Translated excerpt

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Digitale Diagnosen.
Psychische Gesundheit als Social-Media-Trend

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Digital Diagnoses.
The Mental Health Trend in Social Media

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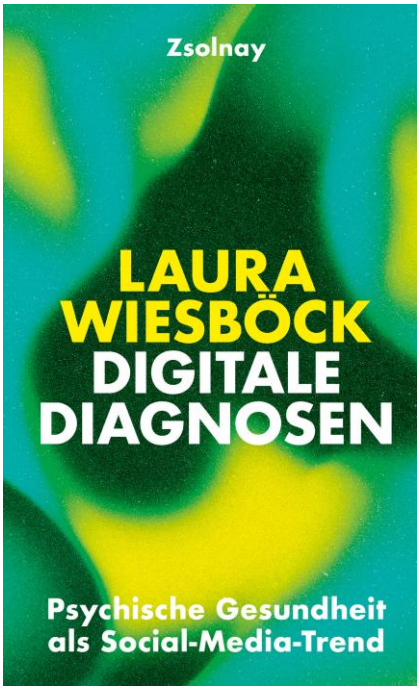

INTRODUCTION

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association triggered widespread debate. A central point of criticism concerned the diagnosis that grieving longer than two weeks should be classified as a depressive episode. A few years later, an influencer from the USA shared an Instagram story wherein she had sat her two children in front of the TV. This was something she didn't normally do, but she was about „to snap," which is why she was now taking time to meditate. As she put it, her "mental health" came first.

Both events raise serious questions. What can we say about a society that classifies suffering the loss of somebody close to you as an illness? Has sadness now turned into a symptom that needs to be addressed as though it were a problem to be solved? What function does the schematization and pathologization of painful experiences fulfill? And what does irritability have to do with mental health? Isn't a delicate nervous system normal for mothers suffering under constant sleep deprivation, demanding care routines, lack of support and the high expectations society imposes on them? Or are people only allowed to take time off if they do so in the name of taking care of their health?

For the last ten years, the approach to health and the overvaluing of „healthism" in the U.S. has grown into a global phenomenon, and no less so within a European context. In the recent past, the term "mental health" was mostly reserved for people working in the field of medicine; today the situation has changed drastically, the perception of mental illnesses has grown across all walks of society. Social media platforms are filled with content about psychiatric diagnoses - and not just since the COVID-19 pandemic. This must be viewed within an historical continuum: ongoing negotiation processes determine what is defined as a pathological condition and by whom. Definitions of "sick" and "healthy" are not objective parameters. Rather, they are socially constructed, socially mediated, influenced by specific" fashions," and are dependent upon varying interests and prevailing values.

The increased visibility of mental illnesses raises the question whether it not only leads to greater awareness, but also to the popularization of psychatric diagnoses. And this includes „normal" human suffering or functional impairments that increasingly are classified as being pathological. This poses a new risk because discursive developments ultimately generate approval of psychiatric strategies for treating and interpreting an illness. In other words: basic feelings of

melancholy and *Weltschmerz* could be perceived as depression; shyness or introversion is labeled as social phobia, or trauma turns into nothing more than having some unpleasant experiences, or if a person is deeply touched by the suffering of others, they are now diagnosed as being hypersensitive. Indeed, an awareness of the fact that various psychiatric diagnoses may be seen as social constructs and not necessarily a biological "disorder," does not necessarily make the condition any less serious or real for the sufferer. And even if certain forms of emotional distress - such as life crises, phases of disorientation, emotional injuries or personal lows - have always been part of "normal" human existence, this does *not* mean that they are not painful; that they do not require support. From a sociological perspective, one might ask why obstructive emotional states and behaviours are currently seen, and expressed, in a pathologized form within the public consciousness. Moreover, we need ask which social circumstances and actors are contributing to the fact that questions of emotional balance and functionality increasingly are turning into notions for dealing with health or illness.

Given previous analyses that focus on the popularization of psychiatric diagnoses within society, it is often argued that the economic interests of the healthcare industry ("pharma") are the driving force behind this phenomenon. Other voices emphasize that our current culture is designed to avoid pain and therefore privilege prolonged anesthesia. On social media platforms, various forms of psychosocial systemic critique that argue capitalism is the cause of illness are particularly popular. Thus far, there has been little focus on the fact that in utilitarian societies, outside pathological settings, there are few spaces where dysfunctional behaviors and human feelings of vulnerability can legitimately be lived out - in contrast to Christian cultures, for example, where spaces are provided for suffering, and where meaningful processing and utilization can take place. And that, despite the fact that the self has grown increasingly in focus and is more fragile and sensitive to injury than ever before.

In religious societies, people often have a greater capacity for suffering because they believe in a deeper truth that goes beyond immediate well-being ("beyond"). Modern demands requiring productivity, efficiency, personal responsibility and that value pleasure, on the other hand, leave little room for dysfunctionality, phases of disorientation or allow for the expression of emotional pain. Sadness is interpreted less as a "normal" human reaction to certain events, such as a global pandemic, the loss of a loved one, or experiences of discrimination, than a "disorder" that requires treatment. Moreover, there are radical individualization processes that promote the idea that subjective well-being is the result of a person's own decisions and actions.

The relocation of feelings of discomfort to the medical sphere allows people to suffer, to externalize their suffering, and to relieve themselves of personal responsibility: they are not dissatisfied people, rather they are patients whose discomfort must be taken seriously by themselves and by others.

Not only has there been too little focus on the fact that modern pressures have contributed to the popularization of psychiatric diagnoses, but the new spokespeople also need further examination. These include mental health influencers on social media platforms, i.e. commercially oriented marketers who promote an understanding of mental health as a question of balance, and

operate within the scope of destigmatizing, glamorizing, commercializing and appropriating mental illness.

The focus of this book revolves around these aspects of mental health and seeks to expand upon the debate around processes of social pathology. It adheres to the motto:“ Hard on systems, soft on people.” We are using selected examples of content creators purely to illustrate our point and not to judge individual statements or practices of users on social media. We are looking at what their popularity reveals about today’s social conditions. It is equally important to emphasize that there is no such thing as “social media” as a uniform model. TikTok, Instagram and YouTube are platforms that all rely on video content, but follow a different logic in terms of content formats and length, algorithm structure, opportunities for interactivity or monetization models. What they all have in common, however, is that they are places of “supposed reality mediation”, and in this sense, the term is also used in a broader context. The aim is to better understand how, and why, people interact online with the category of mental illness in order to give meaning to their self-image and form communities. In doing so, this publication focuses on what may be called „diagnostic enthusiasm“ and analyzes how today’s society insists on interpreting obstructive or unpleasant emotional states, behaviors, experiences or even people as being pathological.

ONLINE DIAGNOSES BETWEEN DESTIGMATIZATION, GLAMOURIZATION, AND COMMODIFICATION

In today‘s online cultures, there is a great willingness to identify with psychiatric diagnoses and to display them publicly. The alleged intention behind making painful taboos visible is to promote a broader understanding of, and empathy for, sufferers. This results in crucial processes of destigmatization that can make those affected more likely to seek help or feel part of a “virtual community,” rather than feeling socially isolated in their suffering. This encourages people with severe mental illness to find hope, support each other, and share personal experiences and strategies for coping with life’s daily challenges. A study of young adults shows that people with mental health problems are more likely in virtual space to make friends on social media and network with like-minded people. Online, they learn from other sufferers about more options and ways of accessing mental health support. Social media, therefore, has educational potential by providing a platform in which mental illness can be openly addressed and linked to activist movements.

With all the advantages of the more recent online discourse around mental health, however, one might ask: Where is the boundary between raising awareness and glorification? Moreover what extent do those who are affected experience additional pressure in the name of destigmatization? Engaging with these questions is fundamental to a nuanced understanding of the potential impact the debate may have on the well-being of those affected by illness, those not affected, and society as a whole. Taking “depression” as an example, depressive symptoms generally are associated with a disorder of neuronal systems, such as in emotional and reward systems which can manifest in a variety of ways: from a lack of drive and inability to cope with everyday life, to high functionality while feeling empty inside.

Even if the main goal of content creators is to destigmatize psychological stress, it can also lead to increased feelings of shame among those affected; especially if their depression does not appear in the form of a screen-ready“ beautiful suffering” that the influencers like to display, but rather shows a basic neglect of personal hygiene. Whether one likes it or not, consuming social media content triggers most people to engage in „social comparison processes.“ The need to withdraw, for fear of being judged; for lacking the strength to take care of one’s own basic needs, or even the prevailing feeling of emotional numbness, stands in stark contrast to the aesthetic appropriations of depression on social media, which are aimed at validation and maximum exposure. After all, the logic of social media is not primarily about honesty, but about likes, followers and popularity.

Performances of emotional intensity and the aesthetic of pain, such as when young, attractive women film themselves crying with a black-and-white filter, can be understood as kind of „performative authenticity“ that is in alignment with the logic of an economy based on getting attention. Exaggeratedly expressive portrayals have the potential to increase a person‘s reach, which in turn determines market value. A perfect example of this is the five-second video of the crying TikToker Ryelee Steiling titled „depression is a tricky thing,“ which has garnered hundreds of millions of views. It may seem strange that a person experiencing such a helpless emotional episode has the presence of mind to grab their smartphone, film themselves, edit the video afterward, add sad music, and finally post it online to wait for reactions. That said, selfies of people crying are exemplary of general socio-cultural and technological developments in human behavior. The way in which people perceive and portray their private sphere has changed significantly in recent years. Social media, which make up a large part of communicative exchange, contributes to people increasingly sharing aspects of their personal and intimate lives publicly. US sociologist Richard Sennett wrote about the dangers of this “ideology of intimacy” back in the mid-1970s, when the internet in its current form was still a long way off.

Regardless whether we should see such practices as a kind of self-assured openness or “collective infantilization,“ one thing is clear: Expressing painful emotions online is nothing new for young people – think of the *emo* culture of the late 2000s, for example. Today, however, such expressions of emotion increasingly are being expressed within categories that are pathologized. This is particularly true of teenagers, who package diagnoses in visually appealing narratives. Staging sadness as a medical symptom has become normalized, a ubiquitous in social media feeds as an aestheticized phenomenon that can lead to an unintentional trivialization of serious illnesses. This is especially true for those who are suffering and see no purpose in stylizing an illness, or visually “beautifying” a condition that has made them feel so hopeless, worthless, misunderstood and lonely, which has caused them to lose relationships and hobbies, and even occasionally even triggered suicidal thoughts.

The abundance of information and aestheticized images related to mental illness is linked to the trend that an increasing number of users diagnose themselves without consulting medical professionals. On TikTok, the hashtag #selfdiagnosis has over 22 million views. The popularization of online self-diagnosis originally emerged in the US. This has to do with the notorious lack of

access to (high-quality) healthcare within that social context. While this situation cannot be compared to welfare state institutions in Europe, here, too, the process of having one‘s medical condition officially diagnosed can be lengthy and expensive. When psychiatric care is inaccessible or unaffordable, self-diagnosis may become the only means of understanding personal problems and seeking solutions. However, basing diagnoses on unverified information, online tests or your own research is not a valid method of dealing with problems, and can even pose an ‘obstacle to recovery; ’particularly if symptoms are attributed to other causes that have yet to be examined. Moreover, the information disseminated on these platforms aligns with the general logic of digital social networks: the creation of univocity.

From a clinical perspective, the multifaceted spectrum of clinical medical health conditions can rarely be captured in brief Instagram slides or short TikTok videos, not least because the same “disorder” can manifest itself very differently in a child, adolescent and adult. In other words: the same list of symptoms does not apply universally across all age groups. Moreover, in order to assess mental health conditions, not only signs must be taken into account, but also subjective states of suffering, limitations in terms of participating in social events, as well as a person’s sleeping and eating behavior. And finally, influencers in the field of mental health often lack professional training or formal medical expertise. This leads to the dissemination of false or one-sided information, such as the claim in a viral TikTok video with more than four million views that having a tune stuck in your head is a sign of ADHD. A recent psychiatric study shows that among the hundred most popular videos about ADHD on TikTok, more than half are „misleading,“ and the majority of them have been created by people without formal medical degrees.

Last but not least, our self-diagnostic online culture promotes mental illness as a way to create an identity and therefore a sense of belonging. This is evident, for example, by the fact that many teenagers list psychiatric diagnoses in the short biography of their social media profile. Such identification is also linked to the hope of gaining digital attention and, ultimately, its potential economic value. The status of having a mental illness is a new way of belonging on social media—indeed even of being successful. This particularly affects adolescents, as they are already undergoing a challenging process of transformation. In barely any other phase of life, do neuronal structures change as much as they do during puberty. These developmental years are characterized by fundamental psychological and emotional changes. Intense and fragile emotional states, irritability, powerful mood swings, doubts, a basic insecurity and inner turmoil are common phenomena. Growing intellectual abilities lead to a greater questioning of social structures, which can foster a relentless sense of *Weltschmerz*. The body changes, and young people compare themselves to others more and more, which leads to wondering about their own “normality.” Feelings of shame play a major role at this time. The process of cutting the cord with one’s parents goes hand in hand with wondering about one‘s place in the world. This hormonally and socially induced growth process is extraordinarily stressful and disorienting.

Attributing a mental illness to oneself during this phase may bring a tempting sense of relief for many young people who have grown up with the internet, particularly because social media

provides an existential space of belonging and identity formation. Moreover, it is obvious that adolescents also interpret "normal" stressful emotional situations as illness when online they are predominantly visible within categories of pathology. That said, there is a great risk in conflating clinical and human suffering, not to mention the danger of overidentification.

»SAD GIRL CULTURE« AND DEPRESSION ROMANTICISM

The behavior and self-image of young women is culturally shaped and influenced by dominant social discourses. This also refers to the pressure of fitting into one-dimensional, easily consumable categories: women who have their lives under control («That Girl»), women who are quick-witted and rebellious («Bad Girl»), women who pander to men at the expense of other women («Pick me Girl»), women who are having the summer of their lives («Hot Girl Summer»), or even women who stage their sadness aesthetically («Sad Girl»). The latter figure originally had been popularized on the blogging platform Tumblr. Google search queries for „Sad Girls" peaked in 2014 and 2015. In 2022, the trend was picked up and continued on TikTok, where the hashtag #sadgirl has nearly reached twenty billion views, while the trend „Crying Make-up" was popularized by model Bella Hadid's crying selfies.

While „Sad Girls" of the 2010s tended to stylize themselves as Victorian women – as femme-fragiles who hid themselves away at home, a kind of homage to the consumptive female ideal of 19th century women – „Sad Girls" of the 2020s are increasingly occupying the public sphere. What remains the same, however, is the romanticization of young, beautiful, suffering women, which has been a widespread phenomenon in pop culture for a long while. A classic example is the American film „The Virgin Suicides," which was released 25 years ago, wherein five beautiful, depressive sisters all commit suicide. The plot is told from the perspective of a group of men, who look back on a time when they were still young and had been fascinated by the sisters' beauty and mental illness. They spied on them through their windows, fetishized their depression, and found the other girls at school far less attractive and mysterious than the sisters.

According to British psychologist Sarah Derveeuw, the mysterious portrayal of the sisters promotes the idea that depression is profound and seductive, and this can lead young women to adopt such a mental health condition as a „trend." This image and the fetishization of the „Beautiful Damaged Girl," who invariably is played by actresses of above-average beauty, appears over and over again—in older films such as „Girl, Interrupted" and „Prozac Nation," or more recent series such as „Skins," „13 Reasons Why," and „Euphoria." All of these works romanticize and eroticize mental health issues in such a way that the female protagonists appear cool and attractive. These stories, which conflate beauty and suffering, are also reflected in the "Sad Girl Culture" in virtual space, and can be interpreted within the context of a gender-specific culture of sadness and mental illness. Psychologically unstable behavior has both culturally and historically been connoted with femininity—ranging from neurasthenia to hysteria, schizophrenia, and nervous fever. What is new about the „Sad Girl Culture" is that young women are not diagnosed „from above," but voluntarily identify with and stage it themselves. This can be interpreted in a variety of ways—from reproducing traditional patterns of pathologization to an act of emancipation.

From a feminist perspective, the important role of gender-specific emotional norms in patriarchal social orders cannot be overemphasized. One of the cornerstones of depth psychology is Freud's idea that depression is a result of repressed anger—and women are taught early on not to express this anger. Angry women trigger a deep cultural fear, for anger is a driving emotion for political protest, for example, against a society in which „female" achievements, experiences, perceptions, and needs are structurally devalued. Depressed women are more useful for patriarchal interests than angry ones. Interpreted this way, depression becomes a legitimate form of passively expressing active anger, which in turn can be understood as systemic control over women's potential for resistance.

The U.S. American artist Audrey Wollen takes a different stance. In her „Sad Girl Theory", she describes the staging of sadness as a response to the neoliberal feminist ideal that views women as the architects of their own success. This success is achieved through self-love and attaining economic affluence. „Sad Girl Culture," in her view, is a conscious act of liberation, a softer and less masculine form of resistance, and a way of regaining control over female bodies, identities, and lives. Put bluntly: it is doubtful that a „Sad Girl" would be a good housewife. In Wollen's view, self-hatred, grief, and suffering are „scenes of protest" and should not be classified as neurosis, narcissism, or neglect.

Sadness and depression have historically been rendered invisible in women because it was their job to be there for others. It was up to them to handle their emotional troubles on their own. In her view, the act of making others witness one's own suffering is nothing short of an act of resistance. In her interviews, Audrey Wollen repeatedly refers to „Tragic Queens"—women who fascinate young women and serve as role models for them. These include: Judy Garland, Sylvia Plath, Virginia Woolf, Edie Sedgwick, and also Lana Del Rey (referred to as „Sad Girl Superstar"), Brittany Murphy, Hannah Wilke, and Elena Ferrante. Above all, these women—and the protagonists from the aforementioned films and series, as well as those featured on the internet „Sad Girl Culture"—share a common feature: they are all *white*.

The dominant visual focus for the representation of depression is relegated to the *white* privileged female body. This depressive caricature is depicted consistently and contributes to the destructive notion that you have to look a certain way to be allowed to suffer. Journalist Alice Hines vividly describes the typical "Sad Girl" as a young woman from an affluent Western country who has enough time to spend online and looks beautiful while she is suffering. When performative sadness is expressed on social media and within a wider cultural narrative through visually narrow - and thus marginalizing - representations and ideals of beauty, it can make young women who do not fit into this category feel even more alienated, or feel that they cannot be sad in the "right" and "cool" way. Rather than an act of resistance, 'sad girl culture 'can also be interpreted as a claim to being a valid sufferer and perpetuating the idea that *white* women are fragile and need protection. This is closely linked to the cultural-historical connotation of pallor being associated with delicate beauty and vulnerability.

The expectation in society that femininity is synonymous with vulnerable fragility, sensitivity, and being worthy of protection is not extended to women of color, non-*white* women.

As a result, they receive less empathy and are expected instead to protect and defend themselves. Yet if they do, they risk being labeled aggressive. They live in a society that is hostile to them, which in turn labels their reaction to structural discrimination as hostile, which is exemplified by stereotype‟ Angry Black Woman.“ There is simply no legitimate chance or space for them to express their vulnerable feelings.