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## Mental health advocacy on Twitter: Positioning in Depression Awareness Week tweets

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### 1. Introduction

Depressive disorders are experienced by nearly one in five UK adults ([National Institute for Health and Care Excellence, 2015](#)) and are estimated to affect over 300 million people worldwide ([World Health Organisation, 2017](#)). While social support is instrumental in helping the sufferers cope, stigma concerns often discourage people from discussing the symptoms and seeking help face to face. Social media, therefore, has emerged as a useful platform for communication and interaction on health topics including stigmatised conditions as it reduces some of the negative connotations of face-to-face disclosure ([Jamison-Powell et al., 2012](#)). Both individuals and organisations in the health- and social care sectors actively use commercially available platforms such as Facebook ([Hunt and Kotevko, 2015](#); [Kotevko and Hunt, 2016](#)) and Twitter in order to provide support, raise awareness and campaign to improve attitudes towards depression. Participants with depression specifically prefer Twitter to Facebook because of the loose social connection that allows them to tweet more openly ([Park et al., 2012](#)). Founded in 2006, Twitter represents a mode of social media known as micro-blogging -- an internet-based service in which (1) users have a public profile for posting short messages or updates; (2) such messages are publicly aggregated across users, and (3) users can decide whose messages they wish to receive but not necessarily who can receive their messages, that is following each other is not necessarily mutual ([Murthy, 2012](#)). Twitter messages are short – the character limit was 140 characters until 2017.<sup>1</sup> The hashtag symbol # allows tagging tweets with keywords that are searchable and followable ([Zappavigna, 2015](#)). Taken together, these micro-blogging features<sup>2</sup> allow an array of communicative functions – for example, allowing individuals and organisations to use Twitter ‘as a broadcast medium, marketing channel, diary, social platform, and news source’ ([Marwick and boyd, 2010: 9](#)). While media studies and sociology research has examined the uses and functions of Twitter for organisational health communica-

tion (e.g. [Park et al., 2012](#)), little is known about how the features of this platform are shaping the discursive practices of producing and consuming patient advocacy content by individuals. From the discursive perspective on mental health that foregrounds the links between language, collective identity, and social change ([Crowe, 2000](#); [Galasinski, 2008](#)), Twitter messages about depression represent an opportunity to study how first person accounts by individuals who experience mental distress are constructed and used in the social media context as part of social activism projects ([Jones, 2015](#)). While ‘illness narratives’ ([Bury, 2001](#)) are traditionally elicited via research interviews or diaries, tweets are produced within different medium factors of computer-mediated communication ([Herring, 2007](#)) and for ‘networked audiences’ ([boyd and Heer, 2006](#); [Sergeant and Tagg, 2014](#)).

The study focuses on tweets circulated during one of the key annual advocacy events – Depression Awareness Week. Depression Awareness Week was devised to highlight the help and support available for people afflicted by this mental health condition. In 2016, when this study started, the event received a widespread attention across social media platforms. In the UK 2855 tweets were posted under the hashtag #depression during the period of 18–22 April 2016. Blurt charity (2016) was one of the UK organisations that harnessed the power of social media during this period to reveal what living with depression is like and to reduce the stigma surrounding mental illness:

We’re determined to challenge the stigma around what depression ‘should’ look like, and show the world that ANYONE can be affected by poor mental health. [...] We’re asking people to share their insights and experiences of depression – we want to highlight the reality of depression, the impact depression has had on our lives, giving people a chance to share ‘what you don’t see’. We know [sic] going ‘public’ about your condition can feel scary, but sharing your experiences so boldly and visibly helps others and directly challenges the stigma around poor mental health. [...] Let’s ‘Blurt it out’ and start conversations about the reality of living with depression.

Responses to this campaign provide a rich resource for examining how individuals with depression use Twitter to perform acts of public self-disclosure by providing accounts of their everyday experiences. Specifically, our study seeks to answer the following questions: (1) What semiotic resources are used by campaign

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<sup>1</sup> The character limit was doubled in 2017, after our data collection had taken place.

<sup>2</sup> Twitter also offers the facility of directed messages which are only visible to the sender and receiver, and ‘mentions’ (those featuring another user’s @-prefixed name) which are visible to all users.

participants to disclose depression and describe their experiences of living with the condition? (2) How do campaign participants position themselves and their audiences in this process? (3) How are these mental health advocacy strategies shaped by the affordances of the micro-blogging platform? Given that advocacy actors seek visibility it is essential to examine both linguistic and visual practices (Adami and Jewitt, 2016). On the theoretical level, we therefore emphasize the role of images as well as hashtags and hyperlinks in the production and circulation of digital illness narratives.

## 2. Background: Identity disclosure in social movements

In recent years, mental illness disorders have been increasingly medicalized in part via the media framing of mental illness as a brain disease as opposed to a reaction to or consequence of psychosocial factors (Horwitz and Wakefield, 2007). On the one hand, medicalization or framing mental distress as a medical problem can be aimed at reducing stigma in that individuals suffering from a physical disease are not to blame for their affliction (Reali et al., 2016). On the other hand, however, such biogenetic explanation may inadvertently reinforce stereotypes suggesting that people with mental illness have no control over their behavior (Read and Law, 1999), and increase the desire for social distance (Kvaale et al., 2013). Feelings of stigmatisation are not always a result of direct discrimination but can also occur when individuals attempt to manage information about their condition as part of social networks, which involves stressful decisions about disclosing a condition to friends, family and employers (Sokratis et al., 2004). To counteract such stereotypes and invisibility resulting from fear to disclose a stigmatised condition, patient advocacy organisations have been promoting acts of public self-disclosure.

According to Whittier (2012), the act of public self-disclosure, or 'coming out' is an instance of how identity disclosure is linked to social change outside of more conventionally defined collective action. The strategy has been adopted by individuals outside of social movements in order to make political statements of their own and influence their social networks. Whittier (2012) draws examples from the work of the feminist movements for legalization of abortion and against rape who developed the 'speak out' vocabulary to reveal everyday experiences of ordinary women and challenge their invisibility. In such instances, speaking about personal circumstances 'acquired political meaning both because of its effects on individual emotion (reducing shame, promoting pride), and because the individual was aligned with a collectivity' (Whittier, 2012: 149). By disclosing individual experiences and identities, even people who did not directly participate in the social movement were able to declare their allegiance to it and in this way challenge dominant representations of their group within their circles.

Whereas the tactics of coming out by feminist movements were carried out largely through public events and public cultural projects, in the recent years the visibility politics described by Whittier (2012) have been increasingly moving online. Tembeck (2016) examines how social media bloggers create and circulate selfies of ill health, using the language of activism such as 'empowerment', 'starting a movement' and countering stigma. She takes as a case study Karolyn Gehrig's #HospitalGlam selfies and shows how posting such selfies on social media enables individuals to 'come out' as invisibly ill. Jones (2015) highlights the potential of online storytelling for social activism through the analysis of 'It Gets Better' videos – a successful campaign for 'at risk' LGBT adolescents that led to the creation and circulation of over 50,000 YouTube videos. Driven by temporary online collaborations among individuals and 'personalised engagement' with protest

waves (e.g. the #metoo movement) such digitally mediated activist practices are best described within the framework of 'connective action' (Bennet and Segerberg, 2013), which complements rather than replaces collective action (Meikle, 2018).

## 3. Conceptual framework: Illness narratives as networked stories

Research on the forms and functions of illness narratives expanded rapidly during the last decades of the twentieth century (Bury, 2001; Charmaz, 2002), driven in part by the need to recognise lay experiences and individual suffering in everyday contexts. Social media campaigns that invite people to tell stories of their personal experiences via micro-blogging platforms capitalise on the potential of stories to bring the listeners into the private world of the storyteller and reveal subjective experiences. Provision of detailed, mundane and personal content via online (micro-) blogging creates authenticity, a feature of autobiographical narratives that can be traced back to traditional, offline diaries. Such diaries have been studied as important sociological material for many years since the development of the pioneering approach to 'personal documents' by the Chicago School sociologists (Thomas and Znaniecki, 1958). However, told and circulated via social media, 'networked narratives' (Page et al., 2013) have structural and situational differences from the illness narratives produced via the mode of diary writing or elicited through face-to-face interviews (Bury, 2001).

Firstly, the increasing use of social media for the purpose of patient advocacy and health promotion needs to be understood in the context of digital affordances of the sites, identified by boyd (2010) as persistence, replicability, scalability, and searchability. Taken together these affordances underscore the fact that the shared online content is routinely saved and archived, replicated, as well as searched and retrieved by the individuals who join the social networking platforms. Scalability, for example, defined by boyd (2010) as the potential visibility of content is deemed to have implications for public health promotion (Neuhauser and Kreps, 2003) as it transforms what would have been 'private' health entries in a food or exercise journal into interactive 'public' disclosures. In the case of Twitter, the content of posts can be read by both the poster's immediate addressee (addressed directly via @), by the user's follower network and anyone using the same hashtag, and 'overheard' by the public at large (drawing on Goffman's (1981) distinction between ratified and unratified audiences). As a result, as Marwick and boyd (2010: 99) note, 'it is virtually impossible for Twitter users to account for their potential audience, let alone actual readers'. Sociolinguistic research therefore has examined how users of social media sites create their posts for an 'imagined audience' (Marwick and boyd, 2010; Sargeant and Tagg, 2014) focusing on -strategies of self-presentation and impression management (Bolander and Locher, 2010) as well as the issues of authenticity (Marwick and boyd, 2010).

Secondly, online narratives (such as those found in tweets, Facebook and forum posts) do not conform to the structuralist narrative paradigm (e.g. Labov, 1972), which restricts the definition of narrative to long, teller-led, single-teller accounts of distant, past events or of one's autobiographical story (Georgakopoulou, 2015). What emerged as a 'small stories' approach, recognises 'a-typical', 'non-canonical' tellings in group settings (Georgakopoulou, 2015: 2), which are normally small in length, occur within everyday life situations and deal with recent, ongoing or still unfolding events (e.g. 'breaking news' stories, see also Page, 2010, 2012). Another type of small story highly relevant to the social media setting is a 'shared story' -account of shared or known

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