, producing identity through iterative speech acts. Additionally, Foucauldian notions of 'truth-telling' could be viewed as performance used to navigate complex power relations that shape what can be said and how, particularly under the surveillance of digital platforms.

This thesis has shown that humour functions not only to mask emotional disclosure but also to present it in ways that are culturally and platform appropriate. Humorous content enabled

users to articulate stigmatised or intense feelings such as suicidal ideation through memes and jokes, which softened the emotional impact while still signalling distress. On Twitter, the character limit and rapid conversational flow encourage users to condense complex emotions into pithy, ironic statements, often punctuated with things like emoticons or colons. Compared to TikTok, humour aligns closely with entertainment logics, enhancing engagement while shielding emotional disclosures. Lastly, Tumblr's dark and ironic humour resonated with long-standing subcultural norms, revealing humour as both a coping strategy and a mode of self-presentation embedded within specific platform cultures.

The proliferation of social media has allowed for the creation, adaptation, and dissemination of humorous content that forms part of a broader digital folklore. Users repurpose and recombine this content to express personal experiences, assert identities, and foster community in mental health contexts. Although this digital folklore evolves in response to the affordances of each platform, its central function remains the communication of shared narratives through creative expression.

From a semiotic perspective, humour operates as a cultural mirror, reflecting societal values and anxieties, particularly within Western contexts. Within mental health communities online, humour becomes a way to cope, build solidarity, assert individuality, and invite support. It provides a means to broach difficult subjects that may remain taboo or inaccessible in offline spaces.

Humour has long been a way to make sense of challenging experiences. Online, it takes on new forms, often embedded in multimedia trends that allow users to express distress while fostering connection. Shared humour generates a sense of relatability, offering validation through recognition. However, this study found that users often engage in a 'delicate dance' when discussing mental health, seeking authenticity while avoiding being labelled as 'insane' or inappropriate. This negotiation reflects broader anxieties around visibility, legibility, and regulation. To manage these risks, users employ linguistic tactics like algospeak terms such as 'unalive' or 'sui' that allow them to discuss sensitive issues while navigating platform moderation.

These euphemisms, while sometimes read as trivialising or aestheticising mental health concerns by outsiders, also signal a sophisticated semiotic adaptation, where users creatively respond to the structural constraints imposed by algorithms and community guidelines. While connection and solidarity are important elements of these communities, this study

found that expressions of distress function to affirm self-concept. Content creation becomes both a way of seeking resonance with others and a process of narrating the self.

As discussed in Chapter 1, fear of shadowbanning plays a significant role in shaping how users communicate. Adopting coded language becomes a form of self-censorship, echoing Whitlock et al.'s (2006) description of these communities as 'secret societies' that rely on shared codes to maintain communication under algorithmic scrutiny. This thesis found that TikTok users often used euphemisms to avoid moderation, whereas Tumblr users, historically more resistant to censorship, are increasingly adopting similar tactics, likely due to changing moderation policies.

Feshbach's (2023) cross-platform study on self-censorship revealed different linguistic strategies, including symbol substitution and euphemism. However, this thesis observed a shift: Tumblr users, once freer in expression, now mirror TikTok's cautiousness, suggesting a broader cultural shift rather than a platform-specific quirk. The use of humour and euphemisms becomes not only a way to avoid censorship but also a form of discursive boundary-setting, an attempt to maintain authenticity without violating unspoken community norms.

This collective negotiation reflects the dynamic interplay between individual agency and platform structure. Users craft their disclosures with attention to both algorithmic visibility and social acceptability. Humour, therefore, is not simply entertainment but a key resource in navigating these constraints. It enables users to express complex emotions, signal membership within specific subcultures, and manage the risks of overexposure.

Moreover, while earlier literature (see Chapter 2) framed online mental health communities as sites of support and authenticity policing (e.g., identifying 'fakers'), this study suggests a shift towards a more performative mode of connectedness. Interaction is increasingly mediated through engagement metrics like likes, shares, and reposts, which serve as validation within the cultural logic of the platform, rather than traditional forms of interpersonal support. This reflects Delsol's critique of a broader societal 'loss of meaning,' where performance and recognition eclipse enduring values or collective belonging.

Nevertheless, users continue to navigate questions of legitimacy and authenticity. This was especially evident in the repeated emphasis on being 'actually' mentally ill, a rhetorical strategy used to assert legitimacy and counter perceived scepticism. Terms like 'I'm actually bipolar' reflect both the desire to be believed and the careful management of one's digital

persona. This signals a shift from performative play, where identity is explored and negotiated through social interaction, to performative authenticity, in which humour serves as a deliberate tool for self-assertion and identity work within the complex conditions of visibility and uncertainty. This trend resonates with Kinderman's (2019) critique of diagnostic culture, which warns against reducing lived experience to fixed labels. The ironic or humorous assertion of being 'actually' ill can be read as both a resistance to and reinforcement of medicalised identity categories. In this sense, humour becomes a discursive tool that allows users to critique and inhabit these categories simultaneously.

In summary, this chapter has shown that humour functions as a critical site of meaning-making in digital mental health discourse. Through ethnographic content analysis, this study has revealed how users deploy semiotic strategies like memes, euphemisms, and platform-specific language to navigate complex cultural terrains. Humour operates at the intersection of self-expression, community norms, platform logics, and social surveillance. Integrating theories of digital folklore, self-presentation, and social regulation, this synthesis demonstrates that humour is both a coping mechanism and a cultural performance. It plays a vital role in shaping identity, fostering connection, and negotiating power in contemporary digital mental health spaces.

5.6 Conclusion

Throughout this chapter, I examined how users employ humour when discussing mental health across three different platforms and subsequently presented the related findings.

Humour is something longstanding that has been used by people to navigate through many life experiences. Humour is something with historical relevance, which is believed to be used as a way of socialising and connecting with others (Haidau, 2023), while also contributing to a process of meaning making (Tavory, 2014). Through analysing the data, I discovered that users often use humour to mask or conceal uncomfortable or difficult emotions or experiences. Many users leverage it as a tool to navigate and express their mental health issues online. Humour in online settings can be expressed in numerous ways, due to the diverse range of multimedia available. Some forms, like memes, have become closely associated with the expression of humour. Users employ humour and these multimedia tools to share and contribute to a folkloric narrative surrounding mental health.

Former mental health studies that observed online mental health communities have previously identified humour as a recurring theme. Thus, this study is contributing to the ongoing literature that observes humour as a theme when discussing mental health across platforms. Throughout this chapter, I recognise that humour is a tool used to explore sensitive and difficult topics, which has become embedded within culture, enabling online users to explore humour intensively. This, in turn, impacts the narrative that users are exploring surrounding mental health and contributing to this mental health ecosystem. Users actively engage with the opportunity to explore difficult topics through humour, while simultaneously navigating a 'delicate dance' to avoid pushing boundaries or alienating observers. For example, to avoid shadowbanning, users incorporate algospeak into their online language, allowing them to discuss sensitive topics while remaining cautious of pushing boundaries.

Compared to past literature, this study suggests a shift in how the community is experienced. For example, I propose that a certain level of connectedness may be more diffuse or mediated by platform structures, emerging through shared spaces and practices. Users engage or create humorous content that reaffirms their identity and provides recognition of being 'sick.' There is collective understanding and relatability that comes from the use of humour, but there is a disconnectedness from a community-based feeling that was once felt meaningful. Humour is used as a belief system that reassures the individual of their illness identity. Humour functions as a mode of narrative projection around mental health, often using a sardonic lens that may also contribute to the ongoing negotiation of therapeutic self-understandings. The performative aspects of humour and identity formation online represent a complex process involving both individual agency and structural constraints, as users navigate social norms and produce truth claims in power-shaped contexts.

The next chapter will look at my second theme, individualisation, which looks at how this theme occupies many areas of people's lives and dominates the online world. I will also explore the loss of meaning in relation to individualisation and how it may contribute to the process of self-identifying with illness identities.

Chapter 6: Theme 2 Individualisation

6.1 Introduction

In this chapter, I will explore my second identified theme, which is individualisation. This chapter explores how individuals learn to navigate their sense of self through the lens of mental health discourse on social media, facilitated by the process of individualisation. I begin this chapter by discussing the meaning of individualisation from a sociological perspective as well as the impact of individualisation on identity, as a consequence of modernity.

In Chapter 3, I previously explored the concept of loss of meaning and proposed that individuals might find meaning within themselves, particularly through the identification with illness labels. Previous theoretical underpinnings overlap with individualisation, which I detail throughout this chapter. While the study borrows ideas from both individualisation and individuation, this theme uses a sociological framework to understand the findings presented within the data collection. I use algorithmic individuation to make sense of how social media is personalised for online users, the content they are exposed to, and how it influences individuals' self-perception.

Throughout this chapter, I will explore the labyrinth of individualisation in relation to mental health on social media by exploring the challenges posed by loss of meaning and algorithmic influence in the pursuit of authentic selfhood. Lastly, this chapter will examine how individuals harness social media to assert their illness identities within the digital world.

6.2 Defining individualisation

Sociologists have previously characterised contemporary society as being an 'individualised' society (Cortois, 2017). In response, Beck coined the term 'individualisation' which has become an infamous term used within the discipline of sociology (Bauman, 2001; Beck & Beck-Gernsheim, 2002; Giddens, 1991).

The term individualisation is used to describe individual freedom, particularly within Western societies. The freedom of choice is associated with an autonomous individual who

has a notion of agency (Brannen & Nilsen, 2005). The concept of individualisation draws from generalisations about modernity, the idea that people of today are free to shape their own lives, which is still an ongoing process (Brannen & Nilsen, 2005). While the introduction of individualisation was likely to have developed during the Age of the Enlightenment (Elias, 2001, as cited in Mayer, Alvarez, Gronewold, & Schultz, 2020), much of the research focuses on the rise of individualisation post-World War 2.

Individualisation is characterised by a number of choices being available to individuals as a result of economic prosperity. However, the development of freedom of choice saw a decline in tradition, norms, and family structures (Mills, 2007). The individual now faces new challenges in how to structure one's life in terms of marriage, residency, and education, which were previously decided by family or the community (Beck & Beck-Gernsheim, 2002). This change in dynamic and freedom has become a burden to some individuals, which has been linked to heightened mental distress and mental health issues (Ehrenberg, 2015, as cited in Mayer et al., 2020).

Adolescents face a modern paradigm that has become increasingly individualistic, in which the individual must find ways of coping with pressures and responsibilities that former generations did not face. Identity formation is more than a developmental stage but acts as a resource to aid people with coping with the demands of individualisation throughout their lives (Côté & Schwartz, 2002; Noack & Erikson, 2010).

6.2.1 Loss of meaning and the rise of individualisation

As previously discussed in Chapter 3, the decline of religion, also known as the 'death of God,' is a consequence of modernity. Homans (1995 as cited in Furedi, 2004) considered this outcome to be a 'creative response,' following a pattern such as: symbolic loss → mourning → self-redefinition → creation of meaning (individuation). According to Furedi (2004, p.132), the process of individuation is not a novel phenomenon. The disbandment of communities and decline in tradition are important elements which aid the development of modern society. However, the type of individuation today is not the same as in the past. In previous times, new forms of solidarity were created in place of the decline of institutions. Although private spheres and networks have evolved over time, the private sphere has recently become a target of suspicion. Thus, Furedi suggests that the process of individuation has enhanced a sense of vulnerability. This has derived from periods of social isolation,

which in turn impact the way wider problems are dealt with, as they are internalised to become problems of the self.

6.2.2 Individualised mental health

A rise in individualisation has also entered therapeutic life, as mental illness has been subject to stigmatising or destigmatising representation within the media (Roslyng, 2020). Narratives surrounding mental illness and health often stem from a biomedical approach, which frames mental illness as a chemical disorder of the brain requiring treatment. However, as discussed in previous chapters, this is not the only possible interpretation. Although alternative explanations, such as psychological, social, and cultural understandings, exist, they have often been marginalised in favour of biomedical models (Roslyng, 2020).

Foucault's (1977) concept of power/knowledge systems suggests that the individualisation of mental health often restricts options rather than expands them for the individual. Sociologists have previously argued that modernity's focus on the individual is linked to the responsibility of making rational (healthy) choices (Giddens, 1990), which may contribute to depression, anxiety, and other mental health difficulties. Individualisation, which is used to frame health policy and reporting discourse, tends to ignore economic structures which pharmaceutical companies utilise to promote medical solutions. This approach has been subject to criticisms as it's seen as an expression of bio-power (Foucault, 1978). According to Foucault, bio-power is the 'development of different disciplinary forms of knowledge about mental illness,' i.e., diagnoses, treatments, and the prevalence of mental illness within society (p.6).

Bauman (2000) argues that people have been 'forced to individualise and the free choice is revealed as an illusion' (p.5). Thus, the 'freedoms' that are offered to cope with mental illness can only be found within medical, political, and administrative discourses that provide fixed options that the individual can choose from. Therefore, individualisation is rooted within pre-conceived discourses that lack neutrality and are not necessarily indicative of equality within healthcare (Roslyng, 2020).

6.2.3 Algorithmic individuation

Individualisation has also infiltrated other areas of life, beyond medical and health services. 'This is the age of personalisation,' where personalisation can be found within education, news, customer experiences, applications, and digital life (Lury & Day, 2019, p.1). Algorithmic personalisation or individuation is something newly explored among researchers who attempt to understand how and what the consumer is exposed to when using a number of online applications and platforms. Lury and Day (2019) describe this technique as a contemporary form of individualism.

For example, Prey's (2018) study looked at algorithmic individuation on music streaming platforms. Today's mass media is personalised for individuals to consume. Personalisation is meant to meet our needs and desires, based on our individual tastes and preferences. The act of personalisation has not only infiltrated online spaces but has also been used on other platforms, including Netflix, Amazon, and Spotify. Prey (2018) suggests that there are no individuals on these platforms, but only ways of seeing people as individuals. In other words, Prey argues that platforms reduce individuals to categories or representations based on data and algorithms. This means that the individuality of a person is overshadowed by the platform's framework, which only allows for limited and often superficial ways of 'seeing' or understanding them. Yet, paradoxically, in the age of personalisation, these same platforms claim to 'see' individuals for who they truly are by considering their tastes and predilections. For instance, on music streaming platforms, the individual is 'seen' once the platform identifies their music taste.

In addition, platforms develop and use competing techniques so they can offer better recommendations to truly 'see' the individual listener (Prey, 2018). In the same way that music streaming platforms compete to offer superior recommendations, social media platforms similarly strive to differentiate themselves by curating content that more effectively resonates with users' preferences, thereby deepening their influence over individual behaviour and perceptions. Previous research suggests that personalisation can be achieved by imagining and constructing their own audiences (Ang, 1991; Ettema &Whitney, 1994). The process of users interacting with online media provides platforms with consumer data. This data allows platforms to implement precise targeting and personalise content delivery (Prey, 2018). Although content customisation is a 'relic of the past' (Negroponte, 1995), precise measurement tools and techniques have advanced over time (Blakley, 2012, 2016).

According to Ruppert (2011), there is an assumption that the 'true' or 'authentic' self is revealed when these tools are used for personalisation. However, other scholars argue that little is revealed about the individual, as what is constructed stems from the person's data. Ruppert (2011) uses the term 'data subject' to refer to the sociotechnical practices that online users go through, in which they become data. These practices are recorded in many ways, including when users construct their online profiles and are sorted into 'measurable types,' such as a female graduate student who likes cats and heavy metal (Cheney-Lippold, 2017).

According to Pariser (2011), profiles aim to define online users and alter which media content users see as a result of these parameters. They also attempt to influence how individuals see themselves (Cheney-Lippold, 2011, 2017). Thus, a user's 'algorithmic identity' is in a continuous state of adjustment. For instance, traditional categories of identity like age, gender, and ethnicity are not determined at the outset, but are determined through the performance of the user's actions (Cheney-Lippold, 2011, 2017). Determining a user's identity will vary across different platforms as they have different ways of 'seeing' the individual (Prey, 2018). For example, Prey (2018) identified that music platforms use collaborative filtering to suggest songs and artists based on the user's preferences. Thus, if a user enjoys listening to 'My Chemical Romance,' the platform might recommend 'Panic! At The Disco,' because listeners with similar tastes often like both bands.

This approach is similar to how social media platforms suggest content. They use algorithms to curate a 'suggested' page based on previous engagement and likes. When users interact with recommended content, the algorithm adapts and shows them more of what they seem to enjoy. Music platforms like Pandora often emphasise that their recommendations are individualised, tailoring the listening experience to each user's unique tastes. On the other hand, social media platforms may not explicitly advertise their content as personalised but do use algorithms, particularly on platforms like TikTok, which are highly driven by algorithmic recommendations.

Similar to how Prey (2018) discussed the role of music in our lives, social media has become integral to our daily routines, enabling us to connect, share memories, and find communities with shared interests. Once a user engages with specific content, the algorithm recognises this engagement and increasingly exposes the user to similar content, creating a 'niche' that the user gravitates towards. Consequently, content creators aiming for high engagement must continue producing content that aligns with these preferences to maintain their visibility and relevance.

In this study, I propose that online users may not have complete control over their interaction and consumption of content on social media platforms. This is because algorithms significantly influence how users engage with content. While these algorithms aim to personalise the user experience, they also shape it by controlling what content is presented. Thus, the interplay between user behaviour and algorithmic recommendations plays a crucial role in determining the content users see and interact with.

6.3 Individualisation findings

This section will examine the ways Twitter users employ illness labels, reference survivorship, trauma, and discuss the topic of suicide. The findings provide insight into how individualisation shapes mental health discourse on the platform. Meanwhile, TikTok will be explored for its videos on symptomology and mental health diagnoses, highlighting how algorithmic individualisation may reinforce mental health issues. Additionally, Tumblr will be analysed for its various mental health-related memes, offering another perspective on online mental health individualisation.

6.3.1 Twitter individualisation

Illustrative example 13: Twitter users using mental illness labels.

Pseudonym	Use of mental illness labels	Year of Tweet
Tex	'My ptsd had been triggered rlly bad and i don't know how to bring it up to my pal without sounding crzy'	2020
Zell	'As u may know, IG restricted the #BPD which is just adding to the #stigma around this extremely misunderstood disorder. Please share this post or make one yourself so more people become aware of this issue https://t.co/7em595I5mL #endthestigma #Trauma #help.'	2020

Kyle	‘Do any #ActuallyAutistic people have any advice for coping with others triggering deep trauma from being constantly punished for being different socially? I feel both more valid in my behaviour but more despairing that I will ever integrate into society’	2023
Chai	‘I know that ptsd comes in many forms and i have lots of flashbacks and shit from various parts of my trauma growing up so idk i may have it i may not but I’m rather sure i do based on my own research’	2020

The examples in the table above illustrate how users employ illness labels in their communication on Twitter. While part of the individuation process is to become the ‘truest’ form of the self, individuals will try to find meaning within their lives. Due to the decline in tradition, many users find meaning in other things, specifically through the use of therapy culture. For example, individuation has resulted in a ‘self’ increasingly defined by feelings that have been medicalised, bringing the concept of medicalisation closer to the core of an individual’s sense of self, or at least their communication of it.

This process of individuation often results in users finding identity and meaning through illness labels. This is something that has been observed across all three platforms using various types of multimedia under the structure of the platform. For instance, Tex’s tweet reveals a struggle to discuss their PTSD with a friend due to fears of being perceived as ‘crazy.’ This reflects the broader trend observed across platforms, where users navigate the complexities of self-expression by framing their experiences through medicalised identities. Such identities can help mitigate the stigma of being labelled as ‘mad’ but also underscore the nuanced balance users strike between self-disclosure and social acceptance.

Furthermore, Tex’s use of text speak, such as ‘rlly’ and ‘crzy,’ can be interpreted as a way to soften the impact of the disclosure. This mirrors the ‘cutesiness’ that was discussed in Chapter 5, where informal stylistics are used to make distress more palatable. This can be read as both a protective strategy and a sign of discomfort, reflecting the tension between wanting to be understood and fearing misrecognition.

Kyle’s post offers a more explicit engagement with diagnostic identity, tweeting:

> Do any #ActuallyAutistic people have any advice for coping with other triggering deep trauma from being constantly punished for being different socially?

Here, Kyle mobilises the hashtag #ActuallyAutistic, a term commonly used within neurodivergent communities to affirm lived experience and challenge dominant, often medicalised narratives of autism. By foregrounding this identity, Kyle positions themselves within a collective epistemic community, where belonging and validation are derived not just from formal diagnosis but from shared discourse and lived reality.

Later in the post. Kyle continues:

> I feel both more valid in my behaviour but more despairing that I will ever integrate into society.

This reveals the emotional consequences of identity work online, feeling 'more valid' yet simultaneously 'more despairing,' pointing to the ambivalence of visibility and self-understanding within therapy culture.

Chai's tweet reflects a similar logic, albeit with more uncertainty:

> I know that ptsd comes in many forms and I have lots of flashbacks and shit from various parts of my trauma growing up so idk I may have it may not but I'm rather sure I do based on my own research.

This reflects a common genre of self-diagnosis online, in which users articulate their experiences through psychological language even in the absence of formal confirmation. Chai's phrasing, 'based on my own research,' mirrors the logic of lay expertise, where individuals become both subject and investigator of their own suffering. This style of disclosure signals both epistemic humility and epistemic authority: 'I may not know for sure, but I know enough.' Both Kyle's and Chai's tweets illustrate how mental health identities are constructed and negotiated in digital spaces through discursive resources like hashtags, illness labels, and research-informed self-description. These performance sit at the intersection of individualisation and collectivism, where therapy culture fosters deeply personal narratives that are also tethered to broader communities of meaning and recognition.

There is an interesting dichotomy, especially based on previous historic mental health stigma, as this user happily tweets about having PTSD but is simultaneously afraid of being considered crazy by their friend, but not by their online audience. This is a key point that arises as an interpretive theme: this delicate dance of mad but not mad. Incidentally, Freddie deBoer discusses this phenomenon in relation to contemporary mental health campaigning. He highlights that the prominent figures of these campaigns are often high-functioning individuals who aim to eliminate stigma. However, in doing so, they can sometimes portray serious and challenging mental illnesses as merely variations of normal experience. For example, deBoer questions whether a Harvard student with autism shares the same experiences and needs as a non-verbal individual who requires lifelong care (see The Free Press, 2024; Unherd, 2022).

This contrast highlights the complexity in how mental health is publicly vs. privately perceived and managed. While public discourse may promote openness and reduce stigma, individuals still navigate personal fears of being perceived as 'crazy' by those close to them. Zell's example discusses a mental health hashtag, BPD, and how it has been restricted on another platform (Instagram), which they feel is perpetuating further stigma.

Another contrast lies between what is considered stigma in society versus online. Although platforms may not intentionally target hashtags to reinforce stigmatising beliefs, they still regulate the type of content associated with mental health-related hashtags through various policies. This highlights how platforms exert control over content, which can inadvertently harm mental health communities by restricting access to hashtags that these groups view as valuable spaces for discussing and exploring important issues.

Illustrative example 14: Tweets which include reference to survivorship as a consequence of trauma and mental ill health.

Pseudonym	Discussion of survivorship	Year of Tweet
Frita	'If you survived the trauma, you will survive recovery. Trust the process. #Trauma #Survivor	2020
Peggy	'Here's to the people who's trauma did not give them thick	2020

	skin. To the ones who became more sensitive and insecure, cry more easily and get overwhelmed over small things. I'm so tired of the narrative that trauma makes you tough and untouchable. We are survivors, not superheroes.'	
Biff	'Calling it trauma for the 1st time is one of the scariest, but most liberating, things you'll ever do. #trauma #ptsd #awakening #healing #mentalhealthmatters'	2023
Mint	'So many of us censor or dismiss the information our body and subconscious tells us. I guess this post is a little reminder to trust yourself. #traumahealing #healing #trauma'	2020

The concept of survivorship in mental health discourse on platforms like Twitter has indeed evolved from its traditional associations. Historically, survivorship was linked to natural disasters, wars, illnesses, and physical health crises (see Korinek, Loebach & Teerawichitchainan, 2017; Bhadra & Dyer, 2022), which has later been ascribed to mental health issues in the same way. The example above delves into survivorship in the context of psychological trauma. Frita's tweet is motivational, encouraging their audience to believe that they will 'recover' from their trauma and that it is merely a process they must endure. This perspective aligns with the wider recovery narrative that has been adopted by therapy culture, where healing is often framed as a linear journey toward wholeness or resolution. However, Peggy's tweet presents a contradictory view by stating 'you don't ever recover.' This suggests ambivalence and raises questions about how media representations may

contribute to the creation of medicalised identities. When recovery is positioned as the ultimate goal, it implies that trauma or mental health conditions can be 'fixed' or resolved. Yet, for many, their experience of trauma becomes a core part of their identity. This poses a dilemma: does achieving recovery mean abandoning one's sense of self, which has become intertwined with their condition? In this way, media narratives might lead to identities that become more rigid, immovable, and defined by mental health labels.

Within mental health communities, the term 'recovery' has broadened, no longer solely referring to addiction or substance abuse, but also to overcome traumatic experiences and harmful behaviours like self-injury. Thus, survivorship and recovery have become interwoven concepts, often used interchangeably to describe the ongoing process of dealing with emotional and psychological challenges. In contrast, Peggy's tweet strikes a different tone by appealing to a broader audience with phrases like 'here's to the people that [..],' emphasising that not everyone who experiences trauma develops a 'thick skin.' They highlight that some individuals struggle to cope with everyday life, positioning them as 'survivors, not superheroes.' This challenges the dominant narrative in certain mental health communities that trauma inevitably leads to strength and resilience. Peggy's critique suggests that some members of these communities risk downplaying the lived reality of trauma by implying that it toughens people up in positive ways.

Biff and Mint's examples further complicate the idea of recovery. For instance, Biff's tweet:

> Calling it trauma for the 1st time is one of the scariest, but most liberating things you'll ever do

Illustrates the power of self-diagnosis as a pivotal identity moment. This act of naming trauma becomes a form of personal awakening, marking the transition into a survivor identity. While liberating, this naming also risks solidifying identity through pathology, where healing is not about leaving trauma behind but inhabiting it more consciously.

Similarly, Mint's tweet encourages users to 'trust yourself' and stop 'dismissing what the body and the subconscious tell us,' which reflects a deeper internalisation of therapeutic language and epistemology. The emphasis on intuition and self-attunement gestures toward what Giddens (1991) might call the 'reflexive project of the self,' where individuals are responsible for interpreting and managing their internal states as a route to wellness. But again, this can place immense pressure on individuals to narrativise their pain, turning recovery into a lifelong interpretive labour.

Together, these tweets illuminate how recovery and survivorship become intertwined, but not always in liberating ways. As recovery becomes framed as a moral and emotional imperative, the risk emerges that trauma becomes central to selfhood, while 'getting better' becomes not a path out of suffering but a deeper investment in it. This reflects a broader dilemma within therapy culture: Does recovery require shedding a trauma-based identity, or does it depend on embracing it more fully?

The potential danger here lies in how focusing on trauma or past experiences can consume a person's identity. Rather than moving beyond trauma, individuals may become stuck, defining themselves primarily through the lens of their pain. This fixation can reinforce medicalised identities, where mental health issues become central to an individual's sense of self. In this context, recovery may be perceived not as a form of liberation but as a challenge to the identity that has been constructed around one's diagnosis, threatening the coherence of the self-narrative that has been shaped by these cultural discourses.

Thus, recovery, rather than offering freedom from distress, can threaten the coherence of a self-narrative built around illness, especially when such identities are validated and reinforced through online communities. This reflects a broader process of individualisation, where identity is constructed, expressed, and fixed through therapeutic discourse and the recognition of others.

Illustrative example 15: Twitter users discussing the topic of suicide.

Pseudonym	Tweets regarding Suicide	Year of Tweet
Stitches	'Mental health matters, we can save a life by choosing to speak and liberate our minds. We can also get help from therapy. It's okay not to be okay. Let's save a life. #mentalhealth #saynotosuicideLet's save a life. #mentalhealth #saynotosuicide #savealife #ItsOkayNotToBeOkay https://t.co/9bWFPujbVn'	2023

Ketchup	‘Also crazy to think about all the times I wanted to die and tried to kill myself. I AM STILL HERE, fighting every single day to be better. Now I'm happily married and expecting a beautiful baby boy. #fuckbpd #mentalillness #trauma #Blessings’	2023
Elmer	‘When a person becomes suicidal, they are in a stage 4 crisis. Even though they can act with perceived logic, their ability to reason is distorted and often clouded by their reality of the pain they experience. (Inner Drip) #pain #mentalhealth #SuicidePrevention #Trauma’	2020
Moe	‘Without therapy & prayer, I would likely have eventually become another #suicide statistic. This bill is going to increase suicides, #depression & anxiety. It will leave people trapped in their #trauma." https://t.co/ZeRSuG2Vjw #springst #conversiontherapy #AusNews #mentalhealth’	2020

The discussion of suicide is frequent across all three platforms, especially Twitter, where it often revolves around prevention and personal experiences of suicidal thoughts or attempts. Stitches’ tweet repeats familiar slogans within the mental health community, such as ‘it’s okay not to be okay,’ along with hashtags like #saynotosuicide and #savealife, which focus on suicide prevention. However, the idea that it’s ‘okay not to be okay’ becomes problematic when dealing with suicide, as it’s a point where intervention is crucial, rather than simply acknowledging distress. This highlights a tension in therapy culture, where users often portray themselves as struggling but ‘managing’ while urging others to watch for signs in those who might be genuinely at risk. The data suggests that users craft an image of being ‘not okay but actually okay,’ while at the same time stressing the need for vigilance over those in real crisis. This is no longer about freedom of expression or self-disclosure; at a certain point, external help must be sought. One link shared encapsulates this dilemma: ‘you can dwell in this world up to a point, but then you must leave.’

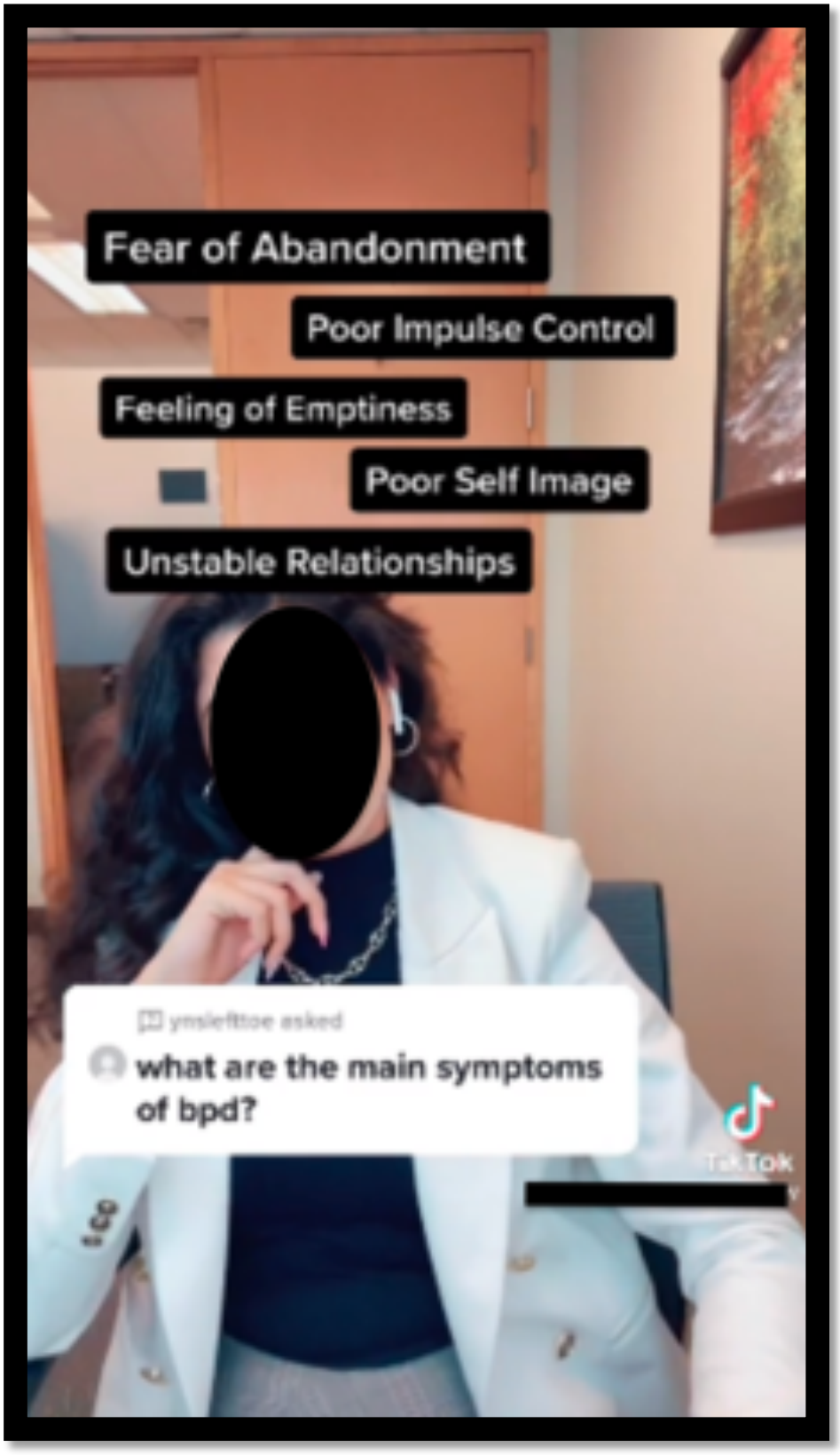
Elmer's reference to someone in a 'stage 4 crisis' may borrow from medical terminology, where stages often refer to the progression of diseases like cancer. Applying this to mental health suggests a severe escalation in distress. Elmer also describes the person's mindset as having an 'inner drip,' perhaps symbolising an ongoing but unspoken emotional drain. Meanwhile, Ketchup uses the platform to share their own experience of previous suicide attempts, expressing resilience with hashtags like #fuckbpd and #Blessings, which reveal their struggle with borderline personality disorder. Despite the stigma associated with such topics, there's an interesting balance between oversharing and the careful curation of content. Like with humour, users know how to navigate social rules to ensure they're not seen as going 'too far'- a line that would signify a more serious detachment from those rules, signalling that they are truly 'not okay.' While TikTok often turns suicide into a running joke, Twitter seems to balance between prevention and reflecting on past experiences with gratitude. Elmer's use of hashtags like #trauma shows how these limits are constructed within the platform.

Moe's post similarly combines elements of self-disclosure and prevention, but with a more overtly political framing. By stating that without 'therapy and prayer' they might have become 'another suicide statistic.' Moe attributes survival to individual effort and spiritual/therapeutic intervention. At the same time, they link suicide risk to a specific piece of legislation, suggesting that structural factors such as the continuation of conversion therapy practices may worsen mental health outcomes. While the post critiques a broader policy issue, the emphasis remains on personal coping as the primary solution. This reinforces individualisation, positioning survival as a result of making the 'right' choices, i.e., engaging with therapy and faith, rather than highlighting the collective responsibility to address harm.

6.3.2 TikTok and Individualisation

Illustrative example 16: Symptom Sharing and the Individualisation of Mental Health on TikTok

TT19

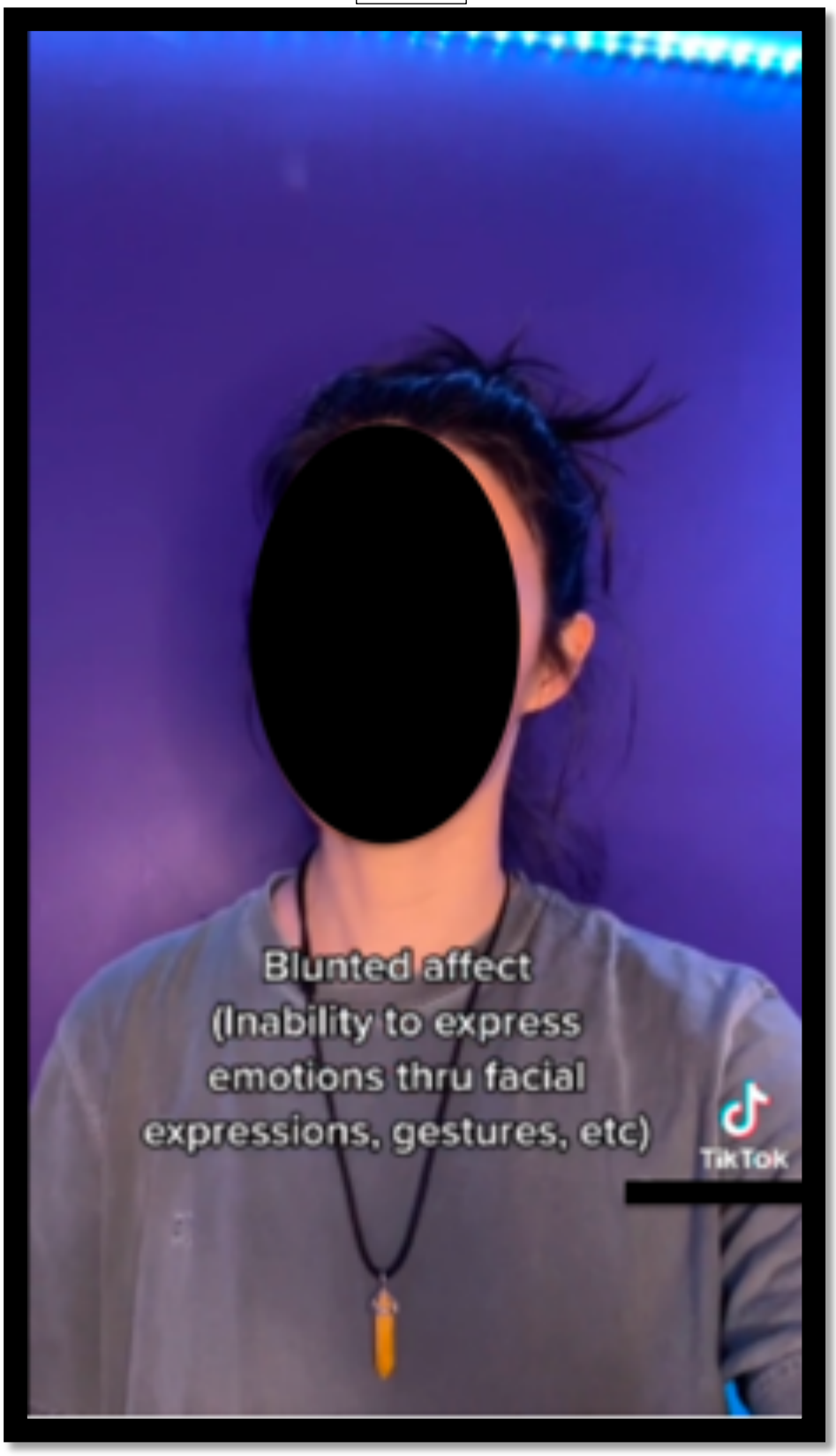


All the examples illustrate how social media users, including professionals like doctors, use TikTok's audio-visual format to engage audiences around mental health topics in an informal, relatable manner. These examples can be interpreted as part of the broader trend in

which mental health information is shared through memes and popular culture, aligning with the aesthetics of the platform.

In the first screenshot (TT19), the doctor casually lists symptoms of borderline personality disorder (BPD) while swinging in a chair, timed to the background audio from Billie Eilish's song, which carries emotionally charged lyrics about personal conflict. The use of casual, meme-like presentation, swinging in a chair and pointing to captions makes the content feel approachable. However, the doctor still presents important clinical information: fear of abandonment, poor impulse control, feelings of emptiness, and unstable relationships, among others. What's notable is the balancing act between delivering factual medical information and making it digestible for TikTok's audience, who may be used to shorter, emotionally resonant, and entertaining content. This may encourage viewers to engage with serious mental health topics in a low-pressure way, but could also blur the boundaries between professional medical advice and casual, user-generated content.

TT20

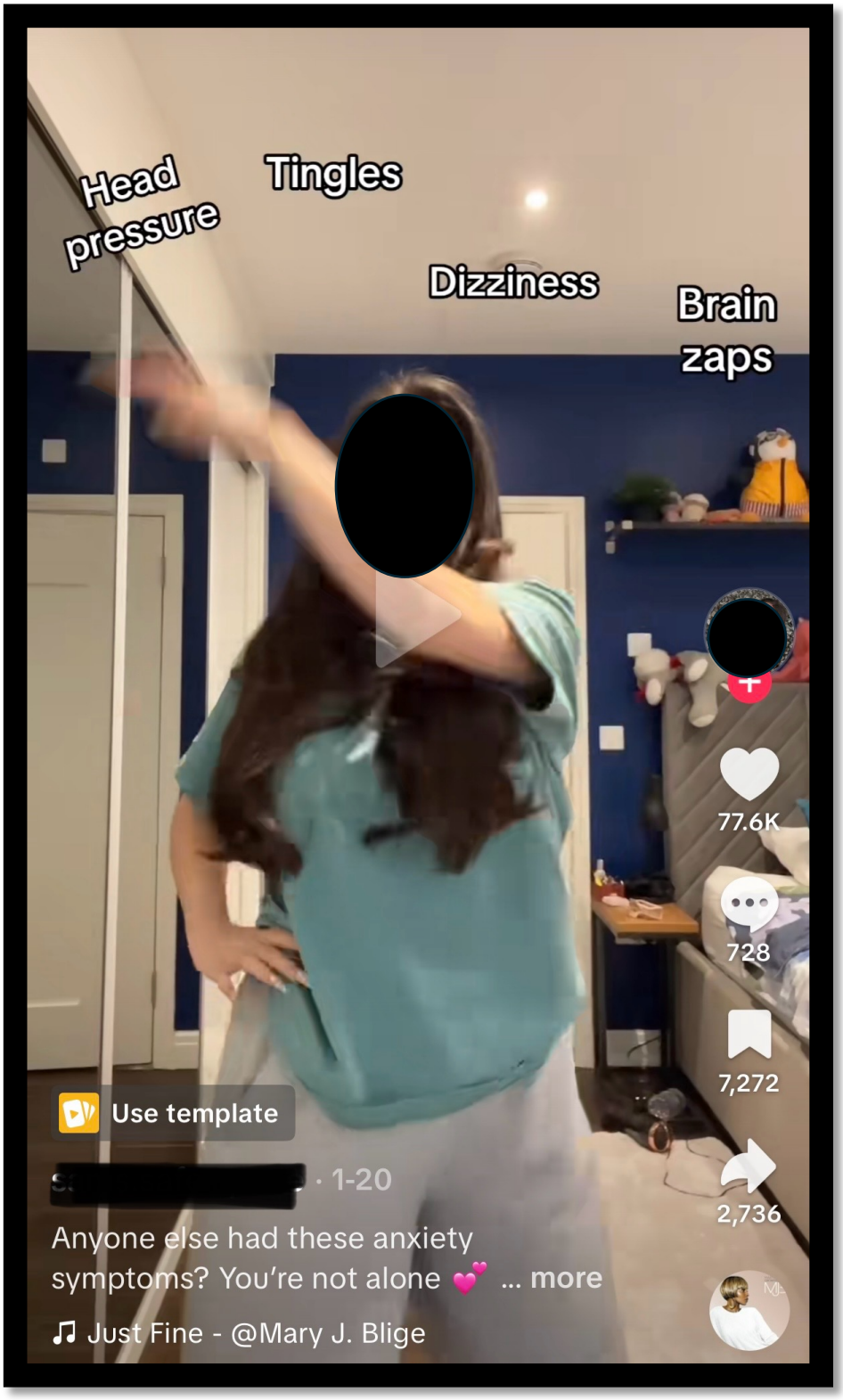


In example TT20, the TikTok user mimics Miley Cyrus's song, 'See You Again,' while captions describing their experiences with psychosis, including paranoia, disorganised thinking, and social withdrawal, appear on screen. The juxtaposition of emotionally heavy content with an upbeat pop song reflects a broader trend on TikTok, where users draw on

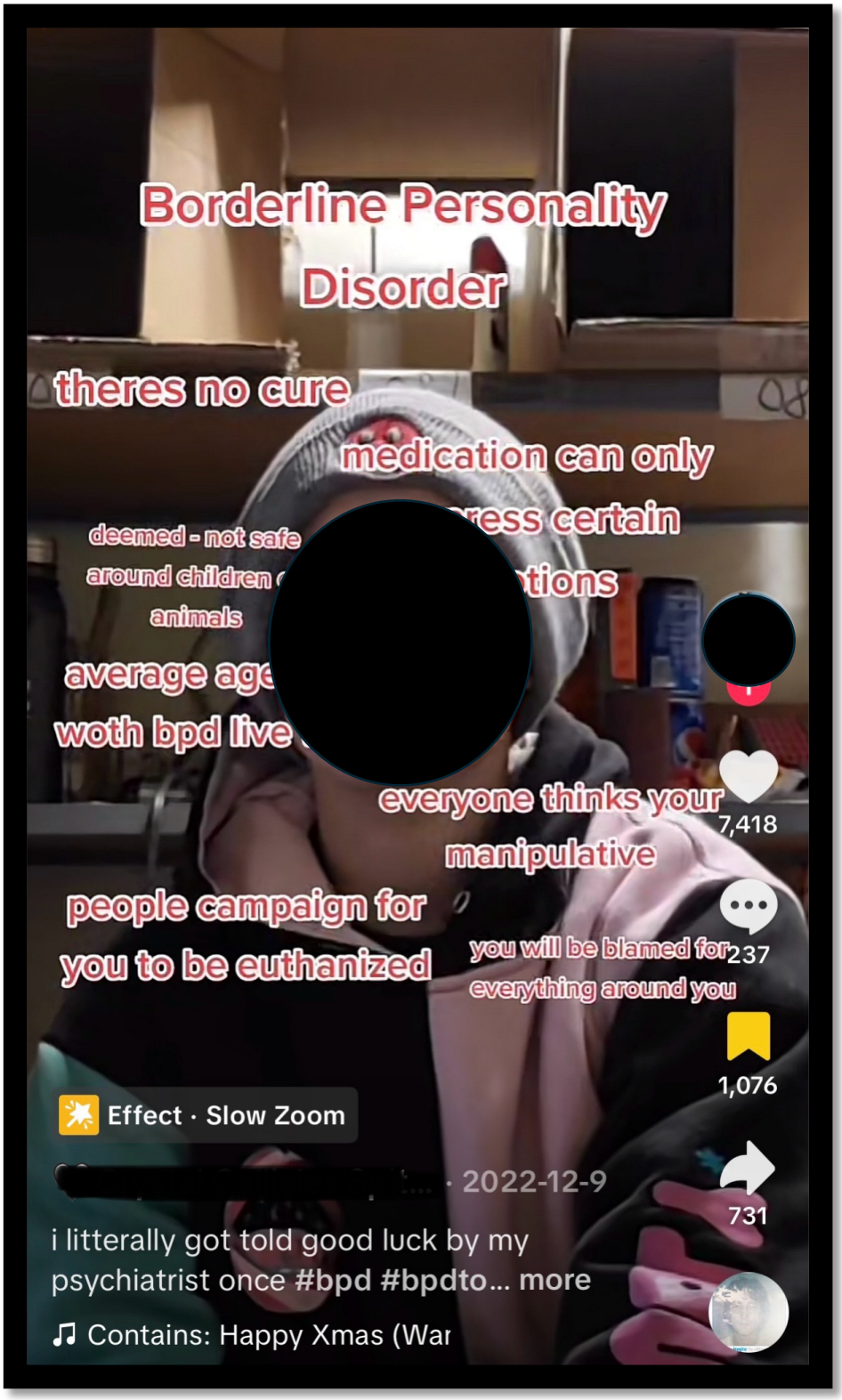
humour, irony, and pop culture to make discussions of mental health more relatable and less stigmatised. While such practices can foster openness and community, they may also contribute to the simplification of complex mental health experiences, particularly when symptoms are condensed into shareable, easily recognisable formats.

This is evident in another video (TT21) where the creator dances to Mary J. Blige's song 'Just Fine' while pointing to a rotating list of physical symptoms such as dizziness, tingling, brain zaps, and head pressure. Captioned 'Symptoms I thought meant I was dying but were actually my anxiety,' the video mixes bodily distress with upbeat movement, showing how users reframe intense physical sensations within a recognisable diagnostic narrative. The dancing and repetition introduce a rhythmic logic that makes the symptoms both memorable and accessible. This reflects a wider tendency to filter ambiguous or distressing experiences through the language of anxiety, a familiar, shareable term that offers comfort through recognition.

TT21


Head pressure
Tingles
Dizziness
Brain zaps
77.6K
728
7,272
2,736
Use template
· 1-20
Anyone else had these anxiety symptoms? You're not alone 💕 ... more
♫ Just Fine - @Mary J. Blige

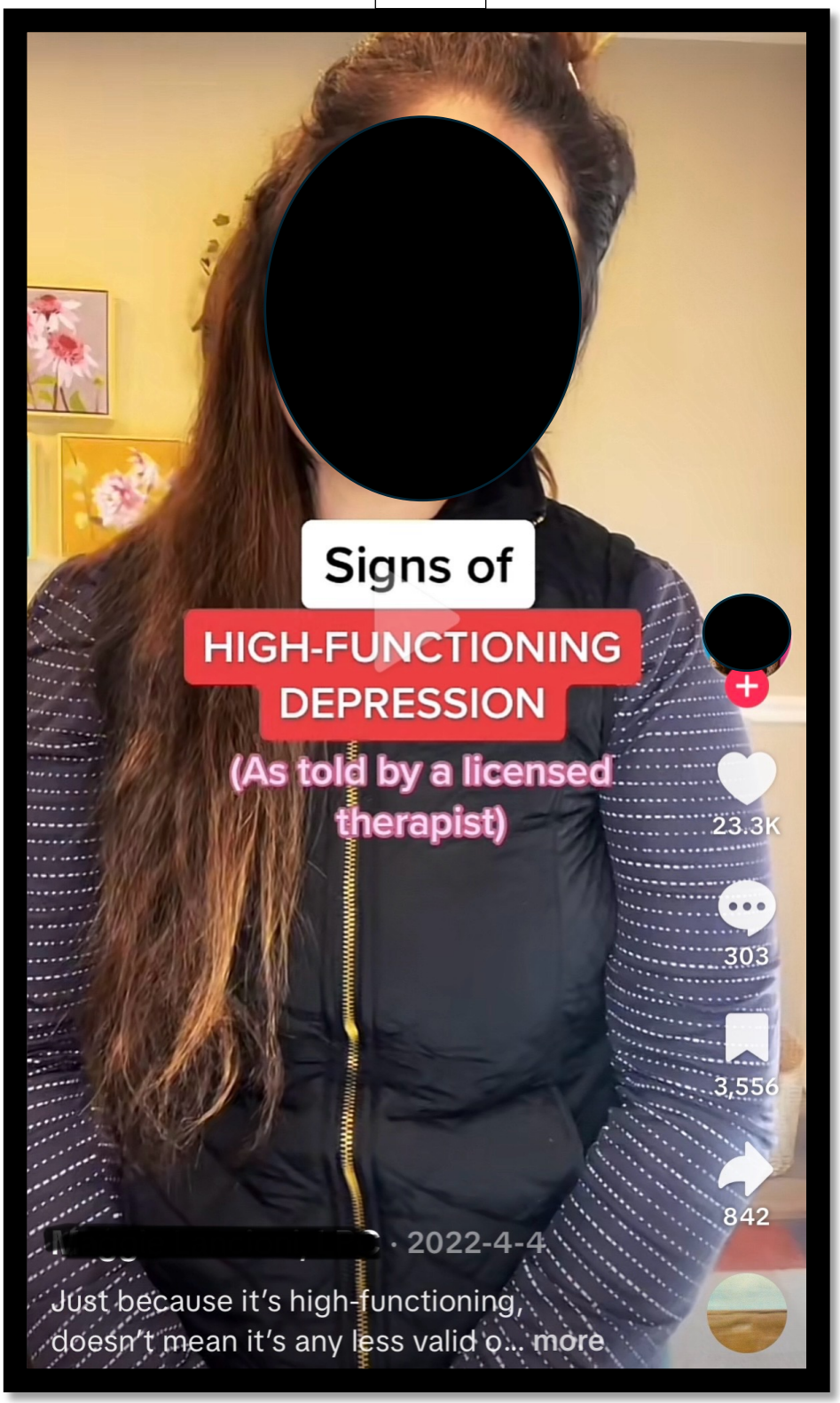
TT22



Another user (see example TT22) offers a darker take on diagnostic identity in a video captioned 'We have your diagnosis.' As John Lennon's song 'Happy Xmas (War Is Over)' plays, the tone abruptly shifts as the song fades and a list of traits associated with borderline personality disorder appears: 'there's no cure,' 'medication can only suppress certain emotions,' 'everyone thinks you're manipulative.' The smirk on the user's face and the

solemn audio transition introduce a jarring contrast between the celebratory soundtrack and the stigmatising framing of diagnosis. Rather than rejecting the label, the user performs a kind of resigned identification with it, suggesting that diagnosis itself is emotionally loaded and shaped as much by public perception as by clinical criteria.

TT23

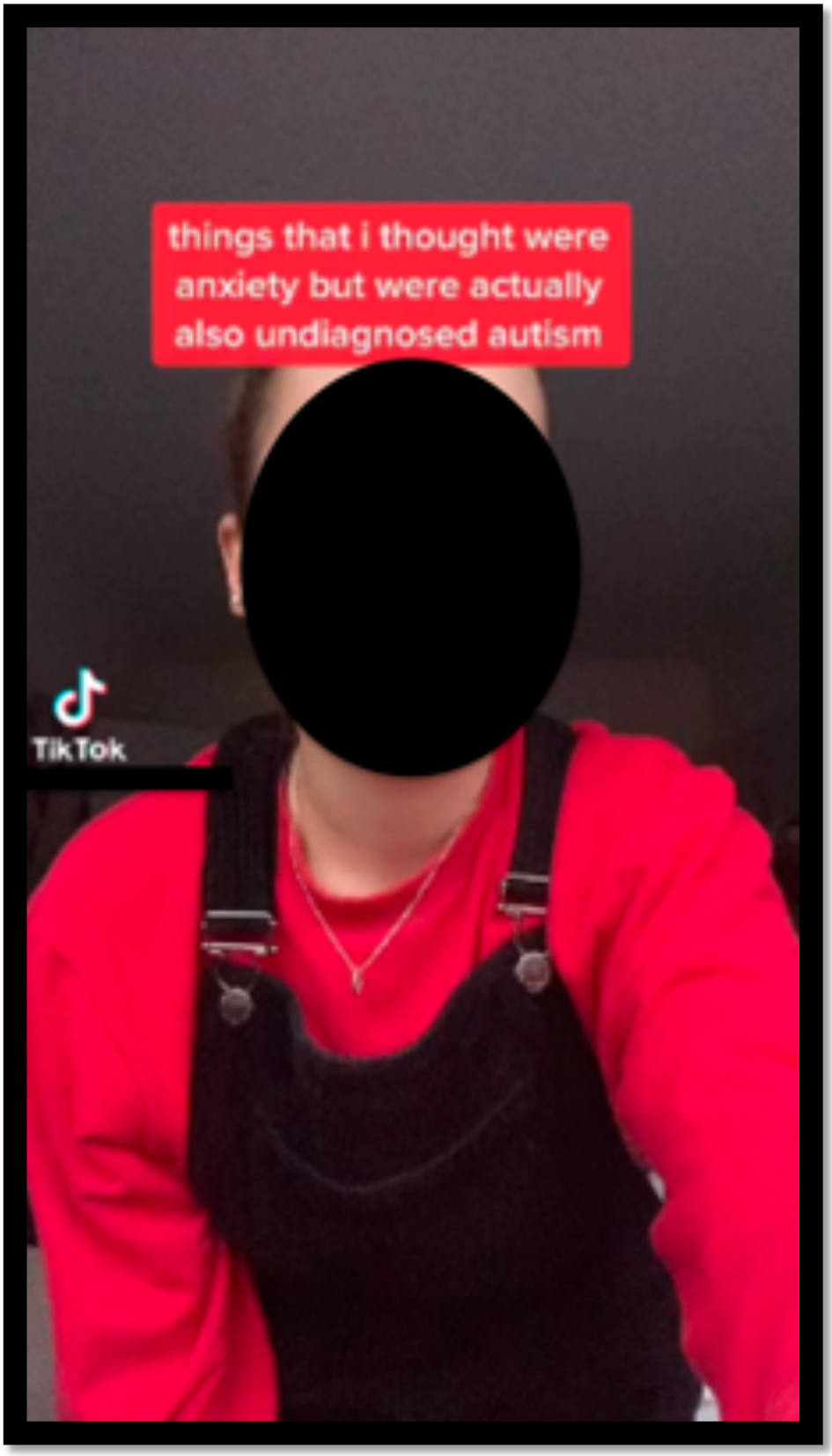


A similar interplay between professional authority and personal struggle is evident in example TT23 titled ‘Signs of high-functioning depression (as told by a licensed therapist).’ The user first appears as a serious therapist, then flicks to herself wrapped in a blanket, captioned ‘struggling to find the energy to complete daily tasks (but doing enough just to get by).’ This back-and-forth between roles highlights the dual identity of the creator as both expert and patient, underscoring how individuals curate authority by drawing on both personal experience and psychological discourse. The soundtrack, a cover of Eminem and Dido’s song ‘Stan,’ reinforces the emotional weight of the video while anchoring the content in familiar pop culture.

This process of simplifying and circulating psychiatric language allows broader audiences to engage with and relate to these terms, sometimes identifying with them based on shared feelings or behaviours. While this can offer a sense of validation, it also raises questions about how psychiatric concepts are repurposed and recontextualised in digital spaces. Rather than a strict blurring of ‘real’ versus ‘not real’ diagnoses, what emerges is a shifting landscape in which the boundaries of mental health categories are continuously negotiated, made meaningful, and contested by users themselves. In this context, the boundaries of specific mental health diagnoses become increasingly blurred, as individuals draw on shared language and narratives to self-identify with particular conditions, even in the absence of a formal diagnosis. This reflects the complex interplay between therapy culture and social media, where emotional experiences are often interpreted through a medical lens. Rather than seeing this as a dilution of clinical seriousness, it can be understood as a shift in how mental health is conceptualised and communicated in everyday life. However, this widespread adoption of psychiatric terminology in casual discourse does raise questions about how mental health is being framed, understood, and made meaningful in online spaces.

Illustrative example 17: Diagnosis as a Narrative and Belonging in TikTok Mental Health Communities

TT24

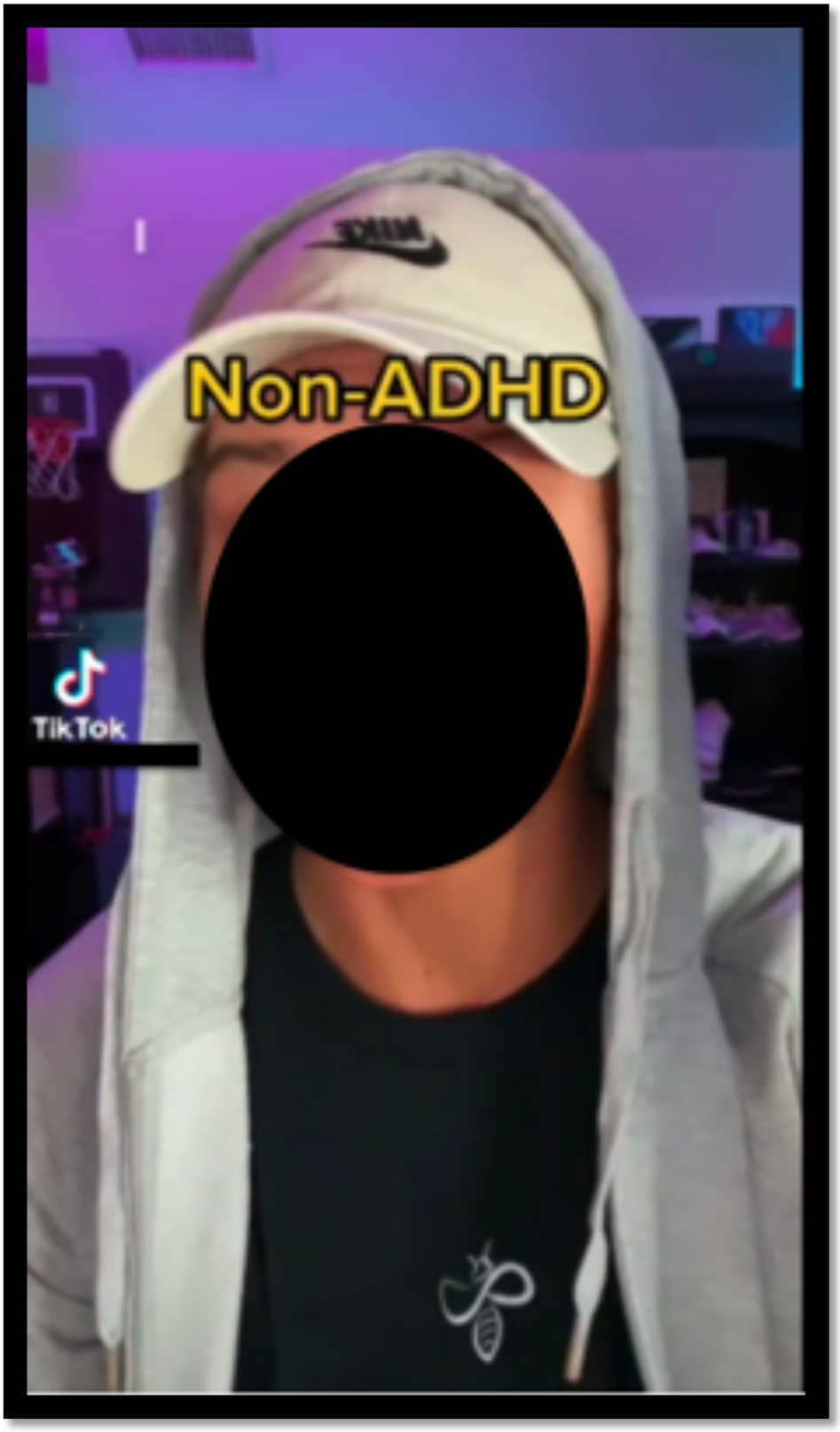


In illustrative example 17, the videos discussing mental health diagnoses reveal how individuals articulate their experiences with autism and ADHD through personal narratives on social media. The first video (TT24) features a caption that contrasts symptoms initially mistaken for anxiety with those indicative of undiagnosed autism. The video details a range

of behaviours associated with autism, such as stimming, difficulty with eye contact, and a need for routine. This is framed within the hashtag #actuallyautistic, emphasising the personal journey toward diagnosis and community identification.

TT25

TT26



Both (TT25-TT26) present a perspective on diagnosis, capturing the emotional release experienced following an ADHD diagnosis. Accompanied by instrumental acoustic music and visuals of an empty moving train, the video conveys a deep sense of relief and validation

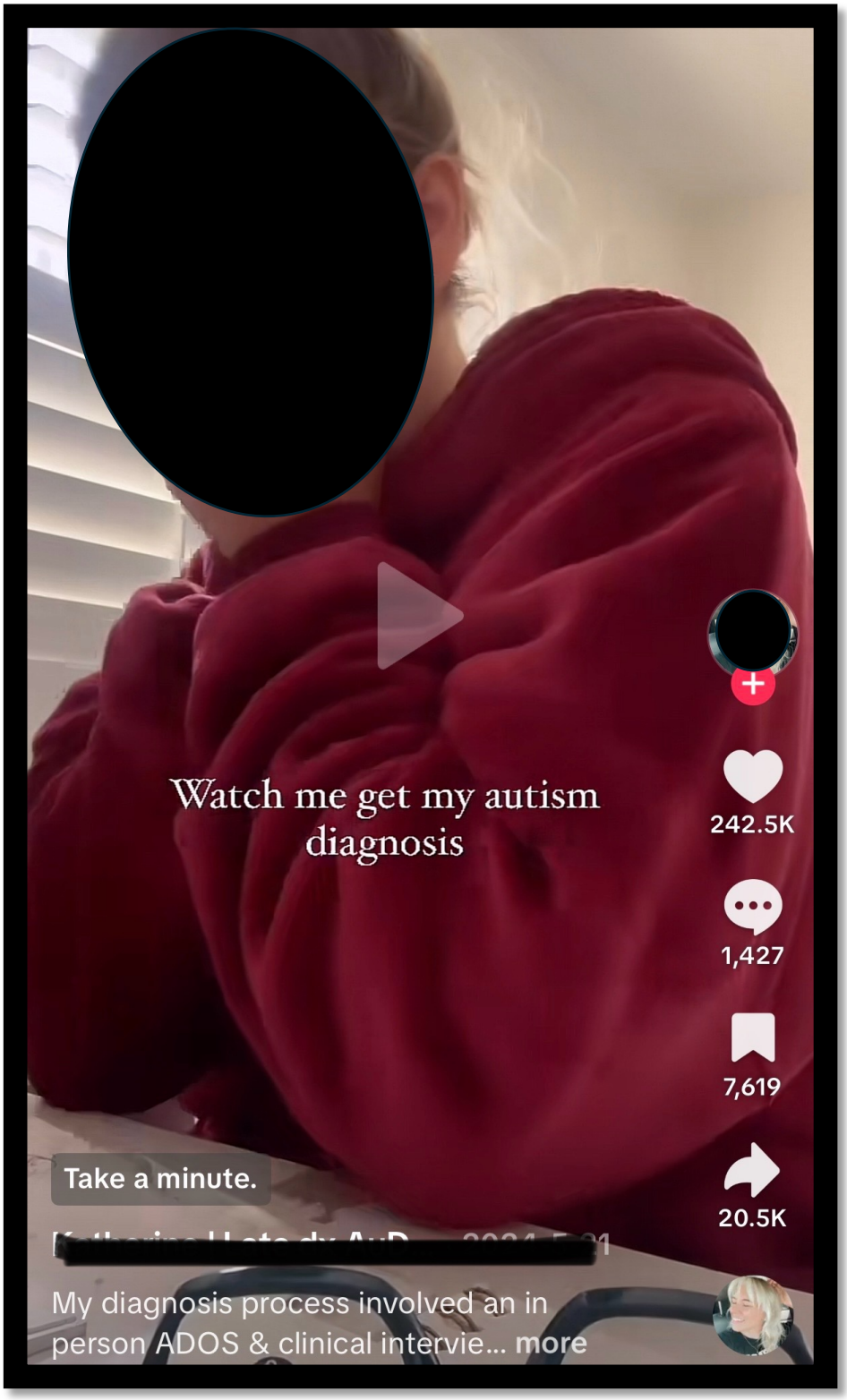
through its caption. This personal account underscores the significance of a diagnosis in affirming one's experiences and mitigating feelings of self-blame (TT25).

Example TT26, on the other hand, includes a back-and-forth conversation where the individual alternates between a perspective of someone without ADHD and one with ADHD. This dialogic approach serves to highlight and make explicit the core differences in how neurodivergent individuals and those who are not neurodivergent respond to various scenarios, aiming to clarify these distinctions for the audience.

Captions from example TT26: In conversation with themselves, Non-ADHD vs ADHD

People without ADHD	People with ADHD
Scenario 1: I forgot what I was going to say	I forgot that I was in a conversation also I keep forgetting to blink
Scenario 2: What was that noise? Eh probably nothing	What was that noise? Eh probably nothing but my brains still gonna make me stare out of the window and create a fake scenario in my head for the next 30 minutes
Scenario 3: I have to respond to this text; they sent this two hours ago	I saw your text when you sent it, but I didn't know exactly how to perfectly respond to it, so I waited until I knew exactly what I wanted to say but now it's been four weeks and I get microbursts of shame and guilt every time I see your name in the elephant graveyard that is my messaging app. I'm sorry.

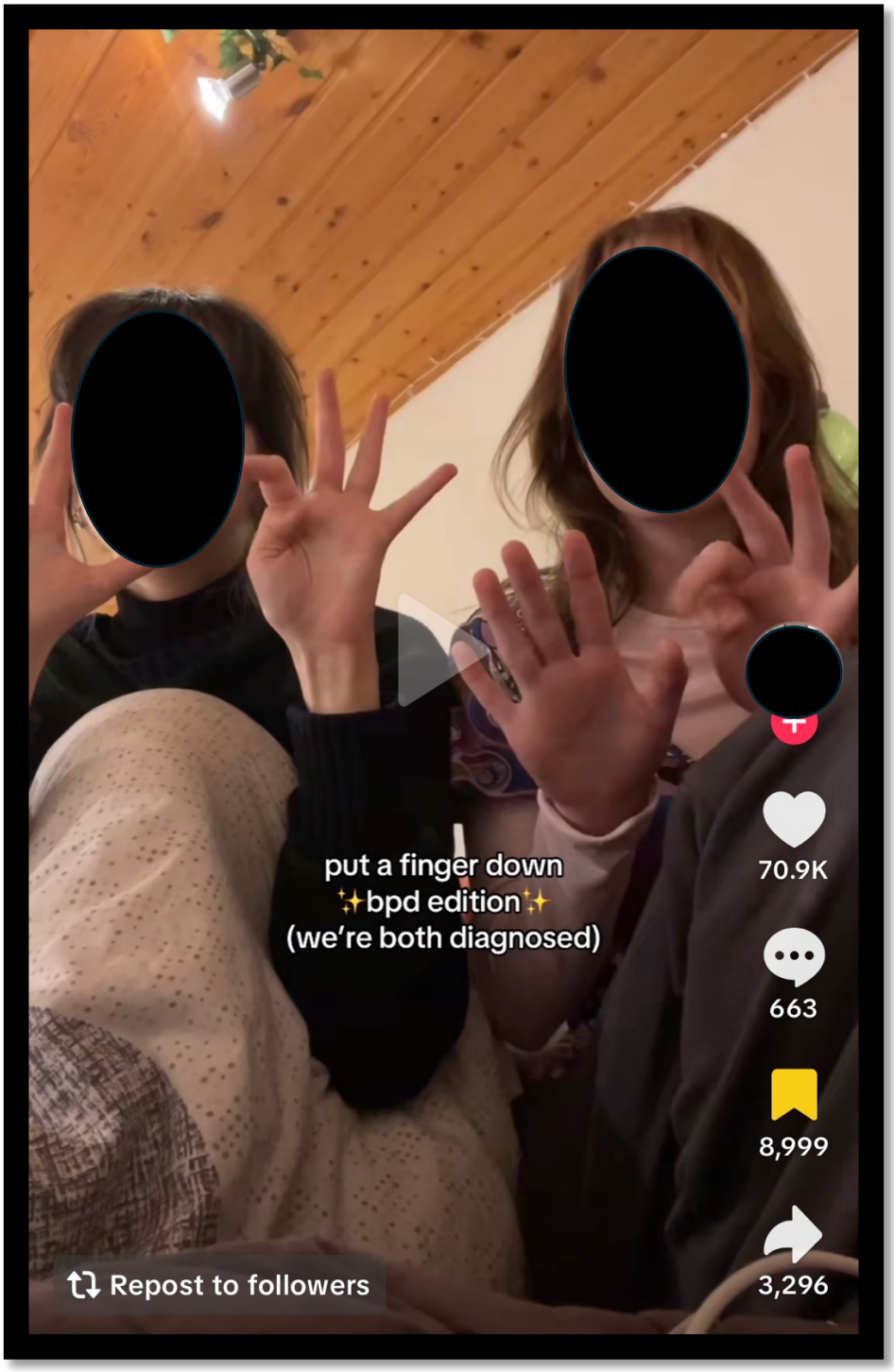
TT27



In a further example (TT27), one user documents the moment they receive their autism diagnosis during an online therapy session. The video captures them crying and thanking the therapist, conveying a mix of emotional vulnerability and gratitude. Unlike earlier examples that use humour or irony, this clip foregrounds the seriousness and personal impact of receiving a diagnosis. This moment is framed less as a comedic trope and more as a

milestone in self-understanding; an intimate, public-facing ritual of validation and recognition. Another example (TT28) engages with a popular TikTok trend known as 'put a finger down,' reframed here as a 'BPD edition' (captioned ‘we’re both diagnosed’). Two users participate in the trend by putting a finger down in response to prompts such as ‘Put a finger down if you’re a ridiculously sexual person’ and ‘Put a finger down if you’ve been told you have a problem with drugs or alcohol.’ As they giggle throughout the video while identifying with each trait, the trend becomes a form of bonding over shared diagnostic features. Although the tone is playful, the video reinforces how diagnosis functions as a shared identity structure, producing a sense of belonging through recognition of commonly held traits.

TT28

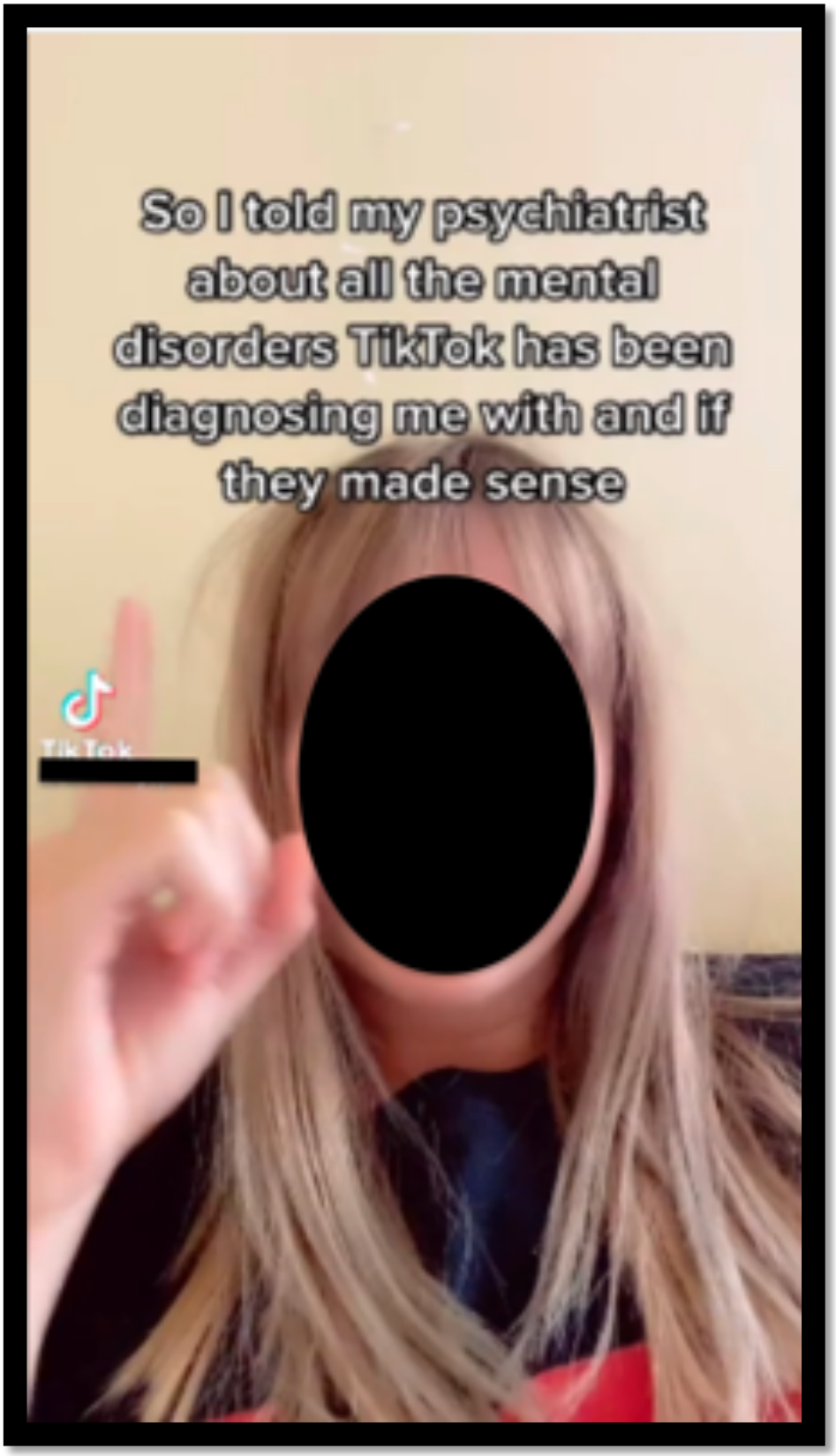


These videos collectively illustrate a growing trend within mental health communities where diagnoses have become a focal point of discussion and self-identification. This trend reflects a broader fixation on diagnostic labels, which can be seen as part of a critique of contemporary therapy culture. Users increasingly frame their mental health experiences through specific diagnoses, which can sometimes lead to an overemphasis on labels rather than a focus on individual experiences and coping strategies. This trend may contribute to a culture where diagnoses are not only tools for understanding but also markers of identity and community, potentially overshadowing more nuanced discussions about mental health and

well-being. In this context, diagnosis is no longer solely a medical designation but a narrative resource that users draw upon to express their internal worlds, form community bonds, and make meaning from distress. Through emotional disclosure, humour, and popular trends, diagnosis is both personalised and socialised, contributing to the production of identity within a digital therapeutic culture.

Illustrative example 18: Contesting Diagnosis and the Algorithmic Shaping of Mental Health

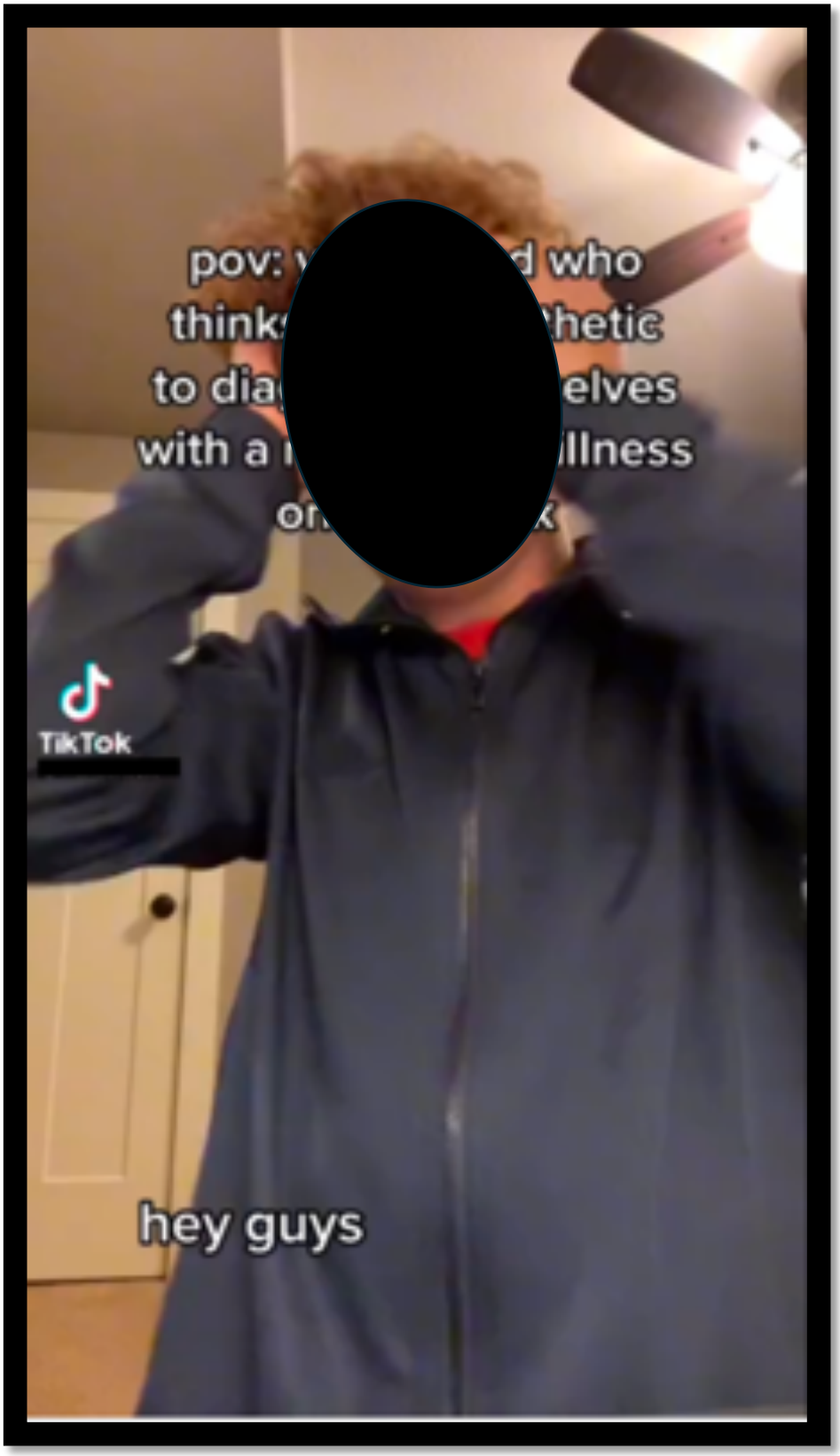
TT29



In illustrative example 18, the videos offer a critique of how mental health diagnoses are approached and discussed in online communities. The first video (TT29) of this kind features a caption where the user recounts telling their psychiatrist about the various mental disorders they have encountered on TikTok, only to be met with laughter. The video shows the user

tucking their hair behind their ear and pouting in response to the psychiatrist's reaction, highlighting a disconnect between online self-diagnosis and professional validation. This portrayal underscores the ongoing tension between self-reported mental health experiences shared on social media and the perspectives of mental health professionals.

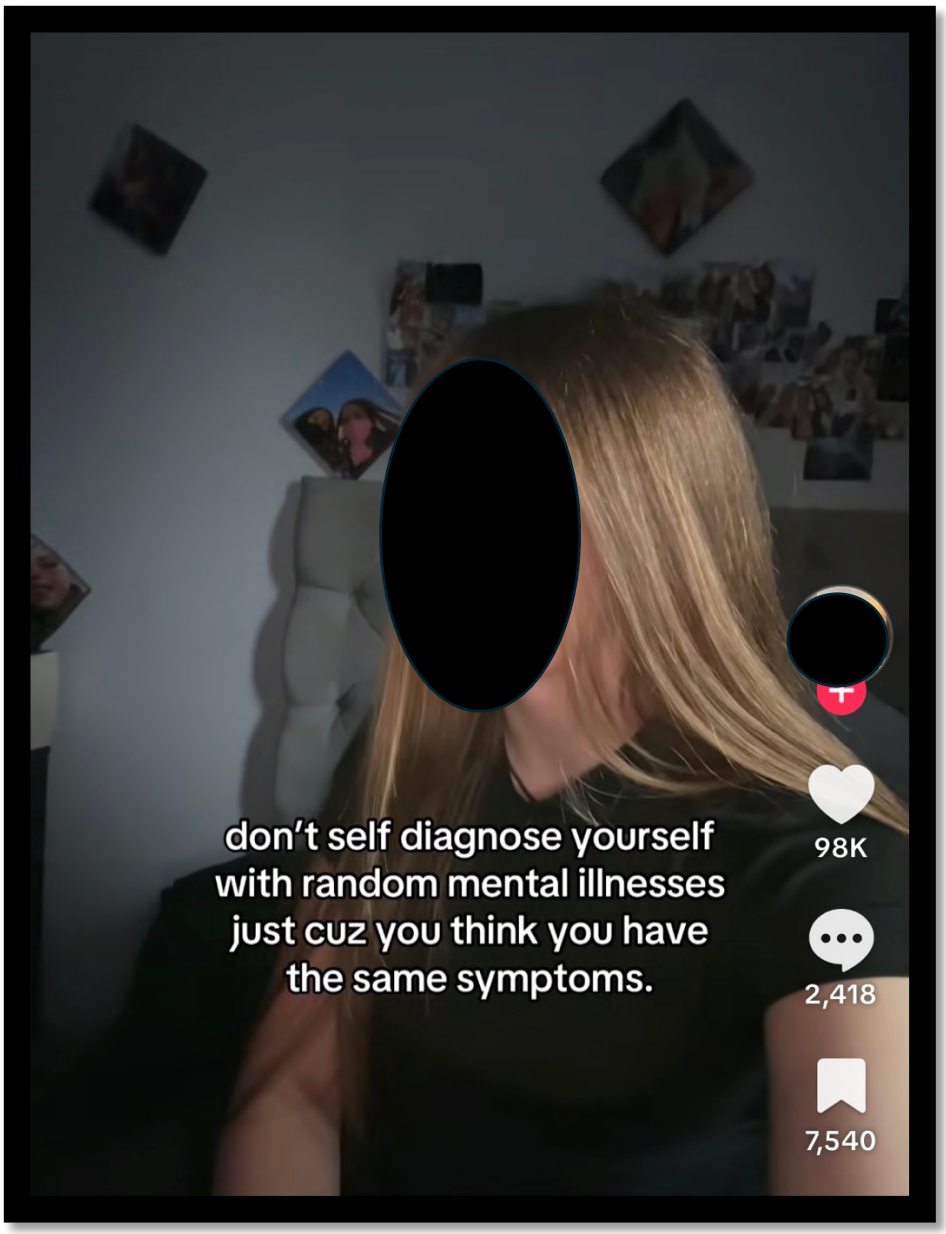
TT30



The second video (TT30), set to Billie Eilish's song 'When the Party's Over,' offers a satirical take on the trend of frequent self-diagnosis with new mental health conditions. Speaking directly to the camera, the user humorously describes diagnosing themselves with bipolar disorder via Google, followed by exaggerated responses to receiving a poor grade

and other minor frustrations. This example highlights the performative dimension of self-diagnosis, using hyperbolic behaviour and language to critique the casual appropriation of mental health labels. References to being ‘bilingual’ and mentions of ‘bisexuals’ in a humorous context further underscore the superficiality of some mental health discourse, contrasting sharply with more serious, nuanced conversations.

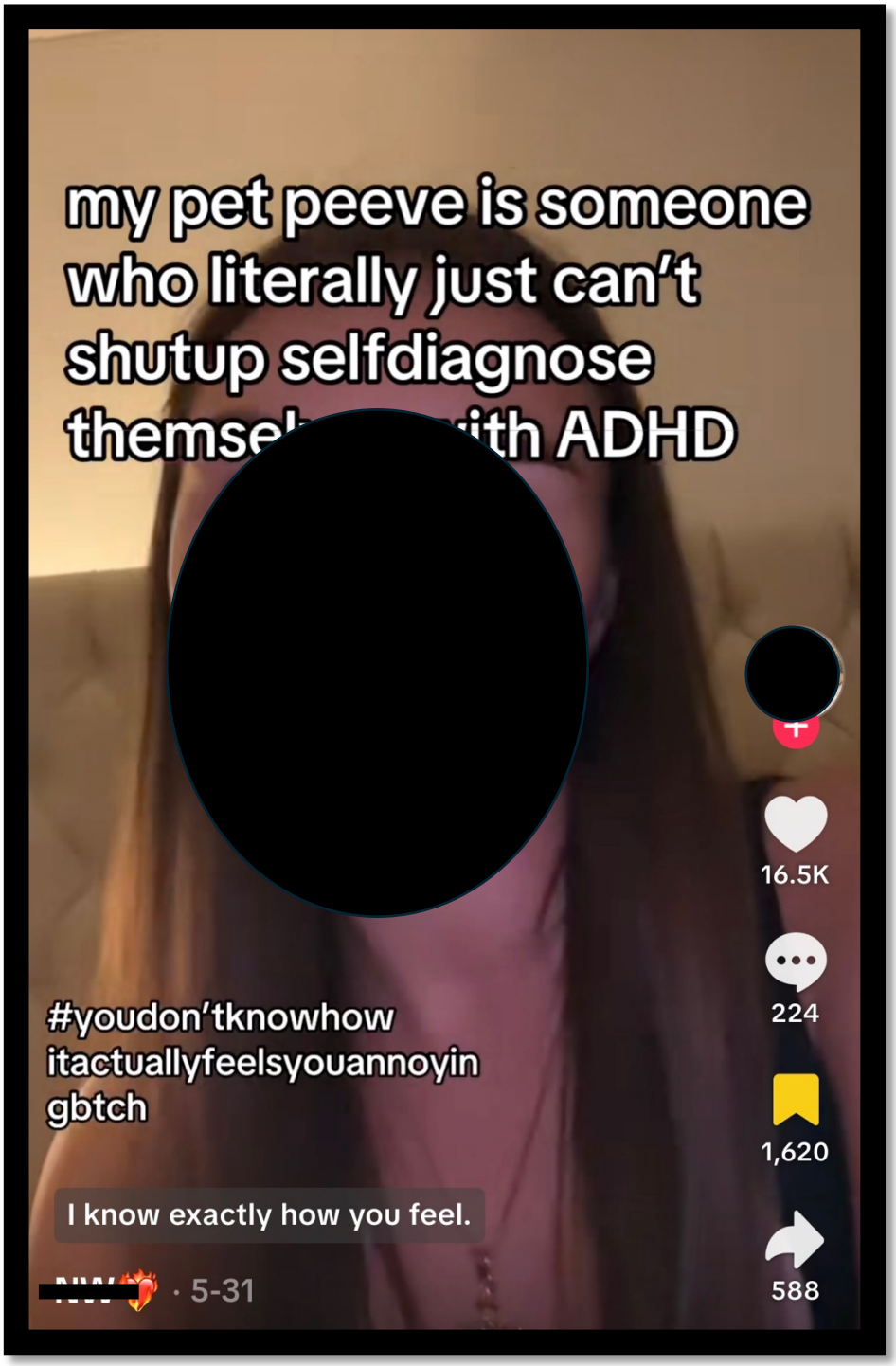
TT31



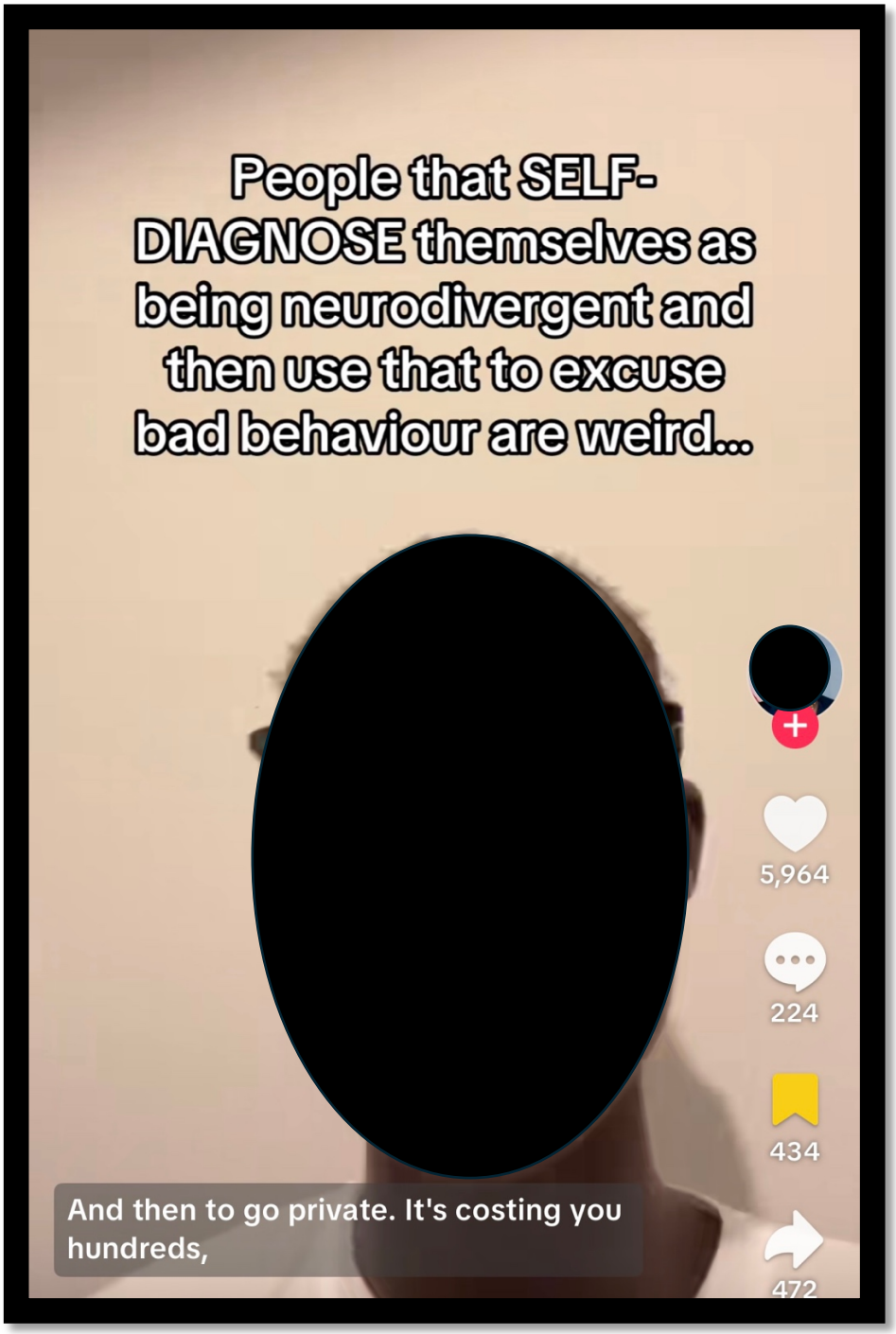
In a similar vein, another video (TT31) features a sarcastic response to the warning: ‘Don’t self-diagnose yourself with random mental illnesses just because you think you have the same symptoms.’ The user looks mockingly confused and mouths, ‘Who? Who said that?’ This ironic reaction points to the defensiveness and humour users employ to resist the gatekeeping of mental health legitimacy, framing self-diagnosis as both valid and culturally

situated. Another creator (see TT32) critiques self-diagnosis through a TikTok captioned, ‘My pet peeve is someone who literally can’t shut up self-diagnosing themselves with ADHD.’ The video plays over audio that states, ‘My pet peeve is people saying, ‘I know exactly how you feel,’ nobody knows exactly how you feel,’ with Bob Dylan’s song ‘Knocking on Heaven’s Door’ playing in the background. The user’s frustrated tone reflects an emerging backlash toward what they perceive as algorithm-driven identification with ADHD, drawing attention to the difference between lived experience and digital projection. In a more overtly critical example (TT33), another user films himself ranting about the trend of people self-diagnosing as neurodivergent to excuse bad behaviour. He references the significant backlog of ADHD assessments in the UK, expressing concern that individuals with genuine needs are being overshadowed by those using diagnosis as a form of identity or social currency. This critique aligns with broader anxieties about diagnostic inflation and the performativity of neurodivergence online.

TT32


my pet peeve is someone who literally just can't shutup selfdiagnose themse ith ADHD
16.5K
224
1,620
588
#youdon'tknowhow itactuallyfeelsyouannoyin gbtch
I know exactly how you feel.
· 5-31

TT33



These examples reflect a broader critique of therapy culture and online mental health communities. The tendency to self-diagnose or seek validation from social media platforms rather than through professional frameworks highlights a shift in how mental health is understood and negotiated. Within therapy culture, concerns have emerged about the impact of these trends on contemporary mental health discourse. The growing fixation on diagnoses as identity markers or sources of social validation may contribute to a more performative engagement with mental health, where personal expression is shaped by online norms and community validation, rather than deep individual reflection. This shift raises questions

about the constructed nature of online mental health narratives and their implications for how mental health is experienced, understood, and addressed in everyday life.

What these examples demonstrate is that digital mental health spaces are not only sites of individualisation and solidarity, but also of critique, tension, and reflexivity. Diagnosis, in this context, is contested terrain, at once a tool for understanding, a marker of belonging, and a flashpoint for debates about authenticity, legitimacy, and access.

6.3.3 Tumblr and individualisation

Illustrative example 19: Memes as tools of self-definition

TB21

On Tumblr, individuation is often expressed through memes, which allow users to customise content to reflect their personal identities and resonate with others. Memes are particularly effective at addressing complex and emotional topics with minimal text, making them a popular medium for exploring mental health themes. The examples discussed above illustrate how memes facilitate individualisation by enabling users to adapt the text and images to their unique experiences.

The first example (TB21) depicts a Spiderman meme, portraying a mirror image of the self, capturing the duality of personal reflection and external perception. While the meme with the drowning figure (TB22) represents feelings of inadequacy and defeat. Both memes highlight the struggle to reconcile one's internal state with societal expectations. In contrast, the third

meme (TB23) shows a person dancing among a crowd, with surrounding figures embodying their mental health issues. This visual metaphor emphasises the isolation and internal struggles faced despite outward appearances of social engagement and joy.

TB22

TB23

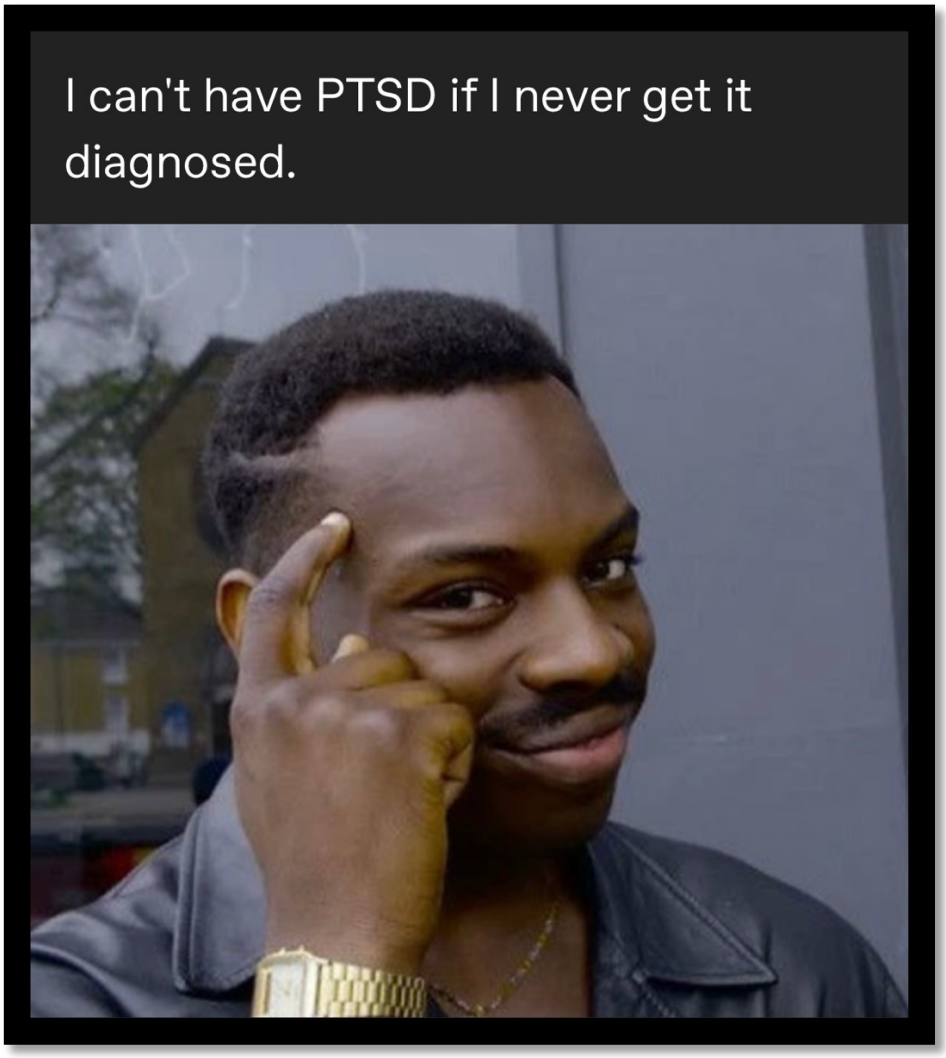

depression
stress
anxiety
me

TB24


Always has been
Wait, it's all trauma ?
my trauma
ppl should appreciate my posts
#meme #trauma
136 notes

The astronaut meme, on the other hand (TB24), features two astronauts having a conversation, representing an introspective dialogue, and gaining perspective on broader issues, symbolised by the view of Earth. This imagery reflects the complexity of self-reflection and the search for understanding within a larger context. These memes exemplify how Tumblr users employ visual humour and metaphor to articulate personal and collective experiences related to mental health. By tailoring memes to convey individual narratives, users engage in a form of self-expression that resonates with both their own experiences and those of a broader audience.

TB25



Further examples like the ‘Roll Safe’ meme (TB25), which depicts a man tapping his temple to indicate clever thinking, are repurposed to say: ‘I can’t have PTSD if I never get it diagnosed.’ This meme uses irony to draw attention to the contradictions within diagnostic culture, where the absence of formal diagnosis is playfully framed as a mental health ‘strategy.’ The humour lies in the exaggeration of logic, highlighting how avoidance or

dismissal of formal processes has become a recognisable and even relatable tactic among users. This meme satirises the gatekeeping of mental illness and reflects a critical stance toward institutionalised models of diagnosis, consistent with broader scepticism toward medicalised frameworks on the platform.

Similarly, another repurposed meme (TB26) features an image of a car swerving off a motorway, speeding down an exit ramp marked ‘irrelevant side quest’ rather than continuing toward ‘the task I should be doing.’ Often associated with ADHD discourse, this format communicates difficulty with focus and executive functioning through a visual metaphor. The meme format is modular, allowing users to insert custom labels to reflect their specific experiences, a form of template-driven individualisation that makes the meme widely adaptable and personally meaningful. It also reflects the increasing trend of framing attention difficulties through the language of diagnosis, particularly ADHD, but rendered accessible through humour and self-aware exaggeration.

TB26

The proliferation of personalised, diagnostic-inflected humour may be viewed as both resistant and compliant. While it critiques the rigidity of diagnostic categories and

institutional structures, it also reproduces a form of individualised responsibility for suffering. Memes like these can serve as micro-performances of identity, using humour as a mode of both disclosure and deflection. Rather than fostering deeper therapeutic engagement, the meme format may render mental health experience as an aestheticised, repeatable gesture, something to be seen, shared, and acknowledged within a digital economy of visibility.

6.4 Discussion and synthesis

The notion of discovering one's true self is deeply embedded in contemporary society, particularly as traditional structures such as religion and family decline. This shift has intensified the pursuit of individual meaning, now increasingly mediated by digital technologies. Delsol's concept of the 'loss of meaning' describes how the decline of collective belief systems creates a void in which individuals turn inward or seek belonging in digital spaces. This search for meaning is now shaped by algorithmic individuation: a socio-technical process whereby online platforms encourage users to locate identity and purpose through personalised content and categorisation.

This process is entangled with structures of digital power and surveillance, where users are simultaneously the subjects and objects of algorithmic governance. Social media platforms enact neoliberal logics of responsibilisation, prompting users to manage and optimise their digital selves within platform-specific constraints. From a semiotic standpoint, algorithms generate tailored content that reflects back categorised versions of the user, not their full complexity, thus reinforcing particular identity positions, including those related to mental health.

Netnographic insights revealed both positive and limiting consequences of this personalisation. On one hand, customised content may foster feelings of validation, connection, and understanding. On the other hand, algorithmic categorisation can narrow users' self-perception, reinforcing labels such as 'I'm bipolar' or 'I have ADHD.' These labels, while offering belonging, can also shape users' offline experiences and self-understanding. This aligns with Goffman's theory of self-presentation, where individuals perform identity in response to audience expectations, in this case, both algorithmic and social. Users adapt their presentations to platform norms, crafting identities that both express personal meaning and remain legible to others. Such identity performances unfold within a digital panopticon, where peer and platform surveillance encourage conformity to normative expressions of illness. Users internalise these expectations, often self-censoring to avoid

misinterpretation or backlash. This dynamic reflects how digital spaces both enable and constrain identity expression, reproducing dominant frameworks of emotional legitimacy.

Importantly, the adoption of illness labels can also perpetuate stigma and contribute to the medicalisation of everyday life. Ethnographic Content Analysis (ECA) highlights the 'delicate dance' users perform in expressing distress while simultaneously managing how their expressions are interpreted by others. Mental health disclosures that deviate from accepted narrative forms or presentation styles risk being dismissed or condemned, reinforcing the boundaries of acceptable performance. The example of a woman dancing with her stillborn baby on TikTok illustrates this vividly. Despite her explanation that the video was a coping mechanism, the content was met with backlash, not because of its emotional weight, but because it breached unspoken norms around how illness and loss should be expressed online. Goffman's dramaturgical approach is useful here, highlighting how unorthodox self-presentation disrupts the collective understanding of what constitutes appropriate behaviour in public digital spaces.

Algorithmic individuation also shapes identity through repetition and exposure. As explored in Chapter 1 and supported by Prey (2018), platforms such as TikTok and Spotify continually curate content to refine user profiles. This reflects Simondon's (1992, 2009) view of individuation as a process rather than a state: individuals do not pre-exist these systems but emerge through interaction with them. The consequence is that platforms enact identities through categories that are economically valuable, transforming fluid subjectivities into fixed, monetisable data points.

The logic of algorithmic categorisation is therefore not neutral. Cheney-Lippold (2011) and Cooley (1902 as cited in Prey, 2018) offer relevant insights: just as the self develops through reflected appraisals from others, today's users are offered algorithmic reflections that influence how they perceive themselves. While users may have some control over these processes, by searching specific terms or selecting interests, platforms largely mediate the visibility and value of particular identities. As such, algorithmic individuation encourages self-definition through curated exposure, with mental health content acting as both a mirror and a mould.

Netnographic observations highlighted this interplay. Users often engage with mental health content to seek understanding, but the platform's ongoing reinforcement of such content could further entrench identity positions. This reflects Hacking's 'looping effect,' where categories of people and the labels used to describe them co-evolve. Users may initially

explore content out of curiosity or emotional need, but repeated exposure can result in the internalisation of illness identities, which then become central to their digital personas.

Self-diagnosis, as discussed in Chapter 2, exemplifies this process. Rather than relying solely on clinical frameworks, users often draw on community narratives and platform-specific content to make sense of their experiences. This suggests a socially constructed understanding of mental health, where meaning emerges through shared symbols, languages, and interpretations. Multimedia formats, bite-sized videos, quizzes, or memes make these interpretations accessible, reinforcing particular narratives in emotionally resonant ways.

Platforms play a powerful role in guiding this meaning-making. For example, TikTok's recommendation algorithm responds primarily to passive consumption (watch time), making users vulnerable to recursive loops of content. Prey (2018) notes that one's algorithmic identity, like being a 'suburban lover of smooth jazz,' can shift rapidly and often does not represent the full individual. Rather, it reflects economically strategic categorisations. Simondon's processual view aligns here: individual identity is not fixed but co-produced by social and technological forces. While platforms offer options for feedback or content control, their capacity to understand user complexity remains limited. Users may influence the algorithm, but they are also shaped by it. The balance of agency and structure here is nuanced: although individuals can seek out content that reflects their interests, algorithmic filtering nudges them toward identities that align with platform logics. Thus, personalisation becomes a form of soft regulation, nudging users into particular self-understandings.

In sum, the decline of traditional sources of meaning contributes to heightened individualisation, which is increasingly mediated by algorithmic processes. Netnographic analysis shows that algorithmic individuation fosters the internalisation of mental health labels, both affirming and narrowing users' self-concepts. These identities are performed in ways that align with platform norms, producing a socially constructed sense of authenticity. Users may find community, recognition, and meaning in these performances, but they also risk entrenching reductive understandings of themselves.

This process illustrates how digital subjectivities are shaped at the intersection of cultural, technological, and economic forces. Mental health content, while offering validation and support, is also a product of algorithmic logics that prioritise engagement and categorisation. As such, the self in digital mental health discourse is not only expressed but co-constructed through a continuous negotiation with the platform's structures and social norms. The

synthesis presented here contributes to broader understandings of identity as a dynamic, socially mediated process shaped by contemporary digital ecosystems.

6.5 Conclusion

Throughout this chapter, I examine how Western culture has become progressively individualised as a result of modernity. This societal shift has allowed people to explore their personal identities and exercise greater autonomy in decision-making, a freedom that was previously constrained. Previous literature indicates that this expansion of choice can be overwhelming for individuals, often resulting in increased anxiety and uncertainty regarding their future.

I explore individualisation through the lens of therapy culture, positing that individuals find meaning within themselves, which can influence how they interpret illness labels.

Additionally, I also assess the impact of algorithmic individuation on the content users encounter on social media platforms. These platforms have become highly personalised, potentially reinforcing specific mental health narratives through persistent exposure and engagement. For instance, this personalisation can offer a reductive view of the self, encouraging users to define their identities in terms of illness labels to navigate life's challenges.

Algorithms may perpetuate this notion by continuously presenting content that suggests that users have mental health issues, thereby maintaining a focus on a 'sick' identity. As a result, identities have increasingly supplanted traditional values, even though meaning was once sought beyond the self.

In summary, I argue that algorithmic individuation plays a significant role in shaping users' online experiences and perceptions of the self. While much online discourse on mental health focuses on how and why individuals discuss mental health, it often overlooks how technological factors may reinforce these stereotypes that simplify personal identity.

I contend that the rapid pace of digital platforms, such as TikTok, is reshaping the diagnostic landscape, with algorithms akin to those used for product recommendations on Amazon, suggesting potential mental health conditions to users based on their engagement.

Chapter 7: Theme 3 Self-Expression

7.1 Introduction

In the last of the findings chapters, I will explore self-expression, a theme which has evolved in the digital age. Social media platforms have become an expansive canvas for self-expression where users are free to paint their mental health narratives in unfiltered and unapologetic ways. While self-expression plays a role in how people articulate their mental health issues and experiences, this chapter also highlights how it can interplay or sometimes be masked by aspects of self-promotion and narcissism.

This chapter embarks on a comprehensive exploration of self-expression within mental health discourse across the three platforms. The examples explored throughout this section showcase how individuals not only utilise the platform's functions for the purpose of self-expression, but also how they reclaim agency over their narratives through acts of sharing.

7.2 Defining self-expression

In Western culture, expressions of the self are articulated through thoughts, feelings, and preferences, which are regarded as a sign of individual freedom within societies (Kim & Sherman, 2007). Both freedom and individuality are core ideals which define individualistic cultures, while self-expression is defined as an 'assertion of one's individual traits' (Kim & Sherman, 2007; Vignoles, Regalia, Manzi, Golledge, & Scabini, 2006).

An important aspect of individualism is 'expressive individualism' (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985), in which individuals express their inner thoughts and feelings as a method of understanding their individuality. The significance of self-expression is dependent on the concept of the self, as self-expression requires the individual to express their own thoughts and ideas to the world (Kim & Sherman, 2007). Comparatively, in another cultural context, the concept of the self will be different, thus the meaning of self-expression could also be different.

Western cultures typically view the self as an independent entity, in which the individual has a set of internal attributes like thoughts, beliefs, attitudes, motives, abilities and preferences

(Kim & Sherman, 2007). The previous findings chapter on individuation, and this chapter will build on those insights through the lens of self-expression. Each of which uniquely defines the individual by enabling, guiding, and constraining individual behaviour (Fiske, Kitayama, Markus, & Nisbett, 1998). Within Western societies, like the United States, it is habitual for people to express their thoughts and ideas (Kim & Markus, 2002). For example, political beliefs are often expressed through displaying stickers on their car bumpers and placing signs of political affiliation in their front yard. Through acts of self-expression, individuals can make their private thoughts and feelings more concrete and socially recognisable.

7.2.1 Self-expression on social media

The past decade has seen exponential growth across social media sites, which have become an everyday part of life. Social media has since replaced previous modes of social interaction, including self-expression, sharing, and obtaining information and opinions (Choi & Sung, 2018; Ellison, Steinfield & Lampe, 2011; Ku, Chu & Tseng, 2013; Lee, Lee, Moon & Sung, 2015). With the continuous development that social media platforms have undergone, from text-based to image-based communication, social media has become the main source of self-expression (Seidman, 2013; Thorkildsen & Xing, 2016, as cited in Choi & Sung, 2018).

Social media users often find themselves torn between presenting themselves in an idealised or authentic way online (Bailey, Matz, Youyou & Iyengar, 2020). Posting curated imagery of exotic vacations, healthy meals, and photogenic photos of oneself creates this desire to present an idealistic self-presentation on social media. These self-expressions are often exaggerated and unrealistic versions of the self (Manago, Graham, Greenfield, & Salimkhan, 2008), by which users will stage and edit the content they want to present to others (Chua & Chang, 2016).

If we compare this to the current study, sharing illness online seems to contradict this. Other research argues that our online selves are extensions of our offline identities, which users are presenting relatively authentic versions of themselves online (Ellison, Steinfield & Lampe, 2006). Pempek, Yermolayeva and Calvert (2009) argue that while users may engage with a degree of self-idealisation, users hold themselves accountable for not misrepresenting their identities.

Newer social media sites have demonstrated this, as they are far more realistic than earlier social media sites in which users presented themselves using avatars (Ross et al., 2009). Newer sites value authenticity and encourage verisimilitude. While presenting the self in an ideal or authentic way is not mutually exclusive, an individual is likely to desire both simultaneously (Swann, Pelham & Krull, 1989).

7.3 Self-expression findings

The following section will explore the intersection of self-promotion through creative arts and the therapeutic act of venting via tweets. These Twitter findings offer a unique perspective on how individuals navigate self-expression through mental health discourse on social media. Additionally, TikTok findings will explore users expressing mental health issues through creative outlets and daily life videos, and how Tumblr serves as a platform for venting and using artwork to express mental health difficulties. Analysing these diverse platforms highlights the multifaceted ways in which users express themselves through social media discourse.

7.3.1 Twitter and self-expression

Illustrative example 20. Tweets which contain self-promotion through creative arts

Pseudonym	Examples of expressing mental health through creative outlets	Year of Tweet
Cube	'Uplifting self-love poetry collection, Among the themes are self-created barriers, personal trauma, unhealthy relationships, workplace challenges, and the social and racial injustices.'	2020
Genji	'Rise Resilient #Podcast Episode 7: link in bio: honouring the #trauma while recreating stories of #hope and #resilience. #traumainformedcare #toxicstress	2020

	#traumaaware #yycpodcast https://t.co/AFpXel1awh‘	
Boots	‘Could social isolation in adolescence impact the risk they have of having a psychotic experience later on in life? My article might give you some insight: https://t.co/KDWLBW5gFL #therapy #psychology #trauma #traumatraining’	2020
Hans	‘Living with PTSD on the Autism Spectrum' an examination of PTSD within the autistic population, incorporating both lived experience and professional advice. https://t.co/j5kSQpNYum #ptsd #autism #autistic #trauma #actuallyautistic https://t.co/EQMtwu3H4L’	2020

When exploring self-expression across different social media platforms, each provides distinct ways for users to present aspects of their identities. Social media, by design, encourages the curation of the self, and platforms like Twitter and Tumblr exemplify differing approaches to this curation. For instance, on Twitter, users often engage in self-promotion related to their mental health work, such as poetry, books, or podcasts. In the examples above, Cube’s tweets focuses on self-love and personal trauma through poetry, while Genji’s tweets suggest promotion of their resilience podcast. Both examples illustrate how users align with the cultural demand for authenticity while carefully curating their self-representation.

Boots and Hans extend this trend of mental health-oriented self-promotion, though with a stronger emphasis on research and advocacy. Boots draws attention to the long-term effects of adolescent social isolation by sharing a personal article, positioning themselves as both informed and empathetic. Meanwhile, Hans shares a resource that combines lived experience

and professional insight, specifically aimed at understanding PTSD within the autistic community. These examples show how users mobilise personal experience, expertise, and digital media to establish themselves as credible voices within online mental health discourse.

Collectively, these posts demonstrate how Twitter functions as a space for therapeutic entrepreneurialism, where self-expression is tied to intellectual capital, creative labour, and identity performance. Twitter users craft digital personas that merge vulnerability with authority, allowing them to participate in a wider economy of mental ill-health-based content that is both personally meaningful and socially rewarded.

Illustrative example 21: Tweets that vent about mental health issues

Pseudonym	Venting about mental health issues/experiences	Year of Tweet
Julian	‘anyway, it sure sucks that my birthday triggered a depressive episode, but has anyone celebrated a good birthday lately that isn't riddled with existential dread?’	2023
Puck	‘incoming rant... my mum has COMPLETELY ignored my mental health issues since i was 13 and told me they weren’t real and all my fault but as soon as my sister is diagnosed with anxiety, she drops everything to help her with it. It’s literally so frustrating! like i know i’m 21’	2023
Marcel	‘I've been so sad the past 2 weeks and I've been through a lot of mental and emotional trauma during the same time because of people who just want	2020

	me out of their lives. I hope I get better soon :'(	
Spike	'I literally just made myself cry for thinking about something that's never happened to me by creating a scenario in my head. So I just inflicted imaginary trauma on myself... like what the fuck who does that?'	2023

Illustrative example 21 reveals another dimension of self-expression through tweets that vent about mental health issues. Julian's tweet reflects on how a personal milestone, like a birthday, can trigger depressive episodes, emphasising how significant dates can be intertwined with mental health experiences. Puck's tweet, on the other hand, expresses frustration with familial dynamics and perceived inequities in the treatment of mental health issues, using emphatic language to convey their emotional state.

Marcel's tweet foregrounds feelings of abandonment and distress, situating their sadness within experiences of interpersonal conflict and emotional trauma. The tweet closes with a hopeful yet uncertain statement, reinforcing the desire for recovery in a context of emotional vulnerability. Compared to Spike's tweet, which is more reflexive and ironic, it highlights a hyper-self-aware moment of emotional dysregulation. By describing the creation of 'imaginary trauma,' Spike draws attention to the absurdity of internalised suffering, while still implicitly seeking recognition for this experience. Both examples illustrate how venting on Twitter operates at the intersection of performance and authenticity, where users negotiate visibility, affect, and relatability in compressed formats. These tweets highlight how Twitter serves as a space for users to articulate their mental health struggles through a more constrained format compared to platforms like Tumblr.

Tumblr's broader character limits and pseudo-anonymity create a space where users can engage in more detailed and unfiltered discussions about mental health. This platform allows for extensive exploration of complex and darker themes without the constraints of brevity or immediate identification. Unlike Twitter, where self-expression is often more curated and audience-focused, Tumblr enables a looser, more intimate form of venting, functioning as a modern extension of personal journaling.

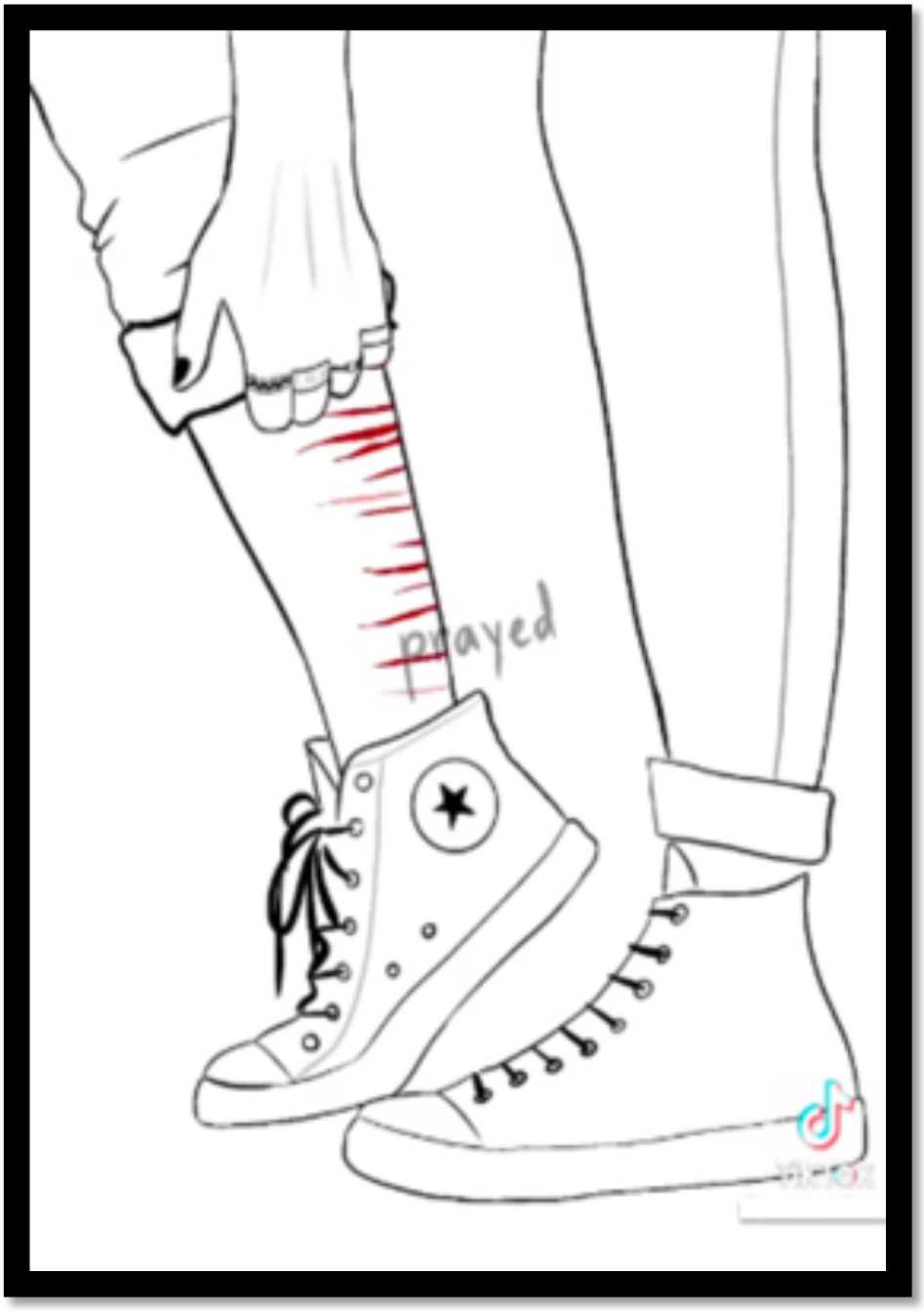
This shift reflects how social media platforms provide not only a space for individual expression but also a venue for seeking empathy and validation from others. However, the brevity of Twitter forces users to compress complex emotional narratives into relatable soundbites or confessional micro-performances. The result is a form of 'public venting' that is both emotionally revealing and constrained by platform logics, encouraging users to frame distress in ways that resonate quickly and broadly.

As users turn to digital platforms for validation and connection over shared experiences, the therapeutic value of these interactions may be diluted. The prevalence of mental health discourse on social media, framed by scientific and medical authority, highlights a shift towards seeking communal understanding in a fragmented societal landscape. This shift indicates a profound change in how individuals pursue solidarity and support, reflecting the evolving nature of mental health dialogue in the digital age.

7.3.2 TikTok and self-expression

Illustrative example 22: Creative Self-Expression and Mental Health Narratives on TikTok

TT34

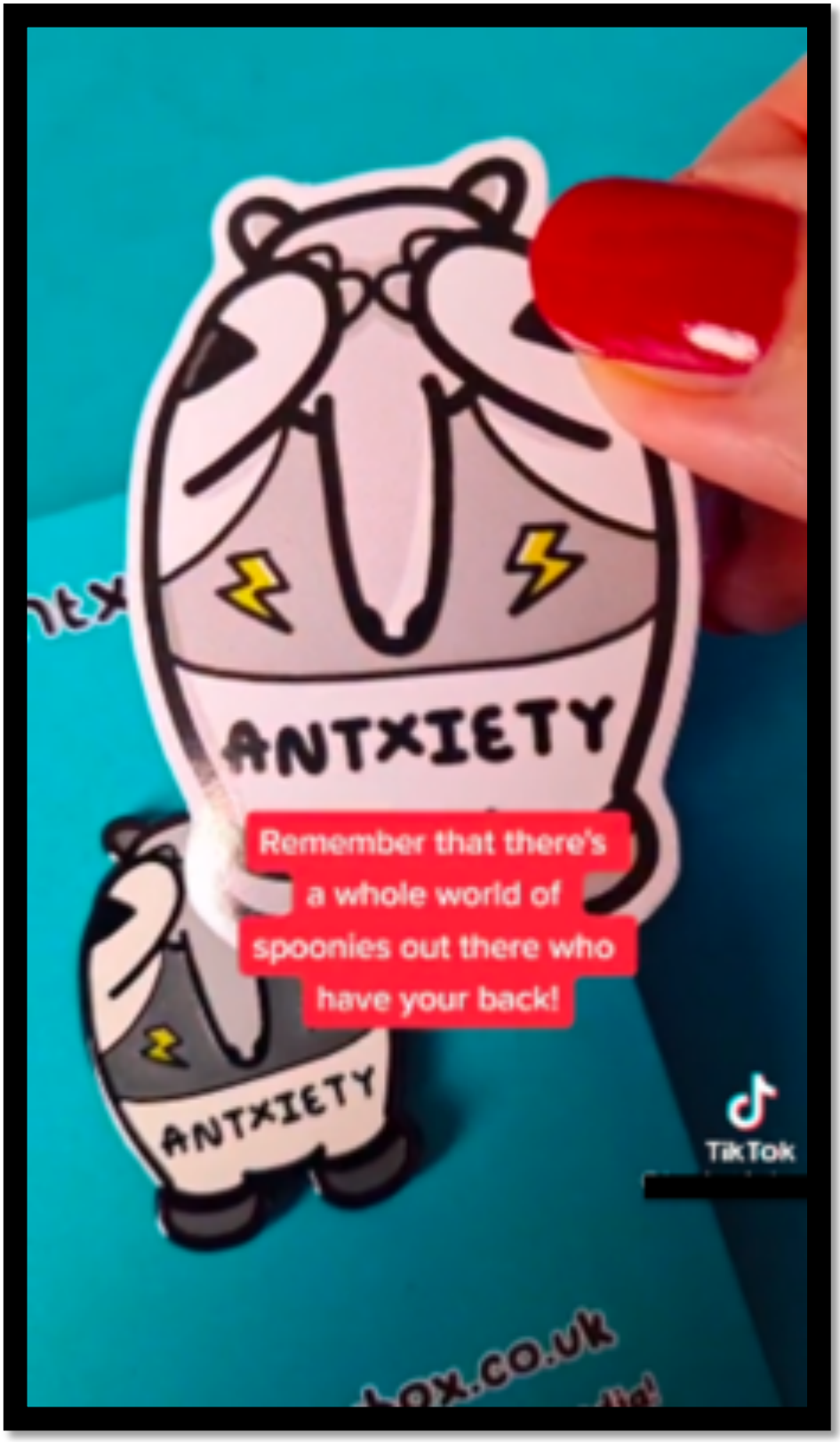


Illustrative example 22 offers distinct approaches to self-expression and mental health discourse on social media, each reflecting different facets of user experiences and communication strategies.

The first video (TT34) features a video with a trigger warning for abuse, cuts, and blood, setting a serious tone. The background audio, ‘Twin Size Mattress’ by the band The Front Bottoms, underscores the emotional weight of the visuals. The video starts with a handwritten trigger warning on a black background, followed by the song's lyrics, ‘It’s no big surprise you turned out this way,’ with an animation showing an eye crying. The scene transitions to a portrait of parents, followed by a close-up of someone revealing cuts and

scars on their legs. This example combines personal trauma with artistic expression, using music and animation to convey deep emotional pain and familial issues.

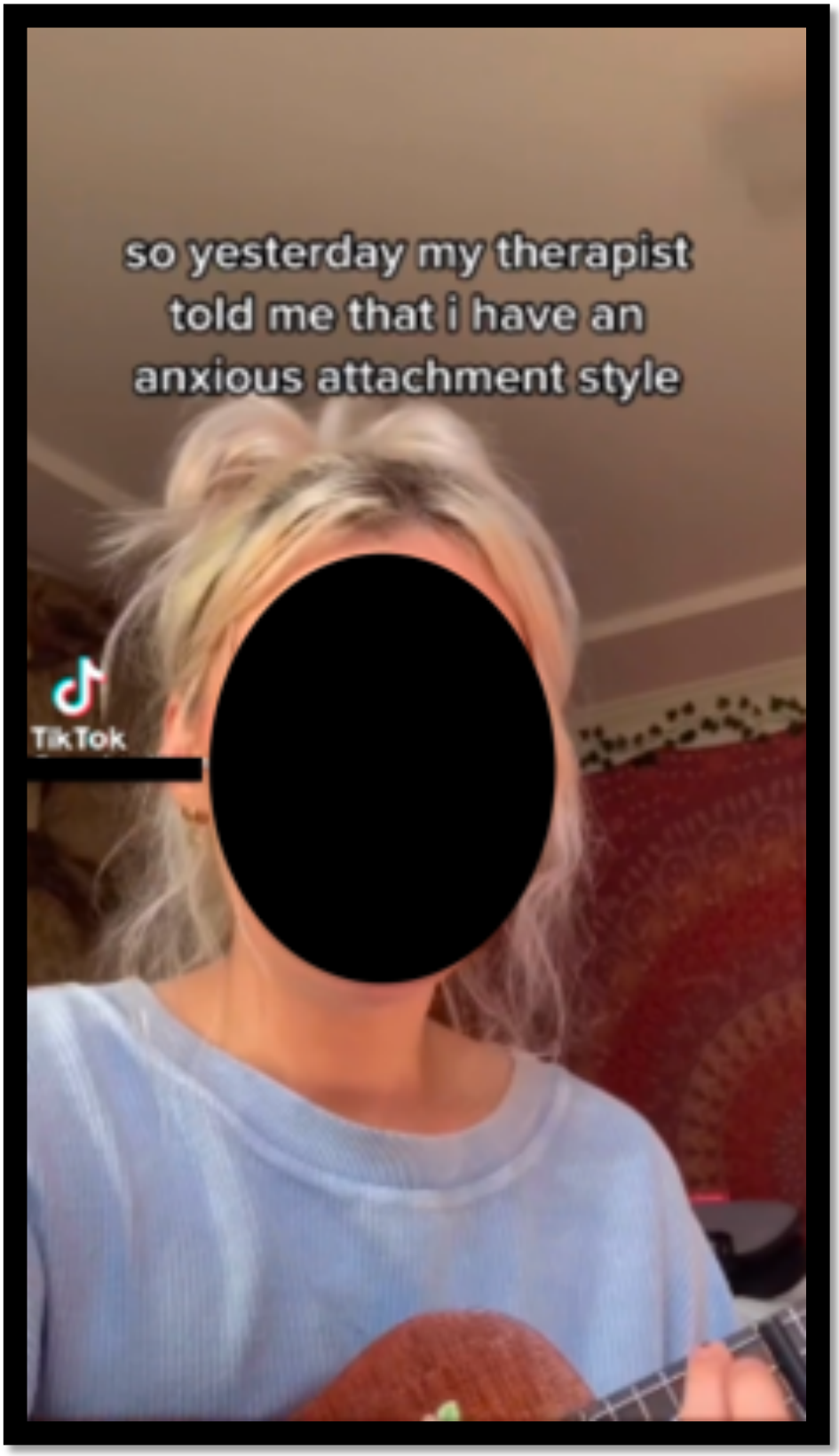
TT35



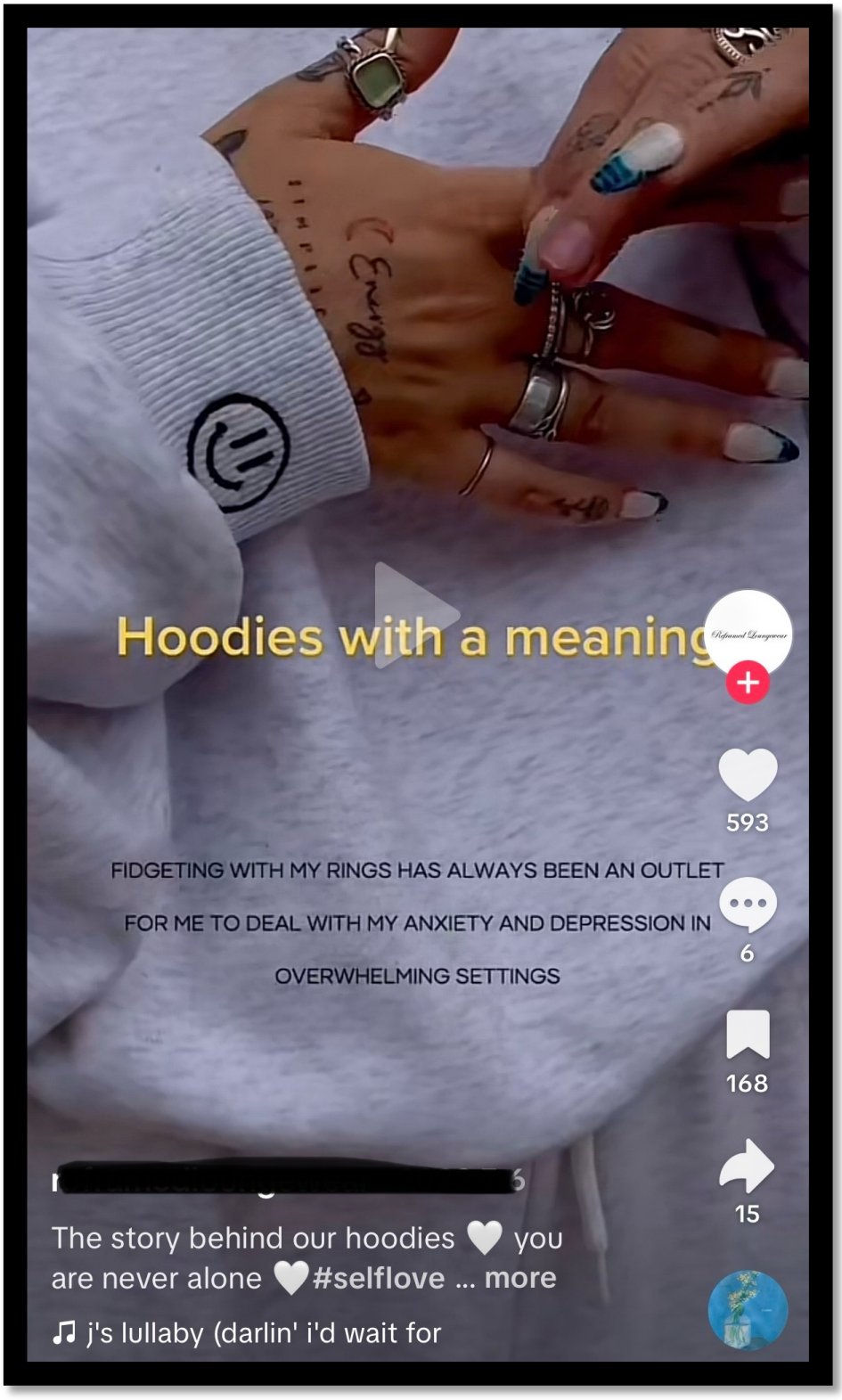
In the second video (TT35), the creator advertises their handmade pins, designed to raise awareness of invisible illnesses. The audio message emphasises the creator's intent to support and empower the chronic illness community, acknowledging the loneliness often associated with these conditions. Orla Gartland's background music, with lyrics reflecting universal struggles and fears, enhances the message. Additionally, the visual emphasis on terms like 'Brain fog' and 'Anxiety' further aligns with the theme of raising awareness and fostering solidarity among those with invisible illnesses.

In the third example (TT36), the user shares an interaction with their therapist about having an anxious attachment style. The video features the user playing the ukulele and singing original lyrics that reflect their feelings of insecurity and attachment issues. The caption suggests that viewers who relate to the content may also have an anxious attachment style, creating a sense of shared experience and community understanding.

TT36


so yesterday my therapist
told me that i have an
anxious attachment style
TikTok

TT37



The other examples (see TT37-TT38) build on this trend of therapeutic self-expression through consumer products. In one video, the user showcases 'hoodies with meanings,' garments designed to help with anxiety or serve as sensory tools for self-soothing. Another video (TT38) features a small business owner promoting their mental health-themed products, including keyrings with affirmations like 'I am more than my reflection' and

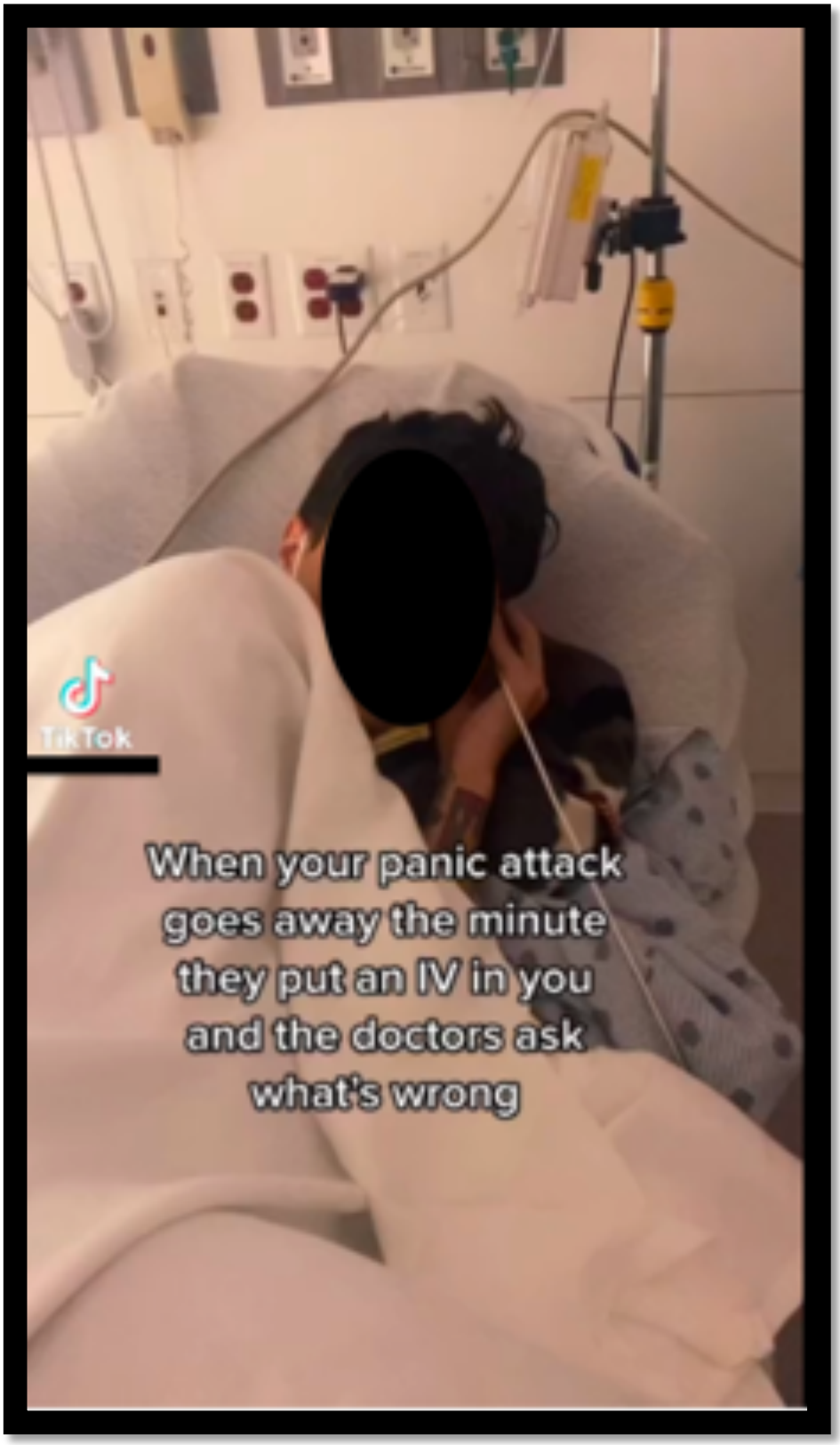
strategy flashcards for managing OCD. Their shop focuses on selling recovery-oriented resources such as flashcards, stickers, and self-help tools. These examples introduce a more tangible, material dimension to online self-expression, where users not only narrate their experiences but also package and sell aspects of their mental health journey. This entrepreneurial turn reflects how therapy culture has been absorbed into digital economies, where mental health identities are expressed through lifestyle products and personalised tools for ‘healing’ or coping.

In sum, these videos illustrate how platforms like TikTok facilitate a shift towards public, performative, and often commodified self-expression. While these acts may provide solidarity, visibility, or even relief, they also reveal how mental health is increasingly understood and managed through a mix of personal narrative, digital performance, and therapeutic consumerism. This aligns with social constructionist perspectives that highlight

the socially mediated, context-dependent ways in which mental health is experienced, represented, and given meaning. Rather than reflecting essential truths, these expressions can be seen as shaped by platform affordances, community norms, and the broader cultural logic of therapy and self-improvement.

Illustrative example 23: Mental Health Disclosure and Performativity in TikTok Trends

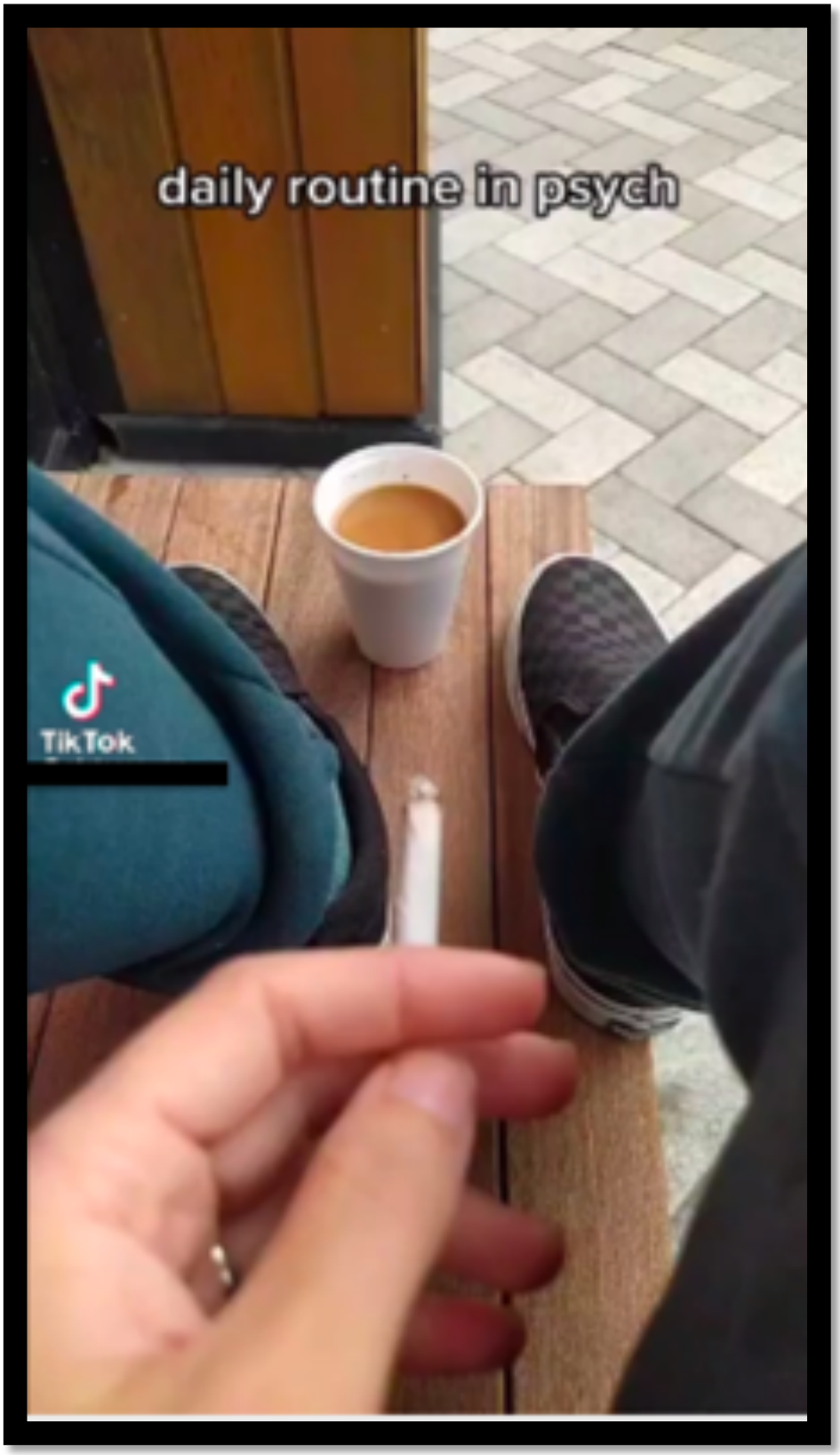
TT39



Illustrative examples 23 illustrate the evolving nature of self-expression and disclosure on social media platforms, particularly in the context of mental health. They reflect a shift in how individuals engage with their experiences and how these engagements are perceived by the audience.

In the first video (TT39), an individual records themselves in a hospital bed with the caption, ‘When your panic attack goes away the minute, they put an IV in you and the doctors ask what’s wrong.’ This portrayal of a distressing moment highlights the individual's willingness to share their vulnerable experiences publicly. While recording oneself during such times might initially seem performative or diminishing the seriousness of the event, these videos resonate with viewers who have become accustomed to and accepting of this type of oversharing. What might have been considered attention-seeking a decade ago is now seen as a form of genuine self-expression and connection.

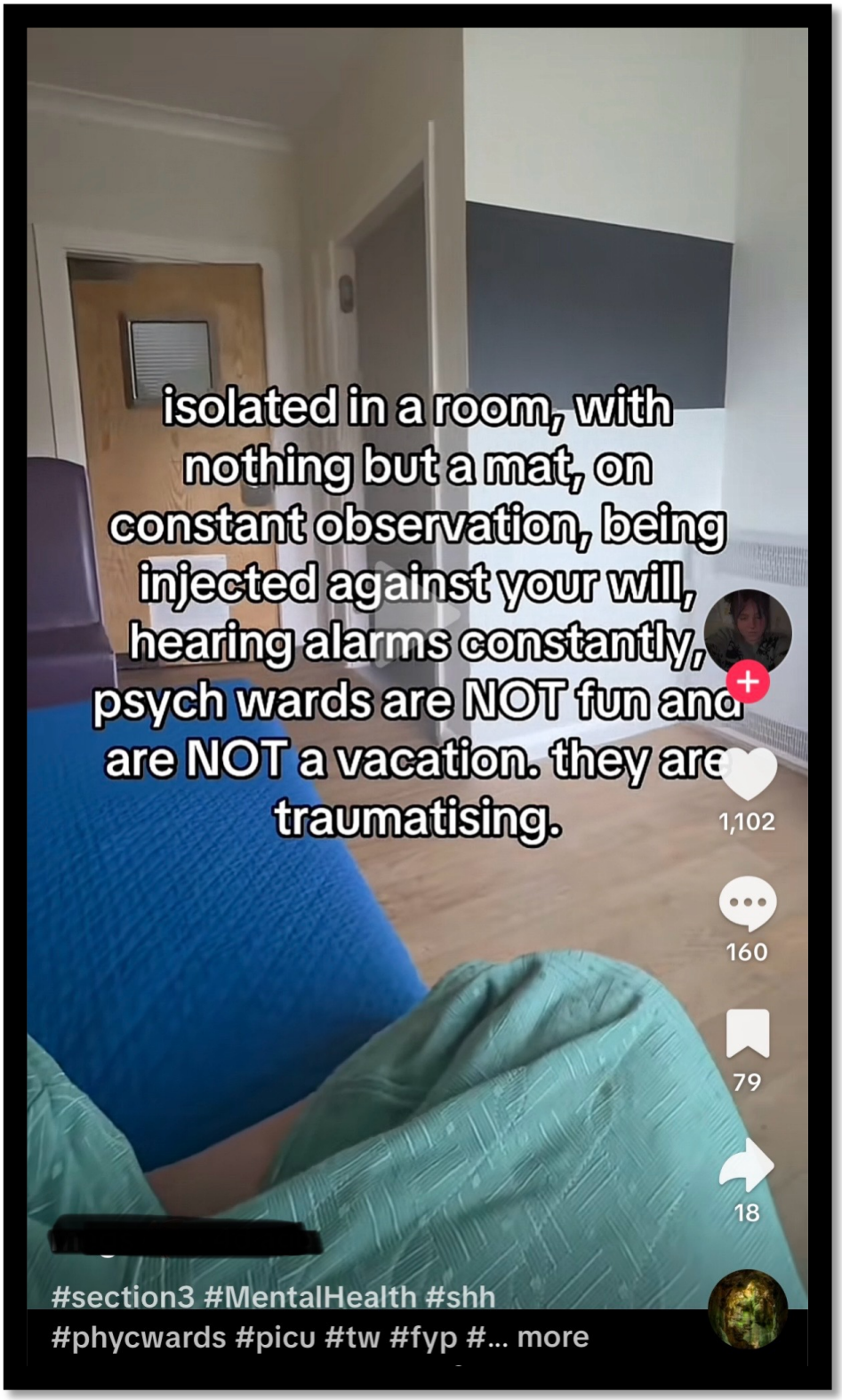
TT40



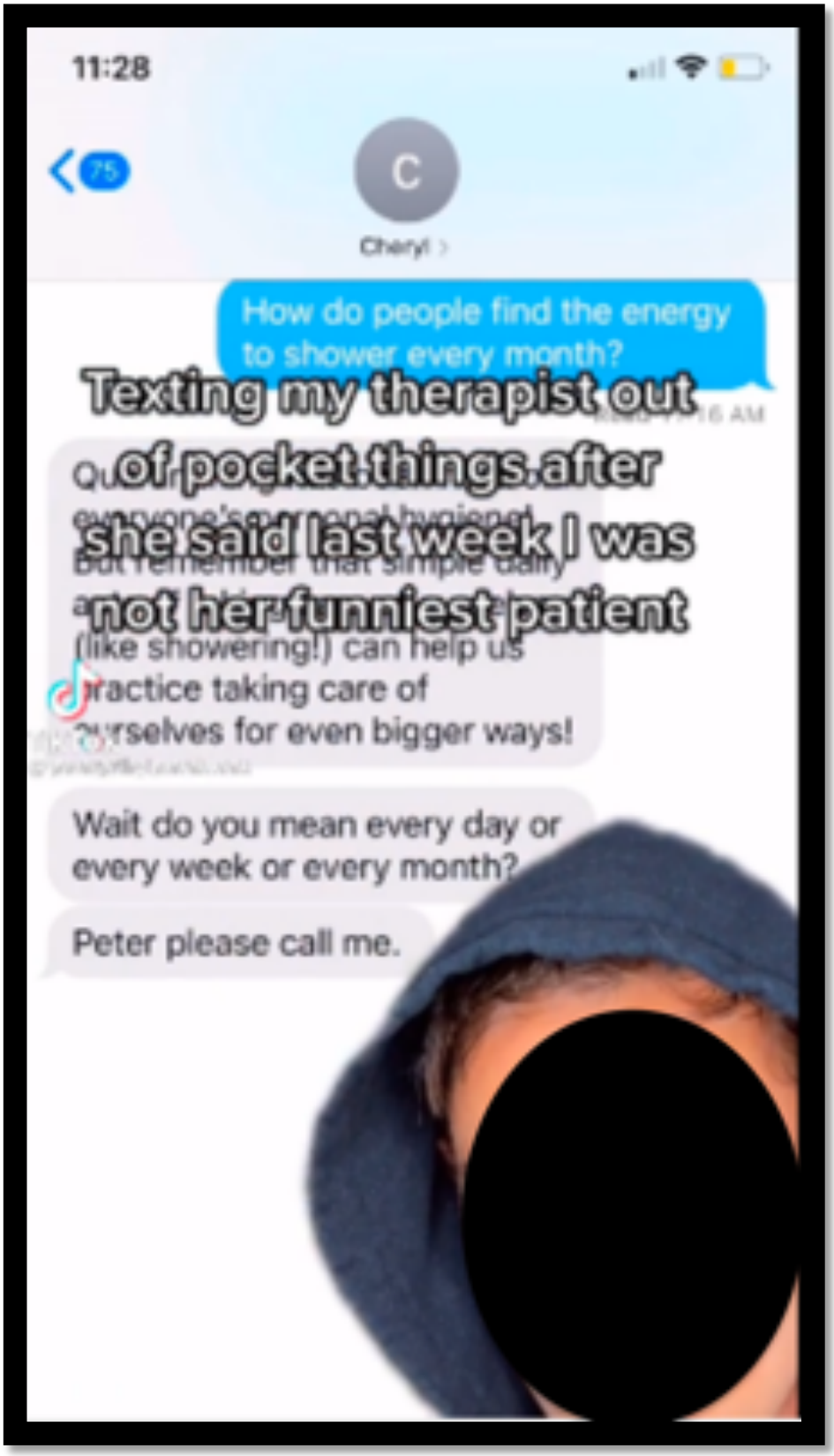
The trend known as ‘psych ward TikTok’ further exemplifies this shift. Videos labelled ‘things you find in a psych ward that just make sense’ feature creators, both patients and professionals, discussing items and practices in psych wards. These videos (see TT40-TT41) aim to demystify and normalise the experience of being in a psych ward, potentially

reducing fears and stigmas. By sharing these insights, creators seek to educate and offer comfort, though the nature of this content may shift from informative to performative depending on how it is presented and consumed. For example, another video (TT41) has the caption: ‘isolated in a room, with nothing but a mat, on constant observation, being injected against your will, hearing alarms constantly, psych wards are NOT fun and are NOT a vacation. They are traumatising,’ accompanied by footage of the individual sitting in a psych ward bed, slowly panning across the room.

TT41


isolated in a room, with nothing but a mat, on constant observation, being injected against your will, hearing alarms constantly, psych wards are NOT fun and are NOT a vacation. they are traumatising.
1,102
160
79
18
#section3 #MentalHealth #shh
#phycwards #picu #tw #fyp #... more

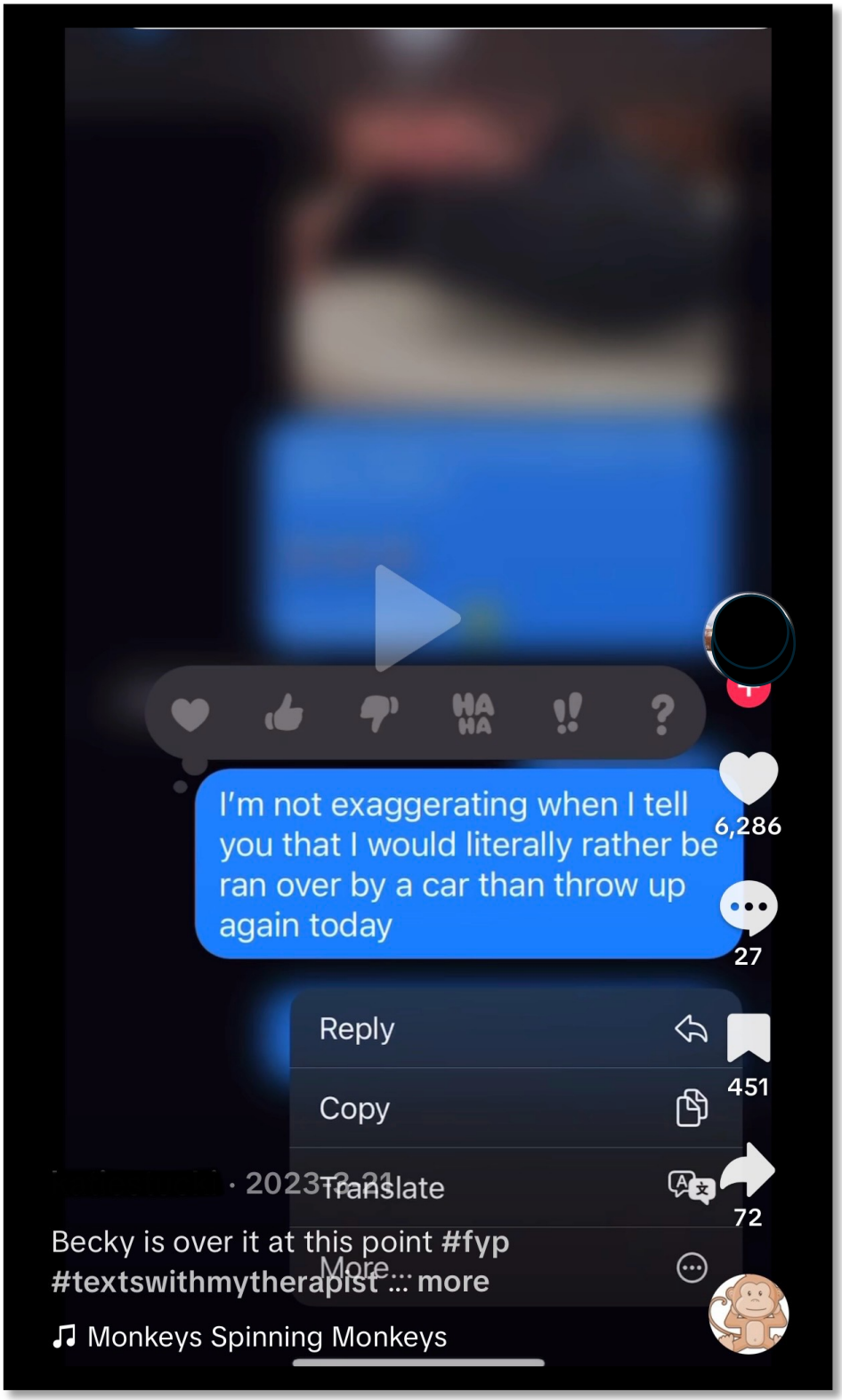
TT42



In another trend called (TT42-TT43) ‘texting with my therapist,’ reveals another facet of social media's impact on mental health discourse. Videos and photo montages of text conversations with therapists show a range of interactions, from supportive and encouraging messages to inappropriate jokes and off-topic discussions. This trend demonstrates how

some users may disregard professional boundaries for the sake of engagement and humour, seeking attention through the public display of private exchanges. Despite attempts to use trigger warnings (TWs) to mitigate harm, these labels often fall short of addressing the potential impact of such content, raising questions about their efficacy and the broader implications for community sensitivity. One user (TT43) creates a series of TikTok videos titled part 1, 2, 3, etc., sharing texts with their therapist. In one video, the messages discuss their fear of emetophobia and their reluctance to talk about it in the next session, including the text: 'I'm not exaggerating when I tell you that I would literally rather be run over by a car than throw up again today.'

TT43


I'm not exaggerating when I tell you that I would literally rather be ran over by a car than throw up again today
6,286
27
451
72
Reply
Copy
Translate
More
· 2023-3-31
Becky is over it at this point #fyp #textswithmytherapist ... more
Monkeys Spinning Monkeys

Overall, these trends highlight how the boundaries of self-expression and privacy are increasingly blurred on social media. The shift towards more public and often performative displays of mental health experiences reflects a changing landscape where personal vulnerabilities are shared and consumed in ways that may not always align with traditional therapeutic practices. This evolution challenges conventional notions of respect and privacy in mental health discourse, indicating a need for more nuanced approaches to online engagement and community support.

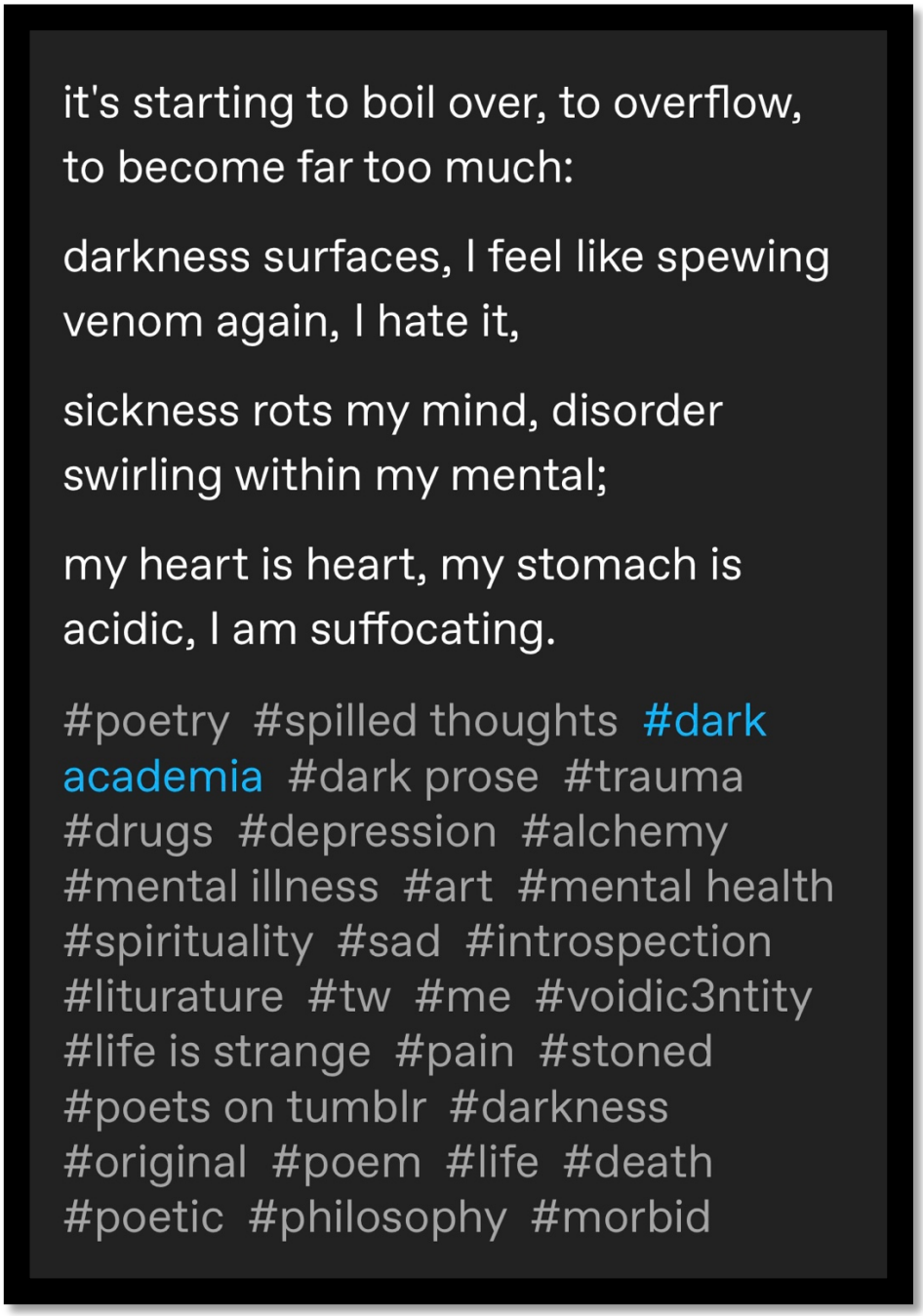
7.3.3 Tumblr and self-expression

Illustrative example 24: Therapeutic poetics on Tumblr

TB27

Both illustrative examples 24 and 25 demonstrate how Tumblr serves as a unique platform for emotional and artistic self-expression, particularly in the context of mental health. Unlike other platforms constrained by character limits or polished aesthetics, Tumblr's pseudo-anonymity and open format allow users the space to explore inner turmoil in deeply personal and stylised ways.

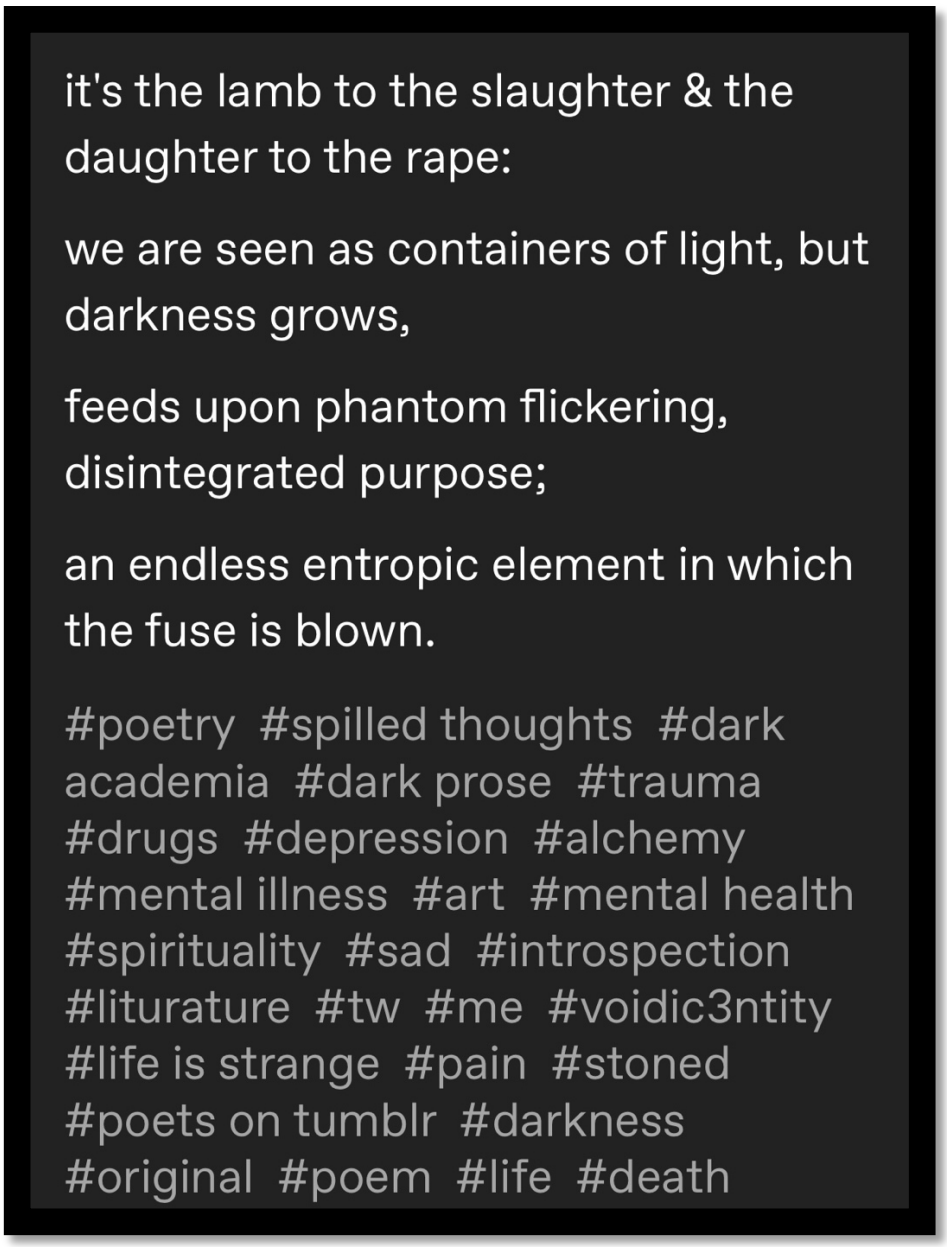
TB28



Illustrative 24 features three poetic rants (TB27-TB29), each transforming emotional distress into evocative, lyrical language. Lines such as ‘My battered clothes scream to be freed from the skin they are forced to hide,’ (TB27), ‘Sickness rots my mind, disorder swirling within my mental,’ (TB28) and ‘It’s the lamb to the slaughter & the daughter to the rape: we are seen as containers of light, but darkness grows…’ (TB29) highlights how users use metaphor, rhythm, and dark symbolism to articulate pain in a way that is both confessional and creative. These aren't simply raw rants; they are curated textual performances that blur the line between vulnerability and aesthetic expression.

This use of poetic form can be understood as a means of rendering psychological experiences legible within the cultural scripts of digital mental health discourse. As such, these posts do not merely vent frustration; they enact a stylised poetics of suffering that aligns with broader therapeutic narratives about introspection and disclosure. Following Foucault's (2001) analysis of confession, these aestheticised expressions can be seen as producing a kind of 'truth' about the self, mediated through the platform's norms of visibility and affective engagement.

TB29

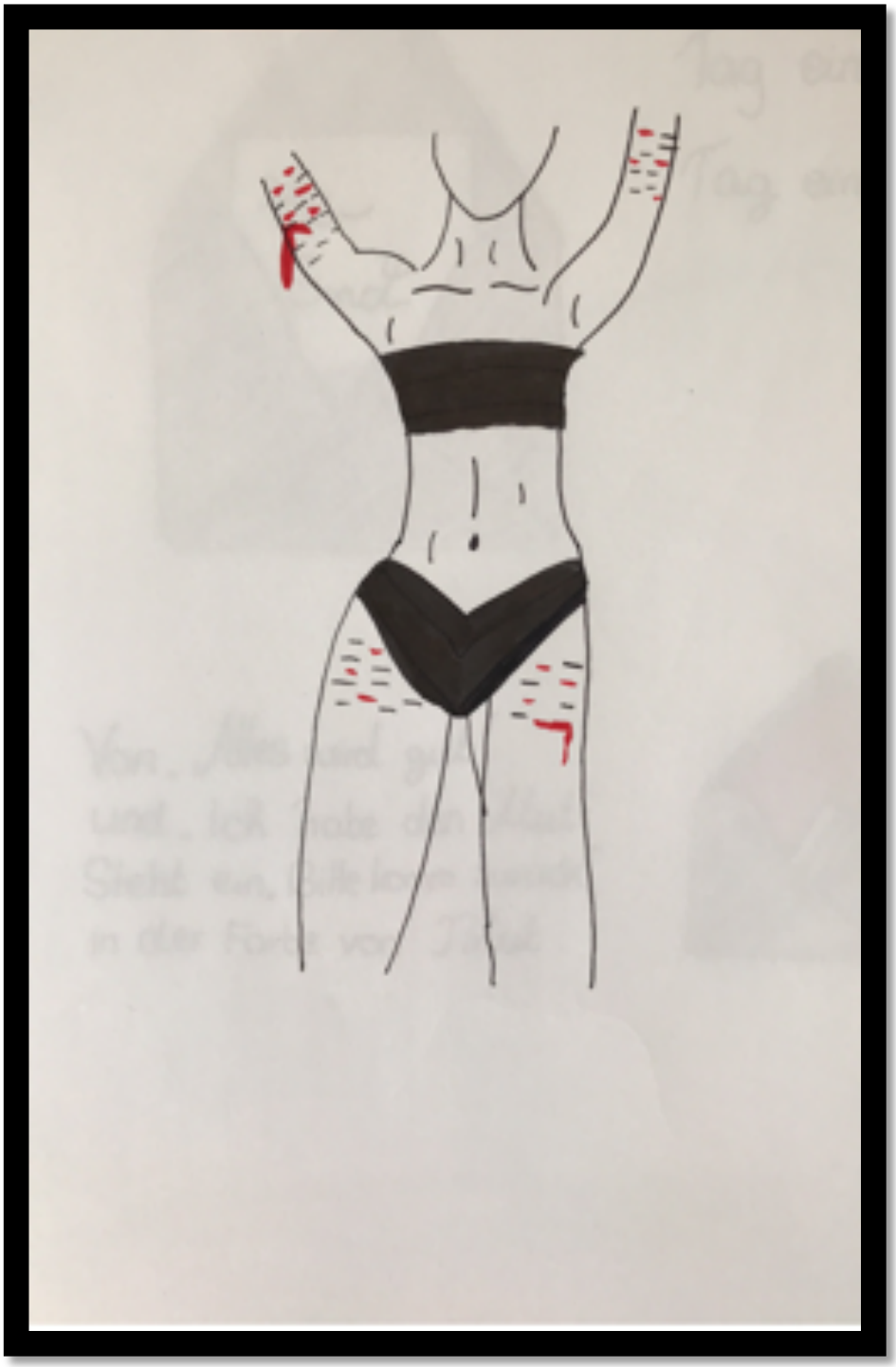


While some may view this as performative, it would be reductive to dismiss these texts as inauthentic. Rather, they demonstrate the complex interplay between genuine emotional processing, self-stylisation, and social visibility that characterises Tumblr's mental health

discourse. Through poetic language, users transform chaotic inner states into sharable artefacts, participating in what might be called a therapeutic aesthetic, an expressive mode that situates pain within culturally intelligible and visually recognisable forms.

Illustrative example 25: Tumblr representations of visualised pain

TB30



Illustrative example 25 explores another facet of self-expression on Tumblr: visual art. Users frequently create dark-themed artwork to represent their mental health struggles, including self-harm, eating disorders, psychosis, and abuse. While early Tumblr permitted photographic content depicting self-inflicted wounds and extreme body imagery, stricter moderation policies have since curtailed such posts. In response, users have adapted to turning to drawing (TB30), painting, and other visual media as alternative forms of expression. This shift allows users to continue expressing their difficulties with non-suicidal self-injury (NSSI) and related distress while navigating platform restrictions. By

circumventing content bans through alternative artistic representations, users maintain their ability to share their struggles and find community support.

Across these examples, the expression of pain is made visible through representations of cutting, a motif that recurs in varying artistic styles and formats. In one image (TB30), a figure displays their own body as a kind of self-harm map, marking specific areas with signs of injury. This echoes the confessional impulse often observed on the platform, where users render their suffering legible through mapped or medicalised imagery.

In two other illustrations, self-harm is depicted not on the self, but on beloved characters, specifically the anime character Mizuki Akiyama (from Project SEKAI), who is shown with visible wounds (TB31). By projecting pain onto familiar figures, users externalise their distress while using culturally meaningful characters to symbolise their internal states. Similarly, another artwork portrays Harold Chasen, from the film Harold and Maude, mid-scene in one of his fake suicide attempts (TB32). The use of this particular character, known for performing death and distress, signals a meta-commentary on the theatricality and repetition of emotional pain.

TB31

TB32

Finally, another image (TB33) presents a stylised close-up of an anime character's legs, covered in visible self-harm marks. In the corner, a smaller, doll-like version of the same

character, with identical cuts mirrored on its body. This mirroring creates a layered visual metaphor: both a fragmentation of the self and a recursive loop of pain that cannot be neatly contained or resolved.

TB33

These examples illustrate how Tumblr facilitates complex and often haunting forms of creative expression. While such artworks may be interpreted as therapeutic or cathartic by users and their communities, they also raise important questions about visibility, repetition, and performance in digital mental health cultures. Artistic representations allow users to circumvent bans and continue engaging in shared rituals of self-disclosure, but they also risk aestheticising pain, rendering it into something stylised, recognisable, and even shareable. In this way, these practices echo Foucault's (2001) notion of confession, not merely as personal disclosure, but as a ritualised production of truth that must be rendered legible and

meaningful within dominant discourses, in this case, the therapeutic and aesthetic frameworks of Tumblr culture.

7.4 Discussion and synthesis

Previous literature has proposed that media technologies function as extensions of the self. McLuhan (1964 as cited in Shane-Simpson et al., 2018), for example, argued that 'the social consequence of any medium [...] is an extension of ourselves,' suggesting that users select platforms aligned with their personal preferences and communicative needs (Shane-Simpson et al., 2018). Applying a semiotic lens, social media platforms can be understood as environments where users manipulate signs and symbols to construct particular self-representations. The visual-centric nature of platforms like TikTok and Tumblr offers distinctive semiotic resources, shaping the ways users choose to express identity.

Research has highlighted how functional and relational aspects of platforms shape user behaviour (Hutchby, 2001). For instance, Facebook fosters reciprocal relationships ('friends'), while Twitter operates through one-directional 'following' (Ellison et al., 2007). These structural differences, alongside communicative modalities, text-based (Twitter), multimedia (Tumblr), or audiovisual (TikTok), affect the ways self-expression is performed. Tumblr's affordances, such as anonymity and multimedia capacity, arguably provide users with greater freedom to craft complex identities.

A core finding of this study is that users seek to present themselves as 'authentic,' though complete authenticity appears constrained. While platforms offer opportunities for expression, limitations imposed by algorithms, content moderation, self-censorship, and social surveillance influence how much users are willing or able to disclose. Users tailor their self-presentation for audiences that often include both strangers and known individuals (see Chapter 3), performing identity within what Goffman (1959) calls the 'front stage' of social interaction. Anonymity on platforms like Tumblr can offer a more liberating space, allowing users to share emotionally charged or socially sensitive experiences without the same fear of judgment. However, even these spaces are governed by platform norms and implicit audience expectations.

What may be described as self-expression is often closely tied to self-promotion. This distinction becomes especially important when considering Lasch's (1979) theory of the *culture of narcissism*, which suggests that therapeutic discourse and a declining sense of shared tradition have cultivated a cultural preoccupation with the self. Lasch argued that

individuals increasingly rely on others for self-validation, with social life becoming a stage for seeking psychic security rather than personal salvation. These ideas align with the contemporary trend of individuals documenting their lives online, not only to share but to curate an image for consumption, which this study interprets as a shift from *expression* to *performance*.

This reframing of self-expression helps contextualise findings that appear, at first glance, to reflect personal authenticity. Rather than freely expressing the self, users are often engaging in selective self-presentation shaped by platform affordances and surveillance mechanisms. For example, perceived platform security, customisable privacy settings, and the ability to control visibility influence not only whether users post but *how* they construct those posts (Kwon et al., 2014; Shane-Simpson et al., 2018). Even where privacy features exist, user choices are not strictly functional; they are culturally embedded practices influenced by shared understandings of trust, social norms, and the affordances of each platform.

Emerging from this is the concept of *self-branding*, the deliberate curation of an online persona for visibility, recognition, or cultural capital (Khamis et al., 2017). While traditionally associated with employment, self-branding now extends to non-commercial domains, including mental health communities. Users tailor their self-presentation to align with perceived platform audiences and values. For example, Tumblr's pseudo-anonymity lends itself to the exploration of darker themes (e.g., trauma, eating disorders), while TikTok emphasises emotionally resonant and performative content through video. Twitter, by contrast, serves as both a promotional space for creative work and a forum for textual venting. These choices are informed not only by what platforms afford but also by implicit social scripts governing what is acceptable or relatable content.

Self-expression online, therefore, is a layered process, simultaneously constrained and enabled by technological, cultural, and interpersonal forces. Rather than suggesting a binary between authentic and inauthentic selves, this study highlights how self-presentation is always mediated. For example, humour is used to navigate vulnerability and perform social belonging while masking deeper anxieties. This reveals how performative elements (like irony or sarcasm) serve as both expressive and protective strategies in mental health discourse.

Netnographic content analysis (NCA) supports these interpretations by revealing how users negotiate identity in ways not immediately visible through surface-level metrics or automated analysis. These findings align with ECA's emphasis on culturally embedded

behaviours. Users do not simply adopt platform tools but embed them within shared understandings of emotional expression, social expectation, and community norms. This complexity challenges literature that assumes self-expression online is straightforward or inherently authentic (e.g., McLuhan as cited in Shane-Simpson et al., 2018).

Furthermore, while DeWall et al. (2011) argue that social media appeals to narcissistic tendencies, this study complicates such assumptions. It suggests that users are not simply seeking attention but are navigating complex emotional and social terrains, often with the intention of meaning-making. Nonetheless, the overlap between emotional disclosure and self-branding demonstrates how the culture of narcissism has transitioned from offline therapeutic discourse into the digital space (Podzimek, 2019). Lasch's observations about the documentation of everyday life via photography are particularly prescient in the age of selfies, livestreams, and platform 'stories,' which all contribute to a curated archive of the self.

Therapy culture, as discussed in Chapters 2 and 3, has encouraged individuals to reflect inward for meaning. The widespread discourse around mental health on platforms like TikTok and Tumblr suggests that users are not only expressing themselves but also engaging with illness identities as a way of articulating their experiences and gaining recognition. In this context, identity becomes both a resource and a performance, offering users a way to cope, connect, and be seen. While this may provide comfort and solidarity, it also raises questions about whether users are encouraged to remain within particular identity scripts in order to maintain relevance or visibility.

The rise of personal branding has further blurred the line between expression and performance. Originally, users promoted a singular identity across platforms (Zuckerberg, 2011, as cited in Scolere, Pruchniewska, & Duffy, 2018), but today they present multiple curated selves tailored to each platform's culture and affordances (Scolere et al., 2018). These practices are shaped by what Davis and Chouinard (2017) term *imagined affordances*, what users believe a platform allows them to do, based not just on technical functions but on social norms and legitimacy. In navigating these overlapping identities, users often encounter *context collapse*, the merging of multiple audiences (Boyd, 2010), which complicates attempts to express a consistent or coherent self. As Van Dijck (2013) argues, users perform identity based on their implicit and explicit understandings of platform expectations. These expectations, along with neoliberal logics of visibility and self-management, shape how users present mental health and selfhood.

In conclusion, this study challenges the assumption that digital platforms are sites of unfiltered self-expression. Rather, they can be seen as socio-technical environments where identity is curated, constrained, and negotiated. Users engage in self-expression, but this is shaped by algorithmic pressures, audience awareness, and broader cultural shifts, particularly the therapeutic and neoliberal discourses that centre the self as both a site of struggle and a product to be managed. What may seem to be self-expression can also be frequently seen as a form of self-promotion, shaped by the platform's affordances and social norms, contributing to a digital culture increasingly marked by performance, branding, and the search for meaning.

7.5 Conclusion

In my final theme of self-expression, I explored how users express themselves on social media through various multimedia formats as a means of exploring mental health. From a historical point of view, expressions of the self have become more prevalent within the post-modern age. Digital spaces like social media encourage and provide users with opportunities to express themselves in creative ways. From a Goffmanian perspective, self-expression is a form of self-authentication to the world, be it online or offline. Users strive to deliver their authentic selves within these online worlds through presenting themselves in their most ideal forms, and being open about mental health validates this idea of 'true authenticity.'

From the findings, I can infer that authenticity is often conflated with sharing intimate self-insights into a person's mental health. That users believe authenticity can only exist if someone is expressing their deepest thoughts to their desired audience. We must be aware that these 'performances' are carried out to select an audience dependent on the platform. In other words, this may differ across platforms, which this study demonstrates as it considers three opposing platforms with different levels of anonymity. Many factors interplay with this idea of achieving authenticity online. However, this study suggests that users can only express parts of their true selves through exploitable frameworks.

In addition, the way people present themselves is also dependent on other factors outside the user's control, like algorithms, moderators, and social surveillance, which all influence and determine how the individual discusses mental health online. However, I also make the argument that what may appear to be self-expression at times may actually be a form of self-promotive behaviours. Users are often motivated to express themselves online, but often promote parts of themselves that they want to share with their chosen audience. These

behaviours stem from this idea of a culture of narcissism, in which users engage in order to validate their self-esteem.

Previous research has emphasised that the decline of traditional values plays a key role in this inward shift, fostering a heightened focus on the self. This preoccupation has been reinforced by therapy culture, which continues to evolve and accelerate within the digital world. Users today are often overwhelmed with an alarming number of options and choices online, with many seeking and questioning their identities, when identity formation is at its most important developmental stage. Continuous engagement within these digital worlds is overloaded with information, which can contain information that makes young people question who they are and spend even more time thinking about the self. These online mental health communities seem to exist as a tool for attempting to understand the self.

As we conclude the findings chapters, it becomes clear that the themes are interconnected, collectively shaping how users construct and understand the self through mental health narratives. In the final chapter, I summarise these insights, highlighting the main findings, contributions, and implications of the study, while also reflecting on its limitations and directions for future research.

Chapter 8: Conclusion

In this final chapter, I present a summary of the study, including an overview of the findings and the contributions that this study provides. I begin by arguing that the digital landscape has significantly transformed the discourse around mental health, enabling the proliferation of illness identities and the reinforcement of self-concepts through social media interactions. This transformation is driven by the interplay between algorithmic influence, cultural shifts towards individualisation, and the rise of therapeutic culture within online spaces. This aligns with the overall aim of the study, which is to explore how individuals discuss mental health online across three social media sites: Twitter, Tumblr, and TikTok, focusing on language use, meanings attached to mental health topics, and identity formation.

I then move on to the contributions the study provides, regarding its methodology and comparative analysis. The use of NCA and semiotic analysis across multiple platforms has allowed for a nuanced understanding of how mental health is discussed and constructed differently on each platform, highlighting both the diversity and commonality in how users engage with mental health topics. The limitations of this study will also be highlighted, in addition to suggestions on what further research should look at. Lastly, I will reflect on the benefits and challenges I have experienced throughout the course of my doctoral degree.

8.1 Summary of the study

This study has examined how mental health is discussed across three social media platforms: TikTok, Tumblr and Twitter, using a netnographic content analysis (NCA) approach combined with elements of semiotic analysis. This methodological approach allowed me to investigate the varied ways mental health is represented on social media through multimedia content and to uncover the underlying meanings behind the content and language used in online self-presentation.

The primary research questions, including how individuals use language to discuss mental health and what cultural meanings and values are conveyed, guided this study's design. The objectives of developing a deeper understanding of mental health-related language, examining cultural values in online personas, and exploring the relationship between identity construction and mental health language were directly addressed through this multi-platform approach.

Previous literature often highlights the negative impact of social media on mental health, with less attention paid to how individuals are utilising these platforms to navigate their mental health. Goffman's dramaturgical theory provided a foundational context for understanding online self-presentation, but this study further highlights the complexities of these presentations. For example, this study proposes that an online mental health ecosystem exists, contributing to the broader medicalisation of everyday life, with mechanisms like 'looping effects,' capillaries of power, and algorithms playing a key role in sustaining these online self-presentations and identities, directly addressing the objective of evaluating how algorithms and platform-specific factors influence users' self-presentation.

Throughout this thesis, I have integrated insights from previous literature to provide a broader context for this ecosystem, while this study's findings offer specific examples of how this ecosystem flourishes within these online mental health communities. Through a folkloric lens, online mental health discourse can be seen as a series of narratives passed on within communities across platforms via various folkloric expressions such as memes, emojis, and TikTok videos. These narratives are critical in maintaining and propagating beliefs and ideas about mental (ill) health, serving as a modern form of folklore that shapes cultural understandings.

Furthermore, each platform exerts a degree of control over how users engage with and create content. Algorithms have become a notable feature that can be understood in terms of Foucault's capillaries of power, as they function as a way of controlling how users present the self within online contexts, directly engaging with the research question about the role of algorithms and platform-specific features in shaping discourse and self-presentation.

The study's findings also note how algorithms bear some responsibility in preserving ideas of the self as they manipulate the content users are exposed to based on prior engagement. Frequent exposure to specific mental health narratives can lead to 'looping effects,' in which users begin to believe that they are mentally ill. Lastly, the methods used throughout the study have provided me with the tools to infer meaning based on the language people use. However, this study argues that users look for hidden meanings within the content they engage with, and through this process, they attribute illness identities as a means of understanding the self and making sense of their experiences, linking to the research question on how mental health-related language shapes identity formation and illness identity significance.

8.2 Contributions of this thesis

The findings of this study provide insight into the ways online users are discussing mental health-related topics, the meanings behind the language they use and the purpose of using illness identities. A key feature of this study is its methodological contribution, which combines netnography with ethnographic content analysis methods (NCA), a combination that has not been previously documented in the research literature. The combination of these methods has enabled me to explore online multimedia in greater depth and gain further understanding of the research topic, fulfilling the objective of developing a deeper understanding of how mental health language is used across platforms.

In addition, this study enhances the comparative literature by examining multiple platforms and contributes to the relatively sparse body of research on TikTok, which is less developed compared to studies on longer-established platforms. This study uses previous therapy culture literature as a guide to exploring therapy culture within an online context. While therapy culture is embedded within society, it has adapted to the digital sphere and now dominates many aspects of online life, a process accelerated by technological advancements. The way in which mental health language and identity formation are rapidly changing is influenced by the content that people consume online, directly reflecting the aim of exploring how online discussions influence identity formation.

Overall, this study considers the mental health ecosystem that interplays with therapy culture, as well as the external influences such as social surveillance, algorithms, and moderators that impact the way in which people present themselves online, addressing the objective of evaluating platform-specific influences.

Moreover, the findings contribute to the broader understanding of mental health, online communities, therapy culture, and the critique of diagnostic language. While previous studies have focused on the impact of social media on mental health (as previously discussed in Chapter 2), few have delved into the intricacies of how users are navigating these platforms to discuss their mental health, particularly from a multi-platform perspective. As a result, this study presents new insights into the discourse surrounding mental health across social media platforms, offering a fresh perspective on how online environments contribute to the shaping of mental health narratives and identities, which responds to the research questions on cultural meanings and identity formation.

In addition, this study highlights the role of humour, individualisation, and self-expression in mental health discourse, demonstrating how user creatively negotiate their identities and experiences. These findings show that digital mental health spaces are not only sites of support and communications but also arenas where personal expression and community culture intersect, offering new perspectives on how online users make sense of and articulate their mental health experiences, which fulfils the study's objective of examining cultural values and identity construction.

8.3 Limitations

Throughout this study, I have identified some limitations that shaped the direction of my work. I will begin this section by addressing three limitations that impacted both my data collection process and the presentation of my findings.

The first limitation concerns the challenges in recruiting participants for qualitative interviews. My initial research design aimed to collect data in two phases: first, by downloading tweets and Tumblr posts, and second, by recruiting participants on these platforms to enrich the dataset. While interviews can provide deeper insights (see De Choudhury & De, 2014), they may not be ideal for a pseudo-anonymous platform like Tumblr, where users are concerned about maintaining anonymity. The COVID-19 pandemic also impacted recruitment, as most online research at this time focused on pandemic-related topics. Although I conducted four interviews with Twitter users, I received no responses from Tumblr users. This suggests that qualitative interviews may attract only certain demographic groups, and their suitability may vary by platform.

The second limitation relates to the decision to include TikTok as an additional platform. TikTok was valuable but could only be studied for one month, compared to eight months for Twitter and Tumblr. This shorter timeframe may have missed the evolution of discussions and emerging trends. Despite collecting additional data in March 2024 to check for new patterns, future qualitative research should observe TikTok for longer and ensure multi-platform observation periods are more balanced. Regardless of this, the data collected for this study remained substantial and valuable.

The third limitation concerns the absence of demographic data. As this study relied on passive observation of publicly available content, I could not gather demographic details without informed consent, which was not feasible. While some users list age, gender, or

location in their profiles, this information cannot be verified. Only the four interviews included any demographic data. Future research should explore ethical ways to collect demographics, as this would help identify who is engaging in mental health discussions and provide context for patterns and trends. Understanding variations by gender, age, and ethnicity could reveal differences in how groups engage online and enhance the credibility and depth of findings.

Overall, these limitations highlight areas for future research while also demonstrating the methodological and ethical care taken in this study. They provide opportunities to build on the current work, particularly in expanding platform coverage, extending observation periods, and ethically incorporating demographic data.

Despite these limitations, the study has made significant contributions to understanding mental health discourse online. The methodological innovations, multi-platform perspective, and in-depth exploration of therapy culture and illness identities provide valuable insights that outweigh the constraints. These limitations highlight opportunities for future research rather than undermining the study's overall impact, ensuring that readers leave with a clear sense of the study's strengths and contributions.

8.4 Future research

This study will be of interest to scholars in mental health research, particularly those who critique and challenge existing paradigms through a therapeutic lens. It will also appeal to those studying online communities, algorithms, and identity formation in digital spaces. Further research should explore the influence of algorithms on content consumption, especially on platforms like Instagram and TikTok, where personalised algorithms and increasing AI use are shaping what we consume, purchase, and how we present ourselves online. Further research is needed on TikTok and other platforms that have incorporated video-based content, such as Instagram reels, to explore how these changes influence performative aspects of online behaviour. Comparative studies across multiple platforms are also crucial for gaining a broader understanding of how each platform functions and influences mental health discourse. Future research should incorporate qualitative interviews alongside netnography to better understand user engagement with mental health discussions.

Additionally, more work is needed to explore therapy culture online, the evolution of therapeutic language, and how terms like 'trauma' have spread and changed across platforms

over time, a topic I originally planned to explore in greater depth but eventually moved away from as my research progressed.

Further studies should examine the rise of self-diagnosis within online communities, particularly how it has become more socially acceptable and how this shifting norm influences the way individuals construct and relate to illness identities. This transformation in meaning-making has implications for workplaces, social settings, politics, and broader cultural understandings of mental health. Replicating studies similar to mine could help evaluate whether the perceived loss of shared meaning or traditional frameworks is contributing to the uptake of illness identities, or whether these identities are being shaped by evolving social, cultural, and digital practices.

Finally, future research should aim to reframe mental health language by shifting away from diagnostic and medical models, instead focusing on alternative approaches to supporting distressed individuals and improving access to support.

8.5 Challenges and benefits of my PhD

My journey as a PhD student has been both challenging and enthralling. This experience has allowed me the freedom to delve into a topic that has fascinated me for over a decade. I have gained a wealth of knowledge and skills throughout the course of my study, while also pursuing numerous opportunities. These opportunities included working as a research assistant on two separate occasions, once in 2021 and again in 2023. These opportunities allowed me to strengthen my data collection skills, especially interviewing participants, coding, editing work, and presenting preliminary findings.

I have also had the opportunity to contribute to four papers during my PhD journey (e.g., Mellor et al., 2022; Lowthian et al., 2023; Frawley, Wakeham, McLaughlin & Ecclestone, 2024; Frawley, Wakeham & McLaughlin, 2024), which has given me valuable insight into how to interpret feedback and implement corrections efficiently within a short timeframe.

I have also presented my work at two conferences, including the Cyberpsychology Conference in 2021 and the British Sociological Association in 2021. Both experiences helped me improve my presentation and communication skills, while also providing valuable early feedback on my work during the initial stages of my research. These opportunities also

allowed me to engage in discussions with other academics who share an interest in mental health, identity, and social media.

The primary challenge throughout my PhD journey has been sustaining myself financially as a self-funded student over an extended period. In addition, I have struggled with feelings of low motivation, which I had to overcome by breaking down work into smaller tasks and giving myself realistic goals to achieve each week. I experienced many challenges during the beginning of my PhD, as we were in lockdown, I endeavoured feelings of loneliness and uncertainty. I also experienced many difficulties when recruiting participants, and I dealt with many ethical issues in order to collect online data.

Despite these difficulties, my perseverance and commitment to completing the PhD has been unwavering, highlighting the endurance required to navigate and overcome such obstacles. I have also gained and strengthened my research skills. I have learnt how to use different programs for data collection, skills on how to collect online data, and learnt how to conduct interviews. I have learnt how to structure and plan out my work meticulously throughout the course of my study and seek additional support from my supervisors when needed.

Overall, my PhD has enabled me to become a better writer as well as learning to analyse qualitative data. The initial data collection allowed me to practice methods of collecting data, evaluating potential findings, and exploring additional reading, all of which aided me in becoming a better researcher. This journey has not only honed my technical skills but also equipped me with a robust interdisciplinary perspective that enhances my research capabilities across psychological and sociological domains.

My time as a doctoral student helped me realise the key aspects of becoming a qualitative researcher, particularly the importance of reporting data without over-claiming or stretching interpretations beyond what the evidence supports. In addition, I discovered how to identify patterns, themes, and meanings that were integral to the articulation of my findings in an in-depth manner. The knowledge and experience I have gained as a PhD student will be invaluable for any future research I undertake, and the skills I have acquired as a researcher will be beneficial beyond academia as well. I feel fortunate to have developed both qualitative and quantitative skills, along with the opportunity to further refine my academic writing. My academic writing was something that I worried about at the beginning of my PhD, a concern that has diminished over time, as my writing style has continued to flourish over the years. The continuous reading and writing have aided me tremendously, in addition to the feedback that I have received from my supervisors.

Lastly, the penultimate challenge of linking all the chapters and finalising each section has at times felt very overwhelming, but it has also been equally satisfying to see everything come together and fall into place. The experiences affirm the unique value of my findings and underscore the comprehensive skill set that I now possess, which will undoubtedly enhance my future research and professional endeavours. This journey has not only shaped me as an academic but also as a skilled communicator and critical thinker, ready to tackle complex challenges both within and beyond the realm of research.

8.6 Conclusion

In this final chapter, I have provided an overview of the study's key findings, explored the limitations, and the contributions of this study. I have emphasised the need for further research to explore the evolving relationship between algorithmic moderation and mental health discourse, highlighting the ways this study uniquely combines netnography with ethnographic content analysis to capture these dynamics in ways not previously documented. This includes examining how algorithms shape and reinforce illness identities.

Additionally, this study highlights the significant role that social media plays in both disseminating and reinforcing mental health narratives, along with the cultural implications of this dynamic. By examining multiple platforms, including under-researched spaces like TikTok, this research contributes new insights into how therapy culture and illness identities operate online, providing a fresh theoretical and methodological lens for understanding digital mental health discourse. I then discussed three limitations of this study, and lastly, I reflected on the challenges and benefits that I have endured during the course of my PhD and the skills this journey has provided me with, which will be invaluable for my future career.

This research has shed light on the complexities of mental health discourse in the digital age, revealing the powerful interplay between algorithmic influence, cultural shifts, and the formation of illness identities. Importantly, it provides a conceptual and methodological roadmap for future researchers exploring online mental health narratives, demonstrating how nuanced analysis of multimedia and multi-platform data can advance our understanding of the digital mental health ecosystem. While this study offers some insights, it is merely a stepping stone in the broader exploration of online mental health narratives.

And in the end, perhaps it all comes down to this: We are what we post, but we are also so much more.

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Appendices

Appendix 1. Participant Information Sheet

Participant information sheet

Exploring mental health discourse on Twitter and Tumblr

Disclaimer: As the interview addresses a sensitive topic, it is possible that you may find some of the questions difficult to answer and may become distressed.

You are being invited to take part in some research. Before you decide whether or not to participate, it is important for you to understand why the research is being conducted and what it will involve. Please read the following information carefully.

What is the purpose of the research?

We are conducting research on how people are discussing mental health on social media platforms like Twitter and Tumblr. Whether this is through posting, actively engaging with others or spectating. We'd like to hear about your experiences online and the relevance of talking about this topic. The purpose of the study is to observe how individuals are talking about mental health across social media platforms and what it means to be able to do so. It is required that you are aged 18 and over and live within the United Kingdom or North America. Your participation in this study will take approximately 60 minutes to complete 1 interview. 30 or more interviews will take place, until saturation has been reached, to a maximum of 50.

Who is carrying out the research?

The data is being collected by Chloë Wakeham of the Department within College of Human and Health Sciences, under the supervision of Dr Ashley Frawley, Dr Gideon Calder, and Dr

Julia Terry of the College of Human and Health Sciences. The research has been approved by the College of Human and Health Sciences Research Ethics Committee.

What happens if I agree to take part?

The aim of the semi-structured interview is to have an open discussion about your experiences on social media as a platform user who discusses aspects of mental health through posting, engaging with others or through spectating. Participants will need to electronically sign and confirm that they are 18+ via a consent form, which will require their date of birth.

The Skype or Zoom call will be approximately 60 minutes long. The interviewer will call you on an agreed time and date and participants will be sent an invitation to the Zoom or Skype call. All participants will be asked some basic demographics including: their age, gender and location which is an important factor for the study. This information will be anonymised and no way identifiable as you will be provided with a unique pseudonym. It is possible that anonymised data might be made publicly available, consistent with developments within open science.

In preparation for the interview, participants will be asked to limit any possible distractions during the call. It is recommended that you find a quiet and comfortable space, with limited background noise. If you expect any interruption during the interview or require a break, please notify the researcher at the beginning of the interview as this can be accommodated for. This may be especially useful for anyone with health conditions, disabilities, or caring responsibilities.

If at any time during the interview you feel distressed and would like to withdraw from the study, please inform the researcher and the interview will end immediately. If you would like to rearrange to take part at another time, please inform the researcher and this can be rescheduled at a later date, providing that you are still happy to participate.

Due to the limited funding of the research, the researcher is unable to cover any other additional expenses. Therefore, if you agree to participate in the research, it will be on a strictly voluntary basis, and you will not receive any payment for your involvement in the research.

Are there any risks associated with taking part?

The research has been approved by the College of Human and Health Sciences Research Ethics Committee.

All participants will remain anonymous throughout the study and will be provided with a unique pseudonym. I am willing to paraphrase (rewording what you have said) in order to protect your identity, so nothing can be traced back to you. You will not be expected to enclose any personal information that you feel will make you identifiable or uncomfortable. All interviews will be audio recorded using Skype and Zooms built-in feature. These files will be downloaded and stored on the researcher's computer, which will be password-protected and encrypted.

The research will not take place during busy times such as on weekends or late nights, where further support might not be accessible right away. Due to the nature of the study, we have limited the recruitment to the United Kingdom and North America only. Each participant will be provided with the appropriate contact details and mental health services based on your locality, should you need them.

In the event that a participant becomes distressed during the interview, the researcher will stop the interview and ask the participant if they would like a break. The researcher will hang up and call back after the negotiated time period has elapsed. The researcher will ask the participant if they would like to continue the session. If the participant chooses to withdraw from the research, the researcher will subsequently end the session and all recordings and data will be destroyed.

If the participant is unable to complete the interview, the researcher will stop recording and offer to rearrange at another time that it suitable for both parties. This can be arranged over

the phone or email. Please let the researcher know during the phone call if you feel that you are unable to complete the interview.

If you wish to withdraw your participation after completing the interview, you will be given a week to inform the researcher so that data can be destroyed. After a week has passed, you will no longer be able to withdraw from the study.

Data Protection and Confidentiality

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the researcher/research team.

All electronic data will be stored on a password-protected computer file on the researcher's laptop. Any other records will be stored on the first supervisor's computer at Swansea University. Your consent information will be kept separately from your responses to minimise risk in the event of a data breach. Please note that the data we will collect for our study will be made anonymous up to a week after the interview, thus it will not be possible to identify and remove your data at a later date, should you decide to withdraw from the study. Therefore, if at the end of this research you decide to have your data withdrawn, you will have a week to let us know if you wish to withdraw from the study.

What will happen to the information I provide?

This research is contributing to a PhD thesis in Social Policy at Swansea University. The anonymous data collection will help with the completion and submission of the PhD and may also be used as a secondary data source for other researchers. The researcher will follow privacy protocols created in the development stage of the project to ensure anonymity after submission of the data collection. An analysis of the information will form part of our report at the end of the study and may be presented to interested parties and published in scientific journals and related media. *Note that all information presented in any reports or publications will be anonymous and unidentifiable*.

Audio recordings will be kept for up to 12months from the date of completing the interview e.g. 12/08/2020-12/08/2021. The recordings will solely be used for transcription purposes and will be destroyed once transcription is complete.

Is participation voluntary and what if I wish to later withdraw?

Your participation is entirely voluntary – you do not have to participate if you do not want to. If you decide to participate, but later wish to withdraw from the study, then you are free to withdraw up to a week after the interview takes place, without giving a reason and without penalty.

Data Protection Privacy Notice

The data controller for this project will be Swansea University. The University Data Protection Officer provides oversight of university activities involving the processing of personal data and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet. Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

The legal basis that we will rely on to process your personal data will be processing is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the College of Human and Health Sciences Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data will be that processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

How long will your information be held?

Data will be preserved and accessible **for a minimum of 10 years after completion of the research**. Records from studies with major health, clinical, social, environmental or heritage importance, novel intervention, or studies which are on-going or controversial should be retained for at least 20 years after completion of the study. It may be appropriate to keep such study data permanently within the university, a national collection, or as required by the funder's data policy.

What are your rights?

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing to the University Data Protection Officer: -

University Compliance Officer (FOI/DP)
Vice-Chancellor's Office
Swansea University
Singleton Park
Swansea
SA2 8PP
Email: dataprotection@swansea.ac.uk

How to make a complaint

If you are unhappy with the way in which your personal data has been processed, you may in the first instance contact the University Data Protection Officer using the contact details above.

If you remain dissatisfied, then you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: -

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF
www.ico.org.uk

What if I have other questions?

If you have further questions about this study, please do not hesitate to contact us:

Chloë Wakeham
Department of Human and Health Sciences
Swansea University
[redacted]

Dr Ashley Frawley
[redacted]
Dr Gideon Calder
[redacted]
Dr Julia Terry
[redacted]
Department of Human and Health Sciences
Swansea University

Appendix 2. Consent Form

Consent form.

Title of the project: Exploring mental health discourse on Twitter and Tumblr.

Name of Researcher: Chloë Wakeham

1. I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask any questions and have had these answered satisfactory.

2. I understand that participation involves a Zoom/Skype interview regarding posting about mental health on social media. Which may last approximately 60 minutes.

3. I understand that my participation in this research is entirely voluntary, and I am free to withdraw at any time up until a week after the interview takes place, without giving a reason. All data from the interview will be destroyed as a result of withdrawal.

4. I understand that all information I provide for this study will be treated confidentially.

5. I understand that the interview will be audio-recorded.

6. I understand that signed consent forms and original audio recordings will be retained on the researcher's computer which will be password-protected and encrypted. Only the researcher will have access to these. These files will be retained for a period of 12 months from the date of the interview, in order to allow for transcription to take place.

7. I understand that I will not benefit directly from participating in this research.

8. I understand that in any report on the results of this research, my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview, which may reveal my identity or the identity of people I talk about.

9. I understand that anonymised extracts from my interview may be quoted or paraphrased and possibly used within the researcher's thesis, conference presentations and within published papers.

10. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

11. I confirm that I am over the age of 18 years old, and my date of birth is (DD/MM/YYYY) …….
12. I agree to take part in the study

_____ _____ _____

Name of participant Date Signature

Appendix 3. UK Debrief

Debrief (UK version)

Thank you for participating in the present study regarding discussing mental health on social media platforms. The present study aimed to gather information about your experiences online and what discussing mental health related topics means for you. We want to understand the meaning behind using mental health related hashtags, how these topics are discussed on social media and whether they vary across different platforms as well as offline.

The information you have given me will be held anonymously; this means that it will be impossible for people to know what your answers were.

If you experienced any distress during the interview, we encourage you to contact the support lines below. In an event that you are at imminent risk of harming yourself or others, please contact the Samaritans for further support or call 999 if your life is at risk.

Samaritans: Accessible 24 hours a day. You can call for free on 116 123, or email jo@samaritans.org
SANE line: 0300 304 7000 (4.30pm-10.30pm everyday)
The Mix (for under 25's): 0808 808 4994 (Sunday-Friday 2pm-11pm), or text THEMIX to 85258.
Papyrus HOPELINEUK (under 35's): 0800 068 4141 (weekdays 10am-10pm, weekends 2pm-19pm and bank holidays 2pm-10pm), email pat@papyrus-uk.org or text 07786209697
If you have any questions, please do not hesitate to contact myself or the research supervisors below.

PhD researcher: Chloë Wakeham
Email: [redacted]
Research supervisor: Gideon Calder
Email: [redacted]

Second research supervisor: Dr Ashley Frawley

Email: [redacted]k

Third research supervisor: Dr Julia Terry

Email: [redacted]

Appendix 4. US Debrief

Debrief (US version)

Thank you for participating in the present study regarding discussing mental health on social media platforms. The present study aimed to gather information about your experiences online and what discussing mental health related topics means for you. We want to understand the meaning behind using mental health related hashtags, how these topics are discussed on social media and whether they vary across different platforms as well as offline.

The information you have given me will be held anonymously; this means that it will be impossible for people to know what your answers were.

If you experienced any distress during the interview, we encourage you to contact the support lines below. In an event that you are at imminent risk of harming yourself or others, please contact the National Suicide Prevention Hotline for further support or call 911 if your life is at risk.

National Suicide Prevention Hotline: Call 1-800-273-8255, available to everyone 24 hours a day, seven days a week.
Crisis Text Line: Text START to 741-741. Available 24 hours a day, seven days a week throughout the U.S.
If you have any questions, please do not hesitate to contact myself or the research supervisors below.

PhD researcher: Chloë Wakeham
Email: [redacted]
Research supervisor: Dr Gideon Calder
Email: [redacted]k
Second research supervisor: Dr Ashley Frawley
Email: [redacted]

Third research supervisor: Dr Julia Terry

Email: [redacted]

Appendix 5. Canadian Debrief

Debrief (Canadian version)

Thank you for participating in the present study regarding discussing mental health on social media platforms. The present study aimed to gather information about your experiences online and what discussing mental health related topics means for you. We want to understand the meaning behind using mental health related hashtags, how these topics are discussed on social media and whether they vary across different platforms as well as offline.

The information you have given me will be held anonymously; this means that it will be impossible for people to know what your answers were.

If you experienced any distress during the interview, we encourage you to contact the support lines below. In an event that you are at imminent risk of harming yourself or others, please contact Crisis Canada for further support or call 911 if your life is at risk.

Crisis Canada: Call 1-833-456-4566 anytime or text 45645 (from 4pm- midnight).
Kids help phone: Call 1-800-668-6868 for young people under 20 years old.
Hope for wellness help line: Call 1-855-242-3310, toll-free, 24 hours a day, 7 days a week for First Nations and Inuit.
If you have any questions, please do not hesitate to contact myself or the research supervisors below.

PhD researcher: Chloë Wakeham
Email: [redacted]
Research supervisor: :Dr Gideon Calder
Email: [redacted]
Second research supervisor: Dr Ashley Frawley
Email: [redacted]
Third research supervisor: Dr Julia Terry

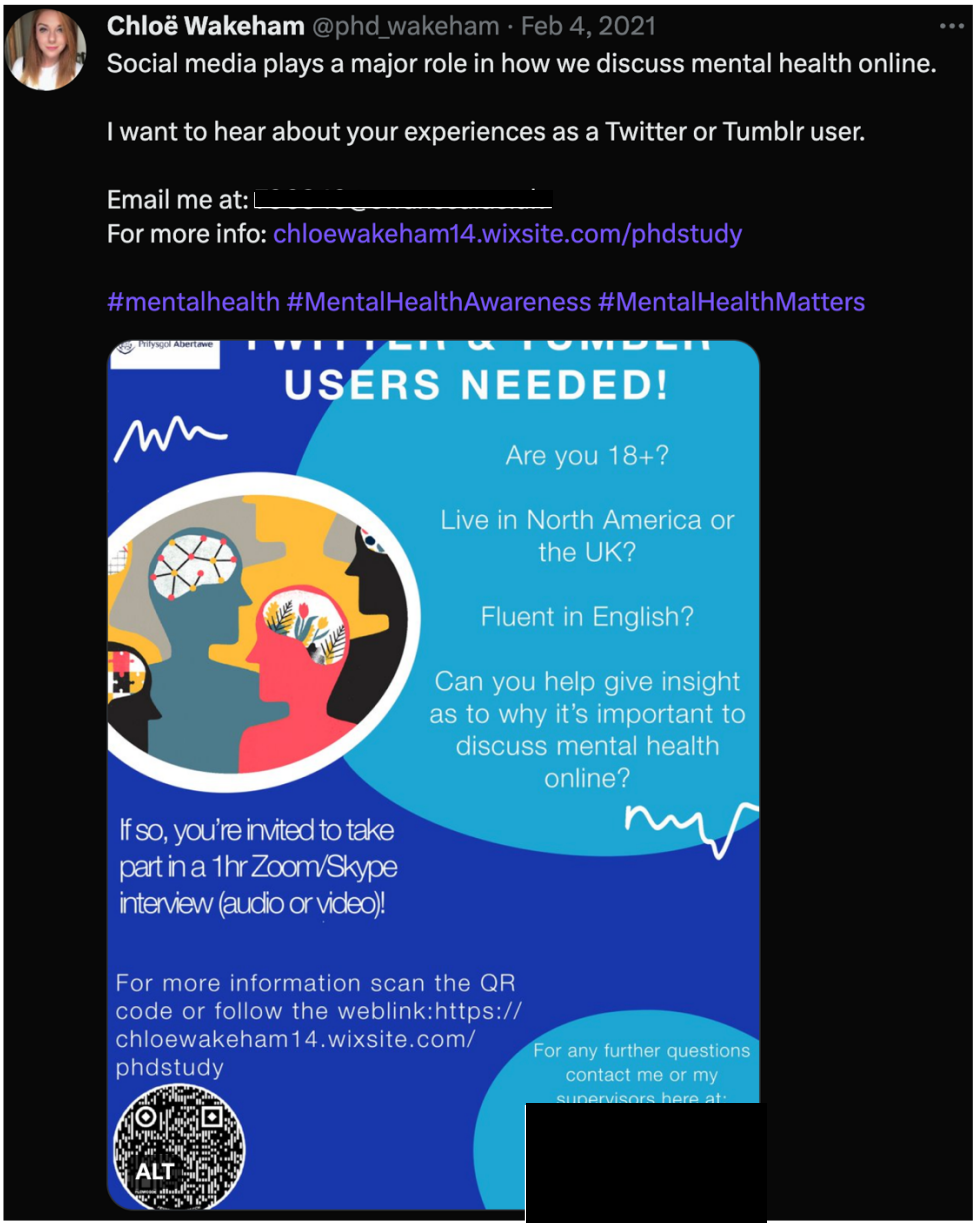
Email: [redacted]

Appendix 6. Recruitment Poster

The poster I used to recruit potential interviewees on Twitter and Tumblr.

Appendix 7. Examples of posts of research accounts

Examples of posts made on my Twitter and Tumblr research accounts during the recruitment process for potential interviewees.




Chloë Wakeham @phd_wakeham · Dec 17, 2020
Twitter &/or Tumblr users
What? Chat with me about the importance of discussing #mentalhealth matters on social media.
When? Online (Zoom calls) From January 2021.
How? For more info chloewakeham14.wixsite.com/phdstudy
Or email me!
GIF ALT
3

Appendix 8. Interview Schedule

Interview Schedule - Semi-structured phone interviews with social media users.

Participant information:

Pseudonym:

Age:

Gender:

Female ☐ Male ☐ Transgender ☐ Nonbinary ☐ Prefer not to say ☐

Location:

United Kingdom ☐ United States ☐ Canada ☐

How many of the following social media sites do you use:

Twitter ☐ Tumblr ☐ Instagram ☐ Facebook ☐ Reddit ☐ Snapchat ☐ TikTok ☐ YouTube ☐

Appendix 9. Interview Questions

Interview Questions: Discussing Mental Health online.

General platform questions:

When did you first join Twitter/ Tumblr?
What were your reasons for joining?
How do you use the platform i.e., to share your own content, reshare, engage with specific communities

When did you first start seeing posts about mental health on (Twitter/Tumblr)?
Can you describe the type of posts you encountered?
When and why did you start engaging with these posts?

How frequently (if at all) do you post about mental health on (Twitter/Tumblr)?
is there a certain time/ day(s) that you prefer to post?
how long have you engaged in this kind of posting (months/years)
what about before (Twitter) did you use bebo, myspace, how did previous platforms compare?

From your experience do you consider (Twitter/Tumblr) to be a safe place to discuss MH matters and if so, why?
do you think this depends on the platform and if so, why do you think that is?

Do you think it's important that people are able to discuss mental health matters on social media, if so, why?
do you post much about mental health? (if no, go to Q8)

Can you tell me about a recent MH post of yours and the reasons behind posting it?
how important is it to you to be able to freely discuss MH on social media?

Would you say that you engage with MH content on some platforms more than others, if so, why?
what are your preferred platforms?

Is there a type of MH post which stands out to you the most that you might consider engaging with?

What's the most recent mental health related post that you've come across?

How do you think (Twitter/Tumblr) varies in terms of discussing MH?
how different would you say mental health is talked about across different platforms (alt version of q).

Anonymity and Pseudonyms:

Do you use a pseudonym on Twitter/Tumblr, how does this compare to other platforms that you use?
Tell me about the importance of using pseudonyms on Twitter/Tumblr, does this differ across platforms?
On what platforms do you use pseudonyms? Why is it important that you do so?

Tumblr allows users to 'ask anons' questions, what are the pros and cons of this feature?
Do you think other platforms should have this and why?

Online Communities:

Can you describe to me how you came across the MH community on (Twitter/Tumblr)?

Is having a sense of community on (Twitter/Tumblr) one of the most important things to you, if so, why?

How important do you think it is for (Twitter/Tumblr users) to be able to seek support from others on the platform?
Can you recall time when you've received support from other users?
Why do you think online users seek support from strangers rather than in person?

How do other members of the (Twitter/Tumblr) MH community show their support towards others?

Have you ever come across any unhelpful behaviour from community members, if so, can you give me an example?

How would you respond to a close friend if they posted something concerning?
Would this differ if it was an internet friend/stranger?
Would you directly engage with the post?

Would you say that you need a certain amount of following in order to feel heard by the (Twitter/Tumblr) community? (for example, if you were trying to reach to others on the platform about MH/ what kind of responses would you get).
Do you feel that you've have to earn your way into the community or prove yourself? If so, can you give me an example of what you've done/do.

Can you recall a time when you came across conflict within (and/or) outside the community from other members regarding mental health matters?
Is there a particular conflict that you see which continues to arise.

What do you think sets (Twitter/Tumblr) apart, from other platforms when it comes to their MH community?
That is: What is the best thing about Twitter MH community in comparison to other platforms?

What has the (Twitter/Tumblr) community provided for you personally?

How do you seek community offline?

Educating others and advice-giving:

There are a lot of posts on (Twitter/Tumblr) that attempt to educate others or provide advice, do you think this is the most informative (best way) why of spreading information, if so why or why not?
How much do you trust this information?
What are the cons of doing this?
Can you give me some examples of what posts you have found helpful?

Venting and personal experiences:

People often vent or document how they feel (let out how they feel) on (Twitter/Tumblr), why do you think that is?
Do you think it's important that users are able to have a space to vent?
Do you think people vent differently according to the platform they use?

On Tumblr, tags are used differently to other platforms, why do you think that is?

Illness labels and identity:

Are there any MH hashtags that you follow, if so, can you name a few?
Why do you engage with these?
How do you use them?
Why is it important to use keywords and MH hashtags when posting?

Occasionally (Twitter/Tumblr) users will use these hashtags or keywords within their handle or bio, what's the purpose of this?
Have you or anyone that you know used them in this way?
Does openly identifying in this way depend on the platform that you're using and why?

What about users who self-diagnose? Does the community trust these users as much as diagnosed individuals?
Are they just as valid?
Some users will use 'actually mentally ill/ ocd/ depressed' what do you think is the purpose of this is?

How does it make you feel when you see people on (Twitter/Tumblr) using phrases like 'this makes me a bit OCD, or my ADD is showing'?

Are there any accounts that you follow specifically for MH content? Can you tell me about a few? What do you like about them the most?

Trauma: is one of the most discussed topics on social media

Why do you think the word trauma is frequently discussed on social media?

How is it discussed on Twitter/Tumblr?

In your own words, how would you describe what trauma is?
Would you consider it to be MH issue or identity? Explain why.

On Tumblr there is a tag called ‘traumacore’ have you come across any of this content?
Can you describe what this is?
Have you ever personally engaged with this content? What does it give you?

Would you say that it’s important that words like ‘trauma’ continue to expand (change) it’s meaning over time? If so, why?

Closing questions:

Can you describe how you viewed mental health before you engaged/saw these posts on (Twitter/Tumblr)?
Have your views changed since being online?

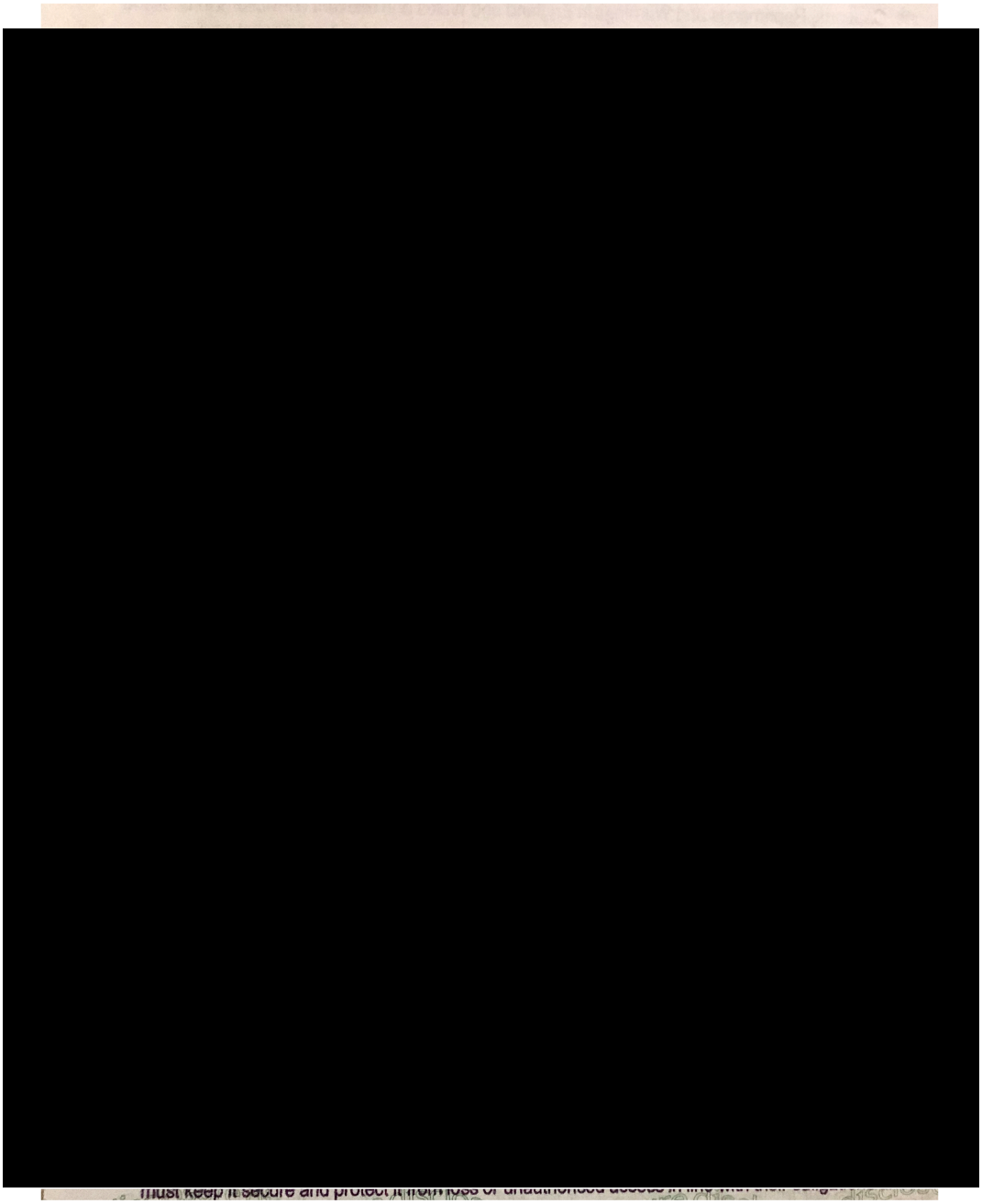
Do you think that having MH discussions on (Twitter/Tumblr) makes it easier to have these conversations in person?
Do you have a personal experience of this?

What kind of mental health matters would you like to see being discussed online in the foreseeable future?

How do you think MH discussion will look in the future?

Appendix 10. DBS

Photocopy of a basic DBS I had during interviewing.



Appendix 11. Ethics Application

Application for Standard Ethical Approval (V.06/15)

CHECKLIST

Please note that we are able to review an application only when all documentation is submitted alongside this application form. Should any necessary appendices not be attached, this could delay the submission until the following month. Please use this checklist below to ensure that the application is complete. Many thanks.

	Attached Yes / No / N/A	Comment
Recruitment advertisement or email(s)	YES	
Participant information sheet(s)	YES	
Consent form(s)	YES	
Debrief sheet(s)	YES	
Questionnaire(s)	N/A	
Interview or Focus Group schedule(s)/questions	YES	
Workshop schedule(s)/questions	N/A	
Written consent from public or private body	N/A	
Supervisor signature	YES	

PLEASE COMPLETE THE FORM USING TYPESCRIPT

(hand-written applications will not be considered)

Principal Investigator	Chloë Wakeham
Date	20/04/2020
School	College of Human and Health Sciences
E-mail address	[redacted]
Title of Proposed Research	Exploring mental health discourse on Tumblr, Twitter and TikTok
Type of Researcher (please tick)	PhD student
Name of course & supervisor	Social Policy. Dr Gideon Calder ,Dr Ashley Frawley, & Dr Julia Terry
Supervisor e-mail address	[redacted]
Qualifications and professional background	Dr Gideon Calder: Associate Professor in Sociology Dr Ashley Frawley: Senior Lecturer in Public Health, Policy and Social Sciences Dr Julia Terry: Associate Professor in Nursing

1.	*Briefly describe the rationale and the main aims of the research you wish to undertake, including a statement of the intended benefits of the research. Please use non-technical language wherever possible.*

There is a widespread recognition of a 'mental health crisis' mostly within western societies, particularly focused on the way people are spending their time online, especially on social media. In particular, the media and literature are concerned that spending an excessive amount of time on social media platforms, may be contributing to the growth of mental health issues.

Over time, social media platforms have grown to be an outlet for discussing mental health amongst various online communities. This enables users to freely share their experiences, construct their online identities and ascribe to membership categories (Giles, 2006; Hammersley & Treseder, 2007). The importance of online communities may have since contributed to the promotion of mental health. Some online spaces have become occupied by discourse surrounding mental wellbeing, as well as the emergence of applications (apps) designed to assist online users with any mental health issues they might face. The growth in online 'influencers' especially on social media, can be seen using digital promotion in hopes of reducing stigma and improving users' awareness of mental illnesses (Kalra et al., 2012). These promotive strategies are often tailored for specific social media platforms like Facebook, Twitter and Instagram, in order for the content to be widely distributed.

Some researchers suggest that the type of online engagement and identity construction, may stem from the emergence of the therapeutic culture, which became prevalent during the 1980's. This was when Psychology became more influential, and words such as e.g. counselling, Post Traumatic Stress Disorder (PTSD) and self-esteem entered public vocabulary. As a result, it has led to everyday life becoming increasingly professionalised, allowing professionals to guide individuals on how to conduct their relationships, parent and grieve more efficiently (Furedi, 2004). It is possible that this may have influenced how individuals participate online, as some individuals are using 'illness identities' as a way of describing their 'illness(es)' in an online space. Researchers like Furedi (2004), suggest that one consequence of therapy culture, is that it is no longer limited to helping the ill. Instead, it is used to assist everyone to help them cope with everyday life experiences, which in turn may have led to further medicalisation of everyday problems.

Arguably, the literature so far has been relatively one sided. Research by Olteanu, Castillo, Diaz and Kiciman (2016), highlight how the literature continues to ignore fundamental questions including: why an individual might choose to disclose their illness online, and why they do so, as well as whether they're being truthful or not during this disclosure. That being said, existing literature has highlighted some gaps which I'm keen to explore throughout the study. These include: Identifying where mental health related terms derived from as well as their historical background and how these terms are being used in present day. As well as exploring how the discourse has travelled across different social media platforms and whether it's being used in the same way.

Research aims

- *To develop a better understanding of how mental illness categories, emerge on social media, and how the language is used and has adapted over time.*
- *To understand the meanings and cultural value of using these illness identities.*
- *To explore the historical emergence of words and how they've travelled across social media platforms.*
- *To understand how these trends operate within western cultures (specifically in the UK and North America where the majority of the research stems from).*

Research questions

- How do mental illness categories emerge on Twitter, Tumblr and TikTok?
- What roles do mental illness categories play in identity construction on social media and how do they interact with self-conceptions in offline life?
- What is the meaning of the construction of diagnostic language and the intention behind the use of words when discussing mental health on social media?

2.	*Briefly describe the overall design of the project including dates and/or the proposed period of investigation*

A qualitative mixed methods approach will be used for this study. A number of methods will be used, including: Ethnographic content analysis (ECA), in attempt to understand the communicative meaning behind mental health discourse across social media platforms. ECA will enable the researcher to investigate and observe the way in which discourse has 'traveled' across other social media platforms and into institutional realms. It also allows for various modes of information exchange, format and style, be it written or visual. The aim of this research is to be analytic and systematic, but not rigid and to encapsulate appropriate theoretical relationships as well as the significance behind the meaning of using certain words and identities on social media.

Other methods include a Netnographic approach which will allow me to explore online communities and evaluate digital traces, including multimedia. Netnography enables the researcher to observe social media platforms, whilst applying traditional ethnographic methods of participant observation. Researchers can analyse a multitude of textual, visual and audio components i.e. imagery, drawings, photography, videos etc., which is necessary when observing posts from Instagram and Tumblr (as they are mainly visual sites). Netnography's primary use is to investigate online communities and culture, which will be helpful when studying mental health communities. As there is very little research using a Netnographic content analysis approach, this study is cutting-edge and aims to fill a gap in qualitative research.

The initial stage of data collection will involve searching for relevant mental health-related hashtags within the 'search bar' of each social networking platform, as well as noting any co-occurring hashtags. A hashtag is a character string preceded by the '#' syntax, they often signal aspects of a tweet or Instagram/Tumblr posts meaning. A hashtag will often relate to a specific topic which is intended for a specific audience. Therefore, using a hashtag such as: #BPS2020 refers to other tweets related to the 2020 BPS conference. Thus, a person who is interested in a specific topic can search under hashtags, which will often display relevant posts about the topic, as well as related posts. The hashtag function works similarly across Tumblr, Instagram and Twitter.

In this study, from the initial search of mental-health related hashtags, I will decide on tracing a single hashtag, that is recurrently used on social media, in order to trace its historical emergence and how and why it's used in an online context. This will allow for me to assess how it's changed over time, travelled across different social platforms and the similarities and differences in the way people use the hashtag for the purpose of online engagement. It is possible that during my search, I will come across 'hidden' hashtags, which have previously been observed by Moreno, Ton, Selkie and Evans (2015). As mental health communities have previously used hashtags such as, 'cutting', 'self harm', 'thinspo', these are no longer accessible due to the new restrictions on social media platforms. Much of this content has been flagged. Users go about this by creating less obvious hashtags by spelling things backwards, incorrectly or adding

extra letters or numbers. I will not be exposing these communities within my research, but it is possible that I may observe these 'hidden' posts on social media during data collection.

After careful consideration, interviewing has come to an end due to low response rate. As an alternative I would like to explore a third platform to make up for the loss of data. TikTok is a popular video sharing platform which allows users to create short videos that last between 3-60 seconds. Often accompanied with music and or audio-visual effects (Kennedy, 2020). TikTok will be explored in the same vein as Twitter and Tumblr, adhering to the same ethical procedures and guidelines set out by Townsend and Wallace (2016). To ensure this, the researcher will create a research account and disclose the purpose of the account under the biography section on the TikTok user page. The researcher will not have any direct engagement with TikTok users, they will simply observe and collect videos from public accounts only. TikTok users can enable others to download their videos in their settings, thus, only downloadable videos will be collected, uploaded, and coded within NVivo. As TikTok is a video sharing platform, users faces may appear in the videos. The researcher will conceal the users identity during analysis by providing pseudonyms, blurring faces and removing the users handles within any screenshots, which was a method used in Zulli and Zulli (2020) study. In addition, majority of the themes and trends will be explained descriptively as previous studies by Bresnick (2019), Vázquez-Herrero, Negreira-Rey and López-García (2020) have done. A study by Herrick, Hallward and Duncan (2021) looked at eating disorder recovery on TikTok, which is a sensitive topic. The study provided anonymity to the users by not including their faces, usernames or any identifiable information, and rephrased what was said in the videos they observed. All data will be stored on a password-protected computer and encrypted.

The data collection will take place starting from May for approximately eight months. Future stages of work will be designed in line with the findings from this first stage and hence subsequent application(s) to ethics committee will occur in as appropriate and in due course.

3.	*Briefly describe the methods of data collection and analysis. Please describe all measures to be employed. If questionnaire or interviews are to be used, please provide the questionnaire / interview questions and schedule.*

Online data collection will be gathered from the following social media sites: Twitter, Tumblr and TikTok. Data will be downloaded using each site's own application programming interface (API). The API will be used in order to gather information so that it becomes downloadable. Each platforms API will only collect publicly available data. Furthermore, screenshots and copy and pasting text notes into NVivo will also be used for non-transferable data. NVivo is a qualitative data analysis software, that is designed to deal with text-based and other multimedia information.

Previous studies can confirm the usefulness of utilising social media platforms API, in order to collect posts based on relevant hashtags for their research (De Choudhury, 2015; Andalibi, Ozturk and Forte, 2018; Berry et al., 2017). Many of the studies have used this method to observe online discourse regarding mental health issues. It is important to mention that this study will not include any imagery from user's social media posts. However, if I need to illustrate the types of imagery I come across during data collection, this can be overcome by recreating examples as an alternative. This has been recommended by previous studies that wanted to represent elements of what they had observed online (Andalibi et al., 2018).

Data will be analysed using Ethnographic Content Analysis (ECA) throughout the study. The following method will be employed as it is the most appropriate qualitative method for tracing and describing discourse. Using ECA will assist me in identifying relevant words, underlying meanings and themes over a period of time. Research by Altheide (1996), Philips (2013) and Marwick (2013), have all used ECA in order to track word(s) of interest and to try to comprehend how certain online communities use different social media platforms. This method will also enable me to investigate a variety of documents of all formats e.g. visuals, print, internet materials etc. Cohesive fieldnotes will also be taken throughout the duration of the data collection. These fieldnotes will provide theoretical insights, which will help in formulating a theoretical criteria for recruiting participants for the interview stage of the study. This will also inform the development of questions that will be asked during the interviews.

Lastly, Qualitative Comparative Analysis (QCA) will be implemented in order to compare any similarities and differences across the social media platforms. QCA is a comparison tool, which enables me to identify

any differences/ similarities in the way mental health discourse is discussed across different social media platforms.

4. *Location of the proposed research (i.e., Departmental labs, schools, etc.)*

The research will take place online using social media, data will be collected from social media platforms including Tumblr, Twitter and TikTok. Further data will be collected during interviews, with those who have consented to take part in the research. This is a remote study, which is expected to commence during the COVID-19 period. Thus, interviews will take place primarily over Zoom or Skype, which support remote communication over video, audio or text.

Only participants who have provided informed consent and are above the age of 18 years will take part in the interviews. Interviews will be conducted primarily over Zoom or Skype, which will be setup from the student's university account. The Universities IT department will extend Zoom meetings past the 40 minute limit, as well as enabling interviews to be ID and Password-Protected.

The research will take place at an agreed time of day which works for both the participant and researcher. This will ensure that the researcher will be on hand to assist the participant, in case they find the interview distressing. The information sheet will provide further advice and numbers of who to contact (relevant to the participants location), in case participants become distressed.

5. *Describe the participants: give the age range, gender, inclusion and exclusion criteria, and any particular characteristics pertinent to the research project.*

Although the initial data collection will not involve screening for age, 2020 social media demographics for each site tend to include the following age groups:(18-49 on Twitter), (18-34 on Instagram) and(18-29 on Tumblr) with a possibility of under 18's.

As the interviews will be conducted via Zoom/Skype, it will be up to the researcher to ensure that those who participate are 18 and above. This will occur through an electronic email confirmation, where the participants electronically sign and confirm age via a consent form that they are aged 18 by providing their date of birth. (Please find attached consent form for the Zoom/Skype interviews in Appendix B). I am aware that this process may be viewed as unreliable in ensuring the age of the participant, however, should any suspicion arise that the participant is below 18 years old the interview will be terminated and the participant will be removed from the participant list. I am completely aware of the issues that come from conducting Zoom/Skype interviews and the process of recruitment. Therefore, I will do what I can to make sure participants do not meet the exclusion criteria by adding DOB to the consent form and being mindful when posting advertisements on social media platforms. Other avenues have been considered e.g. asking for copies of participants passports/ driving license, but this may bring about more issues. For instance, this would be an additional process that participants would have to go through, which may put off participants from sharing their experiences and online posts. This would also add further complicate storing this type of information and verifying whether the identification provided is *actually* them. It is possible that these alternatives could impact the recruitment and the overall study.

Due to the sites' API, the study will only include data from publicly available posts. Participants will be protected as everything will be anonymised, using pseudonyms to provide full confidentiality. This study will not include any imagery from user's social media posts but may be recreated if needs be. I am also willing to paraphrase in order to protect the user's identity, so that nothing can be traced back to them (Kozinets, 2020: Chapter 6, p 199). Interviewees will also remain anonymous.

Participants are required to be aged 18 and over for the interviews. As a researcher I will create an account for each site, for the purpose of reasonable compliance, self-disclosure and cultural entrée. This account will clearly state my role as a researcher, my intentions as a researcher (link to the participants information sheet), as well as providing regular updates during times of data collection (Kozinets, 2020: Chapter 6, p 199). Any interactive engagement with online users requires informed consent and self-disclosure as a researcher (Kozinets, 2020: Chapter 6, p 177). Which is likely to take place via email or direct message.

According to Elmir, Schmeid, Jackson & Wilkes (2011), in-depth semi-structured interviews are best suited for exploring sensitive topics. Interviewing through computer-mediated communication is at an advantage for individuals to disclose intimate or personal experiences. This also helps overcome any geographical boundaries using Skype or other synchronous practices (Stewart & Williams, 2005; Stieger & Gortiz, 2006), whilst still obtaining informed consent and providing participants with the right to withdraw. Before the

interviews take place, the researcher will have a few electronic exchanges prior to the interview to answer any questions and arrange a time and date.

30 or more interviews will take place, until saturation has been reached, to a maximum of 50. Transcription will take place after each interview has been completed. This way, the researcher can gauge how much time they have for further interviewing to take place.

Inclusion criteria for interviews includes:

1) *Aged 18 and over*
2) *Able to communicate verbally in English*
3) *Able to give informed consent*
4) *Located in the UK or North America*

6. *How will the participants be selected and recruited? Please describe in detail the process of recruitment, including how and by whom initial contact is made with participants (e.g. advertisement, e-mail).*

During the initial stage of data collection, only public posts will be downloaded, and identities will be anonymised to adhere to protecting the confidentiality of online users. The posts will be randomly sourced through mental health related hashtags on each social media platform.

This study will use theoretical sampling. This type of sampling happens during initial data collection. During theoretical sampling, I will be coding and memo writing during the initial data collection on social media. From this I will be able to build a theory and identify the type of participants that I would like to interview. Theoretical sampling occurs once the researcher has defined and analysed core theoretical categories, but often requires more data to develop these theoretical categories. Thus, I will recruit people on the basis that they know something about my topic area and can potentially answer my research questions. Participants are therefore chosen based on a theoretical criteria or relevance, and the interviews will help me explore and test my theory. After establishing the theoretical criteria, all participants will be recruited via Twitter, Tumblr and Instagram.

*Using a public advertisement, potential participants will be recruited via social media (twitter, Tumblr and instagram) using an advert (see appendix D). This will be posted on each platform. I will disclose my intentions using an introduction like the following: "Hi, I am a researcher at Swansea University, and I'm interested in how people are talking about mental health on social media. Will it be possible to interview you about this topic on Zoom or Skype?". A maximum of 50 participants will be recruited to take part in the interviews which will be clearly stated in (see appendix A)***.** *Recruitment will end once all participants are found. Once potential participants have made contact, I will send them the participant information sheet and consent forms via my student email. We will be seeking a range of responses from both North America and the United Kingdom, whilst being aware of the differences within the health systems across Canada, United States and the UK. We will gather data from a range of viewpoints.* There will also be a reserve list for some who may drop out.

An information sheet will be provided for all participants who might be suitable to take part in the research. Participants will be encouraged to discuss the research with someone they feel comfortable with like a friend or family member and will not feel pressured into agreeing to take part. This will also be an opportunity for them to ask any questions, which the researcher will answer satisfactory (see appendix A).

If the participant agrees to take part in the research, the researcher will obtain written permission from them which also explains what is required of them (see appendix B). It will be made clear on all participant information and consent forms that their decision to participate will not affect their care. The researcher will also reiterate this personally. The welfare of each participant is the highest priority. All participants who agree to take part in the research will be provided with a unique pseudonym and will be asked some basic demographic questions at the beginning of the interview regarding their age, gender and location.

All participants will be debriefed appropriately at the end of the interview as well as providing contact details of mental health helplines tailored to their location, if they have any concerns (see appendix E). Details of the researchers will also be available before and after the interview takes place, incase participants have any further questions.

7.	*What procedures (e.g., interviews, computer-based learning tasks, etc.) will be used to gather information from participants?*

Zoom and Skype interviews will be used as they are the most advantageous as they remove the need for travel, whilst also providing a level of anonymity. Participants may feel that a Zoom or Skype call, be it audio or visual is less intrusive than a face-to-face interview. It is also an easier option for participants who may have mental health conditions and find it difficult to talk face-to-face. It is also easier to adjust settings on Skype and Zoom, to suit the participants needs, something we are not able to do in face-to-face settings. For example, some may prefer to be on camera, whilst others may prefer to remain anonymous but still ask to see me.

As the researcher is less aware of the participants physical settings, I will check at the beginning of the interview to make sure each participant is settled and comfortable. It may also be useful to ask at the beginning of the interview if the participants anticipate any interruptions, or will need a break, which can be accommodated for e.g. this may be useful for those with health conditions, disabilities or caring responsibilities (Irvine, Drew & Sainsbury, 2010).

In depth semi-structured interviews are the most suitable for investigating sensitive topics, which will be used in this study (Elam & Fenton, 2003). Previous studies have stated that other types of computer-mediated-communication is just as 'real' as face-to-face interviewing, as it is still just as supportive and provides an opportunity to talk to the individual whilst respecting their privacy and anonymity (East et al., 2010). This may also overcome any time difference issues. To reduce participants sense of vulnerability, it is advised that they should be asked to choose places in which they feel the most comfortable to participate in the interview, as ensuring a private environment is an important factor (Elmir, Schmeid, Jackson & Wilkes, 2011).

After the initial invite, there will be a few exchanges between the participant and researcher regarding time and date of the interview, this will also be an opportunity for the participant to ask any further questions. These exchanges will occur over email. Potential participants will also be sent a link regarding how to set up Skype or Zoom if they have not already downloaded the software. Each interview will last approximately 1 hour and will be audio-recorded (these files will be stored and encrypted on a password-protected computer). The interviews will be recorded using Skype and Zoom's built-in feature that allows you to record and save the files as a mp4 file to your computer. At the beginning of the interview, the researcher will reiterate the participant information sheet, in case the participant has not read it, or has misunderstood anything.

The interview will begin by asking basic demographics of each participant i.e. their age, location, gender, which will be noted next to their unique pseudonym. On the basis that participants do not disclose these demographics, they will no longer be eligible to take part in the study. As these demographics are an important variable of the study. Semi-structured open-ended interview questions will be expanded on, once the first part of data collection is complete. During the interview, the researcher will pose the questions clearly, all of which will be open-ended in order to elicit responses that reflect the participants experiences. The researcher will be

available to answer any questions or rephrase the questions if participants do not understand the questions that have been asked. Participants will be reminded that they're able to withdraw from the study at any time, up until a week after the interview. Participants can also hang up at any time if they no longer want to participate. They may also ask to reschedule if they would like to participate at a more convenient time.

These are my interview questions and there will be space for follow-up questions which will be developed during data collection (See appendix C for interview schedule

1) How frequently do you post about mental health on social media?
2) Why do you discuss mental health on social media?
3) What does it mean for you to be able to freely discuss mental health on social media?
4) Do you post about mental health on some social media platforms more than others and why?
5) Why do you think it's important for people to discuss mental health matters on social media?

8. *What potential risks to the participants do you foresee and how do you propose to ameliorate/deal with potential risks? Declare any relationship with the participants.*

It is possible that participants may become distressed during the interviews, due to the nature of the research topic. Therefore, in order to minimise the risks, care will be taken to limit the possible distressing material that the participants will be exposed to. As the construction of the interview questions will be semi-structured and open-ended, when relevant, participants will be encouraged to elaborate on what they are saying if they feel they are able too.

The researcher will take all steps that is realistically possible, following the guidance of Townsend and Wallace's *'Social media research: A guide to ethics (2016)*. When dealing with young and/or vulnerable participants, I will take all possible precautions in order to rule out vulnerable adults. Therefore, if the data is suspected to originate from young or vulnerable individual's, informed consent cannot be reliable given, thus, data will be eliminated immediately. As we are dealing with sensitive data, there is a potential risk of harm to the individuals whose data I'm collecting from. The following steps will be considered, 1) paraphrase all data which is republished in research outputs, which will prevent interested parties from tracing the individual's online profile 2) I will seek informed consent from each person who participates, as well as seeking further consent if I wish to use the data in it's original form. As children are on social media, it is okay to access this data and present the results, but I will not be able to publish the data set, nor republish direct quotes which will compromise users anonymity. Instead, I will present paraphrased quotes (removing any ID handles), whilst still reflecting any emerging themes. In terms of capacity to agree to an interview, Mental Capacity Act 2005 guidelines will be referred to throughout the study. The main principles have been outlined in section 12.

The study uses passive recruitment, as I will be posting an advertisement on social media platforms, with the aim of attracting potential participants so that they can contact the research team for more information and for consideration of participating in the study. This is a robust way of recruiting as social media is an interconnected place, which will reach audiences who have an interest in the topic area, which is very often based on the users 'likes' and 'hashtags' that they engage with online, with the added possibility for people to share the research advertisement to a wider audience (Gelinas et al., 2017). Recruiting this way is also the most sensible way to go about it during the COVID-19 period, whilst still being able to protect the privacy of potential participants and abide to the social media terms of use, in order to post an acceptable advertisement on social media.

If participants verbally express and/or become upset i.e. are tearful or crying, the interview will be paused, and I will ask the participant if they would like a break. The duration of the break can be negotiated, depending on how long the participant may need. I will hang up and call them back after the time has elapsed. This will give me an opportunity to check in with the participant and see if they would like to proceed with the interview, postpone or withdraw. Participants will be reminded that they can end the call at any time. They will be reassured that they're able to withdraw from the research if they wish and provided with contact details for mental health services if they require further support (see appendix E). This will be provided prior to the interview, in case the interview ends abruptly. In the event that the participant becomes distressed or uncomfortable, the participant will be encouraged to contact the numbers provided on the debrief form, which will include information for an emergency number.

This information will also be included on the debrief sheet about other agencies that offer support and who they could contact. Although the research is important, participants will be reassured that it is their welfare that is the priority. The research will not take place during busy times such as on weekends or late nights, where further support might not be accessible right away. Due to the nature of the study, we have limited the recruitment to the United Kingdom and North America only. Each participant will be provided with the appropriate contact details and mental health services, should they need them based on their locality. This decision has been made on the basis that the majority of the research stems from these areas, as well as being mindful of the restrictions the researcher has on how much they can intervene globally i.e. the norms and policies may differ depending on the countries.

If a participant wishes to withdraw from the research (before the data is anonymized), they will be thanked for their interest and their data will be destroyed. If a participant wishes to withdraw from the research any data which has already been collected and anonymized cannot be withdrawn, further data collection will not take place.

The data collection will take place in a private space within the researcher's home. Whilst the researcher is there, they will adhere to Swansea University's lone workers guidelines. As interviews will take place from the researcher's home, I will also have access to supervisors in case I experience any difficult or challenging interviews.

In terms of a distress protocol, I will carry out the following:

- monitor participants emotional reactions throughout the interview
- debrief them at the end of the study as well as providing them with appropriate contact details for psychological services
- I will not be able to contact emergency services on behalf of the participant, but an emergency service

number will be included within the debrief in case they are experiencing suicidal ideation.

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9.	*What potential risks to the interests of the researchers do you foresee and how will you ameliorate/deal with potential risks?*

To avoid any potential risks e.g. researcher 'burnout', its essential as a researcher that each interview is scheduled efficiently, allowing for breaks in between interviews in order to reflect on what has occurred (Dunkley & Whelan, 2006). A reflective diary will be used post-interview, in order to reflect after each interview. The researcher will also be in regular contact with the first supervisor, to discuss any matters.

In anticipation of any risks, the research will be well planned with regular supervision in case there are any issues that need to be addressed, or if the researcher needs to disclose upsetting or distressing events. The research supervisors will be provided with a timetable of each interview, and the researcher will have a contact number to call if there is a need to contact the research supervisor straight away. The researcher will be able to contact the lead supervisor directly if there are any pressing issues. There is also peer support available with other PhD students who are conducting research in similar areas. The university counselling service is also available for the researcher, and the researcher is also able to access counselling through their place of work.

10.	*How will you brief and debrief participants? (Please attach copy of participant information sheets and relevant debrief information)*

An advert will be posted on social media (Twitter, Tumblr and Instagram), with contact details of the researcher and supervisors in order for prospective participants to get in touch (see appendix D). Once prospective participants have emailed me, I will send over the participant information sheet which describes the study's rationale, what is required of them, potential risks, their right to withdraw and contact information including, my student university email address (see appendix A).

A debrief information sheet will be provided to all participants that complete the interview. The debrief information sheet will inform interviewees of the nature and outcome of the research as well as the potential risks. The debrief sheet will also have the contact details of the researcher and the research supervisors should they have any further questions or concerns about the research. They will also be encouraged to contact their local mental health services if they have any concerns (see appendix E).

11. *Will informed consent be sought from participants?*	Yes *(Please attach a copy of the consent form and participant information sheet)*	YES
	No	**X**

Informed consent will be sought for the interview part of the study by requesting participants to sign a consent form (see appendix B) which they can email them back to the researcher, scan and sign or sign digitally. I will also ask for the consent before we begin the interview.

However, informed consent will not be sought for the initial part of the data collection. This is based on the public vs private debate surrounding participant observation on social media. Which is dependent on the accessibility we have as researchers to these social platforms, but there are often many grey areas. Informed consent is often dependent on whether the researcher is having active engagement with the research participants (Roberts, 2015). As I will only observing archival data, thus having passive engagement, this will not be necessary. If the researcher decided to use direct quotes from an online user, informed consent will need to be provided by contacting the online user for permission.

In this case, Twitter, Tumblr and Instagram are accessible without needing to create an account in order to search for relevant posts. However, as a researcher its necessary that I create an account for the purpose of providing reasonable compliance, self-disclosure and cultural entrée. This is especially important for when I conduct the interviews. Disclosure will be clearly stated within the 'biography' section of my research account, further information regarding the research can be disclosed within a post, as well as providing account updates during the times of data collection. Only online users who have their profiles set to 'public' will be included, private accounts will not be considered and will be factored out completely. All data collection will be anonymised, posts will be quoted or paraphrased, in order to protect user's identity. Which will be checked using search engines to ensure users online identities are not traceable. Ethical rules for all platforms will be consulted prior to data collection, as well as evaluating any international boundaries that the study may have. GDPR rules is a legal requirement, which will be abided to throughout the study, as well as referring to Kozinets (2019) book 'Netnography: The Essential Guide to Qualitative Social Media Research' throughout data collection. As I am a UK based student conducting a UK based study, all data collection will be collected in the UK, meaning that North American based participants data will be stored and disposed of under UK based law, abiding to GDPR rules.

12. *If there are doubts about participants' abilities to give informed consent, what steps have you taken to ensure that they are willing/competent to participate?*

All prospective participants will be given information sheets explaining the research in clear and non-technical language. They will be able to discuss the research with others if they wish. Participants are required to self-certify, which includes signing a form and confirming the DOB and Consent forms will be signed by the participants before research is carried out. Before the interview takes place, the researcher will reiterate the participant information sheet, to ensure that the participant has fully understood and considered what is being asked of them.

If at any point during the interview I suspect that they are too distressed to proceed or are a danger to themselves, I will stop the interview immediately and provide them with appropriate helplines for them to seek help.

If there is any doubt that a participant is not able to give informed consent they will not be included in the research. Participants will be reminded that they can withdraw from the interview at any point, up until a week after the interview.

In terms of capacity, I will follow the key principles of the Mental Capacity Act 2005, which will assist me in determining whether a participant is able to understand, retain and weigh up information which they can communicate to me.

The main principles include:

(1)A person must be assumed to have capacity unless it is established that they lack capacity.

(2)A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.

(3)A person is not to be treated as unable to make a decision merely because they make an unwise decision.

(4)An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

(5)Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

13. *If participants are under 18 years of age, please describe how you will seek informed consent.*

All participants will be aged 18 and over for the interviews, but this will not apply for the other aspect of the study.

As the initial part of the study includes observing online posting by social media users, it will be difficult to identify online users by age, thus excluding under 18's is seemingly impossible. Not everyone discloses their age online and some social media platforms no longer use strict restrictions for under 18's. Although each platform provides safeguarding rules, protecting those under the age of 18 by e.g. automatically setting their account to private, limiting access to other users, some children and young people will not always adhere to this (O'Neill, 2013).

Unfortunately many studies fail to disclose how to overcome and accommodate for this issue, whilst others fail to seek ethical approval. Spriggs, (2010) handbook addresses some of these matters by suggesting when consent is necessary when doing internet-based research which may involve children. Much of the decision is based on informed consent which has been addressed (see question 11). The national statement highlights that simply collecting online material which is in the public domain is often exempt, as long as the researcher adheres to ethical guidelines throughout the study. Very often consent is not needed when information is public, which automatically excludes private accounts. However, it is possible that some young people may not understand the distinction between the public and private domain and may not be concerned about their online privacy. Therefore it's important as a researcher that risks are reduced by doing the following:

1- Only collecting data from public accounts
2- Reducing the risk of being able to identity individuals (especially as some may be under 18): excluding any identifiable information (name, username, location, gender)
3- I am willing to paraphrase individuals rather than directly quoting users if needs be
4- Only allowing passive engagement (simply observing online behaviour, rather than actively engaging with the online user).
5- For the interviews: participants will need to electronically sign and confirm that they are 18+ via a consent form, which will require their date of birth

14. *How will consent be recorded?*
All prospective participants will be provided with an information sheet explaining the details in full (see appendix A), which will be attached in a private message or emailed to potential participants. Potential participants will be given a grace period of one week to understand the nature and outcomes of the research they are considering participating in. All participants who wish to take part in the research will be asked to read and sign a consent form, either by printing, signing and scanning the form, or signing it digitally. One copy will be given to the participant and one copy will be shared with the research lead supervisor's office and stored on a password-protected computer at Swansea University.

15. *Will participants be informed of the right to withdraw from your study without penalty? If no, please explain why.*
Yes, participants will be provided with this information in their information sheet. Participants will also be reminded that they have the right to withdraw from the study without penalty, one week after completing the interview.

16.	*How do you propose to ensure participants' confidentiality and anonymity?*
	Participants' anonymity will be ensured by coding data and providing participants with pseudonyms. All names during data collection will be anonymised, as well as quoting and/or paraphrasing any quotes, so that participants identity will be untraceable. Confidentiality will comply with the Data Protection Act 2018 and the General Data Protection Regulation 2016. If a participant expresses certain information to be redacted or not included in the study, the researcher will accommodate for this.

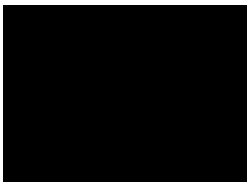
17.	*Please describe the arrangements for storing and disposal of data:*
	Information will be held on the researcher's private laptop, which is password-protected, which will be held during the COVID-19 period. But will be transferred to the University's filespace (which is password-protected) post COVID. Any sensitive data will be passed on to the researchers lead supervisor and stored on a password-protected computer. The data file will also be encrypted; using an encryption programme such as AxCrypt, CryptoExpert. At this stage the data will be anonymised, no names will be recorded, only age, gender and location will be recorded. Data will be stored for 10 years and disposed of securely after this time.

18.	*Does your research require the written consent of a public or private body, e.g. school, local authority or company? If so, please attach letter of consent.*
	Written consent is not essential in order to collect data from social media sites. We must however follow the Terms and conditions of each site. All of which state that, posting any content (by using their services) grants users the ability to use, copy, reproduce, adapt, modify, publish, transmit, display and distribute content of all mixed media. This license essentially authorizes users content to be available to the rest of the world.

In order to download and analyse data on these social media sites. I will submit an application in order to utilise the sites public API, which will grant me access to downloading these posts once the site has accepted my application(s).

19.	*If your proposed research is with 'vulnerable' groups (e.g., children, people with a disability etc.), has an up-to-date Disclosure and Barring Service (DBS) check (previously CRB check) if UK, or equivalent non-UK clearance been requested and/or obtained for all researchers?*
Yes, a basic DBS will be provided. (see appendix F)	

20.	*Does your research involve the collection of Human Tissue? E.g. saliva, urine*	Yes	
		No	**X**

Applicant's signature:  Date: 19.04.20

Supervisor's signature: __Date: 19.04.20

(if appropriate)[redacted]

Upon completion, please forward an electronic copy (as a single document, Word or PDF) by e-mail to CHHS-Ethics@swansea.ac.uk

Rachel Bird
Administrative Support
Research Ethics Committee,
College of Human & Health Sciences
Swansea University
Singleton Park, Swansea, SA2 8PP.

Angela Smith
Research Ethics Committee,
College of Human & Health Sciences
Swansea University
Singleton Park, Swansea, SA2 8PP.
Email: [redacted]
Chairperson
CHHSREC

****RESEARCH MAY ONLY COMMENCE ONCE ETHICAL APPROVAL HAS BEEN OBTAINED****

Ethical Approval

Ethics Committee Use Only

Principal Investigator	
Title of Proposed Research	

Application approved	Yes		No	
Date				
Name				
Signature				
Position (please state if a member or Chair of ethics committee and name of committee)				

This application has not been granted ethical approval in its current form. Please ensure that you take account of the comments and feedback provided below and prepare a revised submission:

Appendix A. Information Sheet: Skype/ Zoom Interview

PARTICIPANT INFORMATION SHEET

Exploring mental health discourse on Tumblr, Twitter and Instagram

Disclaimer: As the interview addresses a sensitive topic, it is possible that you may find some of the questions difficult to answer and may become distressed.

You are being invited to take part in some research. Before you decide whether or not to participate, it is important for you to understand why the research is being conducted and what it will involve. Please read the following information carefully.

What is the purpose of the research?

We are conducting research on how people are discussing mental health on social media platforms like Twitter, Tumblr and Instagram. Whether this is through posting, actively engaging with others or spectating. We'd like to hear about your experiences online and the relevance of talking about this topic. The purpose of the study is to observe how individuals are talking about mental health across social media platforms and what it means to be able to do so. It is required that you are aged 18 and over and live within the United Kingdom or North America. Your participation in this study will take approximately 60 minutes to complete 1 interview. 30 or more interviews will take place, until saturation has been reached, to a maximum of 50.

Who is carrying out the research?

The data is being collected by Chloë Wakeham of the Department within College of Human and Health Sciences, under the supervision of Dr Ashley Frawley, Dr Gideon Calder and Dr Julia Terry of the Department of Human and Health Sciences. The research has been approved by the College of Human and Health Sciences Research Ethics Committee.

What happens if I agree to take part?

The aim of the semi-structured interview is to have an open discussion about your experiences on social media as a platform user who discusses aspects of mental health through posting, engaging with others or through spectating. Participants will need to

electronically sign and confirm that they are 18+ via a consent form, which will require their date of birth.

The Skype or Zoom call will be approximately 60 minutes long. The interviewer will call you on an agreed time and date and participants will be sent an invitation to the Zoom or Skype call. All participants will be asked some basic demographics including: their age, gender and location which is an important factor for the study. This information will be anonymised and no way identifiable as you will be provided with a unique pseudonym. It is possible that anonymised data might be made publicly available, consistent with developments within open science.

In preparation for the interview, participants will be asked to limit any possible distractions during the call. It is recommended that you find a quiet and comfortable space, with limited background noise. If you expect any interruption during the interview or require a break, please notify the researcher at the beginning of the interview as this can be accommodated for. This may be especially useful for anyone with health conditions, disabilities or caring responsibilities.

If at any time during the interview you feel distressed and would like to withdraw from the study, please inform the researcher and the interview will end immediately. If you would like to rearrange to take part at another time, please inform the researcher and this can be rescheduled at a later date, providing that you are still happy to participate.

Due to the limited funding of the research, the researcher is unable to cover any other additional expenses. Therefore, if you agree to participate in the research it will be on a strictly voluntary basis and you will not receive any payment for your involvement in the research.

Are there any risks associated with taking part?

The research has been approved by the College of Human and Health Sciences Research Ethics Committee.

All participants will remain anonymous throughout the study and will be provided with a unique pseudonym. I am willing to paraphrase (rewording what you have said) in order to protect your identity, so nothing can be traced back to you. You will not be expected to enclose any personal information that you feel will make you identifiable or uncomfortable. All interviews will be audio recorded using Skype and Zooms built-in feature. These files will be

downloaded and stored on the researcher's computer, which will be password-protected and encrypted.

The research will not take place during busy times such as on weekends or late nights, where further support might not be accessible right away. Due to the nature of the study, we have limited the recruitment to the United Kingdom and North America only. Each participant will be provided with the appropriate contact details and mental health services based on your locality, should you need them.

In the event that a participant becomes distressed during the interview, the researcher will stop the interview and ask the participant if they would like a break. The researcher will hang up and call back after the negotiated time period has elapsed. The researcher will ask the participant if they would like to continue the session. If the participant chooses to withdraw from the research, the researcher will subsequently end the session, and all recordings and data will be destroyed.

If the participant is unable to complete the interview, the researcher will stop recording and offer to rearrange at another time that it suitable for both parties. This can be arranged over the phone or email. Please let the researcher know during the phone call if you feel that you are unable to complete the interview.

If you wish to withdraw your participation after completing the interview, you will be given a week to inform the researcher so that data can be destroyed. After a week has passed, you will no longer be able to withdraw from the study.

Data Protection and Confidentiality

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the researcher/research team.

All electronic data will be stored on a password-protected computer file on the researcher's laptop. Any other records will be stored on the first supervisor's computer at Swansea University. Your consent information will be kept separately from your responses to minimise risk in the event of a data breach. Please note that the data we will collect for our study will be made anonymous up to a week after the interview, thus it will not be possible to identify and remove your data at a later date, should you decide to withdraw from the study. Therefore, if

at the end of this research you decide to have your data withdrawn, you will have a week to let us know if you wish to withdraw from the study.

What will happen to the information I provide?

This research is contributing to a PhD thesis in Social Policy at Swansea University. The anonymous data collection will help with the completion and submission of the PhD and may also be used as a secondary data source for other researchers. The researcher will follow privacy protocols created in the development stage of the project to ensure anonymity after submission of the data collection. An analysis of the information will form part of our report at the end of the study and may be presented to interested parties and published in scientific journals and related media. *Note that all information presented in any reports or publications will be anonymous and unidentifiable*.

Audio recordings will be kept for up to 12months from the date of completing the interview e.g. 12/08/2020-12/08/2021. The recordings will solely be used for transcription purposes and will be destroyed once transcription is complete.

Is participation voluntary and what if I wish to later withdraw?

Your participation is entirely voluntary – you do not have to participate if you do not want to. If you decide to participate, but later wish to withdraw from the study, then you are free to withdraw up to a week after the interview takes place, without giving a reason and without penalty.

Data Protection Privacy Notice

The data controller for this project will be Swansea University. The University Data Protection Officer provides oversight of university activities involving the processing of personal data, and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet. Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

The legal basis that we will rely on to process your personal data will be processing is necessary for the performance of a task carried out in the public interest. This public interest

justification is approved by the College of Human and Health Sciences Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data will be that processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

How long will your information be held?

Data will be preserved and accessible for a minimum of 10 years after completion of the research. Records from studies with major health, clinical, social, environmental or heritage importance, novel intervention, or studies which are on-going or controversial should be retained for at least 20 years after completion of the study. It may be appropriate to keep such study data permanently within the university, a national collection, or as required by the funder's data policy.

What are your rights?

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing to the University Data Protection Officer:-

University Compliance Officer (FOI/DP)
Vice-Chancellor's Office
Swansea University
Singleton Park
Swansea
SA2 8PP
Email: dataprotection@swansea.ac.uk

How to make a complaint

If you are unhappy with the way in which your personal data has been processed you may in the first instance contact the University Data Protection Officer using the contact details above.

If you remain dissatisfied then you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: -

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF
www.ico.org.uk

What if I have other questions?

If you have further questions about this study, please do not hesitate to contact us:

Chloë Wakeham
Department of Human and Health Sciences
Swansea University
[redacted]

Dr Ashley Frawley
[redacted]
Dr Gideon Calder
[redacted]
Dr Julia Terry
[redacted]
Department of Human and Health Sciences
Swansea University

Appendix B. Consent Form: Zoom/Skype Interviews

CONSENT FORM FOR SKYPE AND ZOOM INTERVIEWS WITH SOCIAL MEDIA USERS

Title of the project: Exploring mental health discourse on Tumblr, Twitter and Instagram

Name of Researcher: Chloë Wakeham

1. I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask any questions and have had these answered satisfactory.

2. I understand that participation involves a phone interview regarding posting about mental health on social media. Which may last approximately 60 minutes.

3. I understand that my participation in this research is entirely voluntary and I am free to withdraw at any time up until a week after the interview takes place, without giving a reason. All data from the interview will be destroyed as a result of withdrawal.

4. I understand that all information I provide for this study will be treated confidentially.

5. I understand that the interview will be audio-recorded.

6. I understand that signed consent forms and original audio recordings will be retained on the researcher's computer which will be password-protected and encrypted. Only the researcher will have access to these. These files will be retained for a period of 12 months from the date of the interview, in order to allow for transcription to take place.

7. I understand that I will not benefit directly from participating in this research

8. I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.

9. I understand that anonymised extracts from my interview may be quoted or paraphrased and possibly used within the researcher's thesis, conference presentations and within published papers.

10. I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.

11. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

12. I confirm that I am over the age of 18 years old and my date of birth is (DD/MM/YYYY) …….
13. I agree to take part in the study

_____ _____

_____

Name of participant Date Signature

Appendix C. Interview Schedule: Exploring mental health discourse on Tumblr, Twitter and Instagram

Interview Schedule - Semi-structured phone interviews with social media users

Participant information:

Pseudonym:

Age:

Gender:

Female ☐ Male ☐ Transgender ☐ Nonbinary ☐ Prefer not to say ☐

Location:

United Kingdom ☐ United States ☐ Canada ☐

How many of the following social media sites do you use:

Twitter ☐ Tumblr ☐ Instagram ☐ Facebook ☐ Reddit ☐ Snapchat ☐ TikTok ☐ YouTube ☐

Interview Questions:

1) How frequently do you post about mental health on social media?
- is there a certain time/ day(s) the participant prefers
- how long have you engaged in this kind of posting (months/years)

2) Why do you discuss mental health on social media?
- is this something you do offline

3) What does it mean for you to be able to freely discuss mental health on social media?

4) Do you post about mental health on some social media platforms more than others and why?
- is there a preferred platform
- how do these platforms vary in terms of discussion
- how was mental health discussed prior to social media

5) Why do you think it's important for people to discuss mental health matters on social media?

- tell me about a recent post and what were the reasons for posting it

Appendix D: Recruitment Advert

'Hi everyone, I'm a PhD student at Swansea University interested in how mental health is discussed on social media. Please see the advert below, to check if you qualify to take part. Please email me if you're interested. Thank you!'

Appendix E: **Participant debriefing letter UK version**

Thank you for participating in the present study regarding discussing mental health on social media platforms. The present study aimed to gather information about your experiences online and what discussing mental health related topics means for you. We want to understand the meaning behind using mental health related hashtags, how these topics are discussed on social media and whether they vary across different platforms as well as offline.

The information you have given me will be held anonymously; this means that it will be impossible for people to know what your answers were.

If you experienced any distress during the interview, we encourage you to contact the support lines below. In an event that you are at imminent risk of harming yourself or others, please contact the Samaritans for further support or call 999 if your life is at risk.

Samaritans: Accessible 24 hours a day. You can call for free on 116 123, or email jo@samaritans.org

SANE line: 0300 304 7000 (4.30pm-10.30pm everyday)

The Mix (for under 25's): 0808 808 4994 (Sunday-Friday 2pm-11pm), or text THEMIX to 85258.

Papyrus HOPELINEUK (under 35's): 0800 068 4141 (weekdays 10am-10pm, weekends 2pm-19pm and bank holidays 2pm-10pm), email pat@papyrus-uk.org or text 07786209697

If you have any questions, please do not hesitate to contact myself or the research supervisors below.

PhD researcher: Chloë Wakeham
Email: [redacted]
Research supervisor: Dr Gideon Calder
Email: [redacted]
Second research supervisor: Dr Ashley Frawley
Email: [redacted]
Third research supervisor: Dr Julia Terry
Email: [redacted]

Participant debriefing letter US version

Thank you for participating in the present study regarding discussing mental health on social media platforms. The present study aimed to gather information about your experiences online and what discussing mental health related topics means for you. We want to understand the meaning behind using mental health related hashtags, how these topics are discussed on social media and whether they vary across different platforms as well as offline.

The information you have given me will be held anonymously; this means that it will be impossible for people to know what your answers were.

If you experienced any distress during the interview, we encourage you to contact the support lines below. In an event that you are at imminent risk of harming yourself or others, please contact the National Suicide Prevention Hotline for further support or call 911 if your life is at risk.

National Suicide Prevention Hotline: Call 1-800-273-8255, available to everyone 24 hours a day, seven days a week.

Crisis Text Line: Text START to 741-741. Available 24 hours a day, seven days a week throughout the U.S.

If you have any questions, please do not hesitate to contact myself or the research supervisors below.

PhD researcher: Chloë Wakeham
Email: [redacted]
Research supervisor: Dr Gideon Calder
Email: [redacted]
Second research supervisor: Dr Ashley Frawley
Email: [redacted]
Third research supervisor: Dr Julia Terry
Email: [redacted]

Participant debriefing letter Canada version

Thank you for participating in the present study regarding discussing mental health on social media platforms. The present study aimed to gather information about your experiences online and what discussing mental health related topics means for you. We want to understand the meaning behind using mental health related hashtags, how these topics are discussed on social media and whether they vary across different platforms as well as offline.

The information you have given me will be held anonymously; this means that it will be impossible for people to know what your answers were.

If you experienced any distress during the interview, we encourage you to contact the support lines below. In an event that you are at imminent risk of harming yourself or others, please contact Crisis Canada for further support or call 911 if your life is at risk.

Crisis Canada: Call 1-833-456-4566 anytime or text 45645 (from 4pm- midnight).

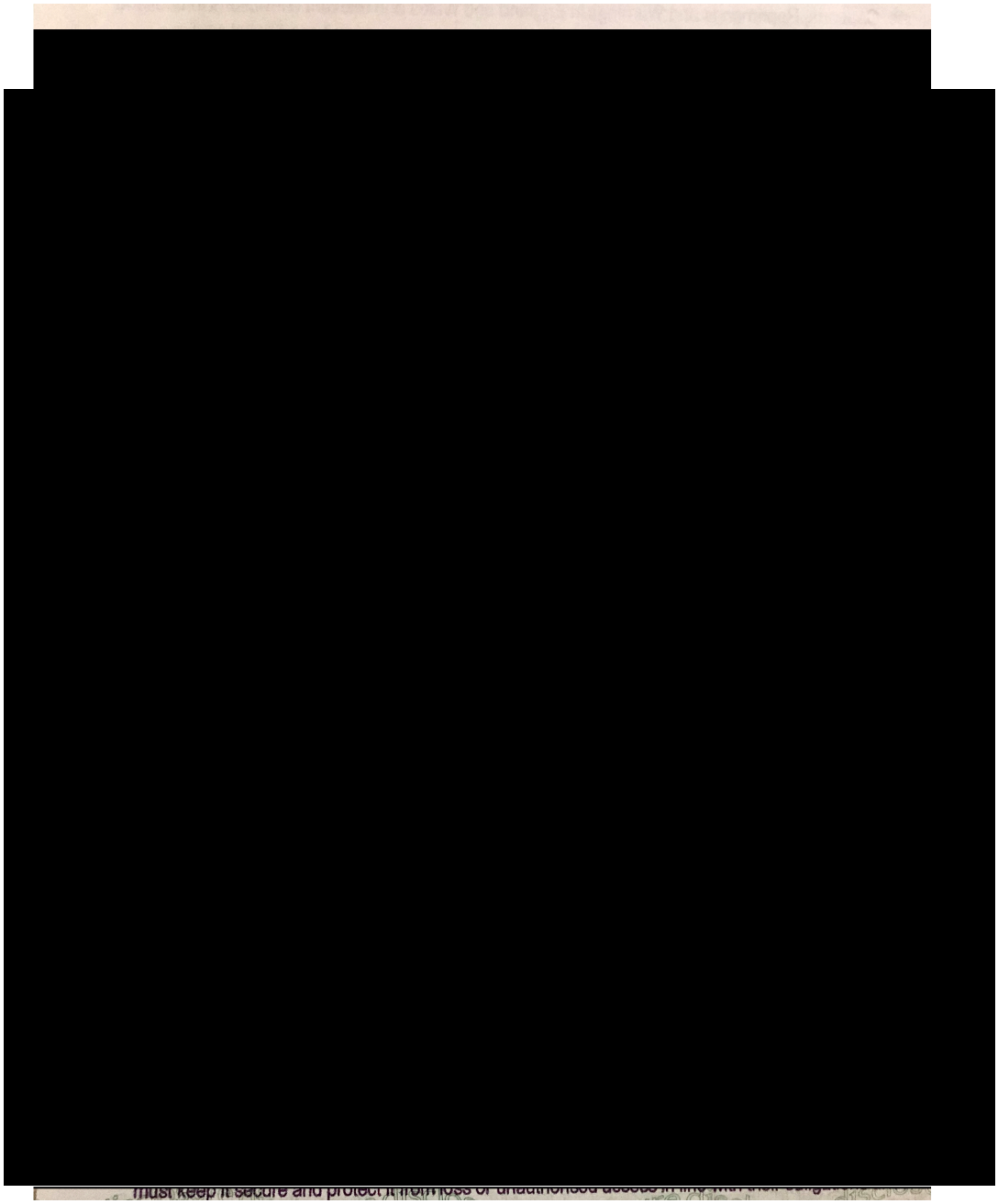
Kids help phone: Call 1-800-668-6868 for young people under 20 years old.

Hope for wellness help line: Call 1-855-242-3310, toll-free, 24 hours a day, 7 days a week for First Nations and Inuit.

If you have any questions, please do not hesitate to contact myself or the research supervisors below.

PhD researcher: Chloë Wakeham
Email: [redacted]
Research supervisor: :Dr Gideon Calder
Email: [redacted]
Second research supervisor: Dr Ashley Frawley
Email: [redacted]
Third research supervisor: Dr Julia Terry
Email: [redacted]

Appendix F: Basic DBS



Appendix G: References included in ethics application

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