Mediated Meaning:
The Representation of Mental Health on Social Media Platforms

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Abstract

Social media users and mental health organisations globally use social media to produce, consume, circulate, and reproduce mental health content. Despite the growing importance of these spaces for mental health discussions, few studies have fully explored the representation of mental health on social media channels. The overall aim of the research was to provide an in-depth critical analysis of communication about mental health on social media platforms and to produce critical knowledge that enables people to question taken for granted assumptions embedded in mental health communication. The study drew on an integrated multimodal critical discourse analytic framework comprising the Foucauldian approach, the Faircloughian approach, and the affordance construct as the theoretical stance and methodological path.

This study involved analysis of texts, visuals, and social media affordances to understand how language is used, the type of mental health messages communicated via Reddit, Facebook pages and website forums, the power relations involved in these processes and the implications of these communication aspects for mental health promotion. The study drew on two types of data sets. The first, comprised of nine thousand and ninety-eight social media posts and the second included interview insights of seven social media users and five social media moderators. The social media posts included in the dataset were created between 1st April 2019 and 31st July 2019 and between 1st January 2020 and 30th April 2020 between September 2020 and March 2021.

Analysis of social media posts showed seven discourses namely, professional care, a way of life, personal care, gender categorisation, uncertainty, social support, and technology. While there are multiple meanings attached to mental health on social media, this study shows that the medical-therapeutic and self-care discourses from offline contexts prevailed as dominant discourses. I analysed the functional and relational aspects of social media affordances. The interaction of these discursive and non-discursive elements overwhelmingly worked to sustain already existing mental health knowledge. Additionally, the discourses exhibited both dominant and subjugated subject positions. For example, the dominance of visual, textual, and digital intertextuality worked to sustain some discourses over others. Similarly, the discourses' metaphors and genres' emergence largely preserved conventional meaning and dominant subject positions. I identified the institutional and broader socio-cultural practices that could explain the presence and absence of discourses and the communication choices. The governmentality practices of accountability, surveillance, professionalisation, and information seeking and sharing shaped the broader socio-

cultural context in which mental health was represented. The taken-for-granted acceptance of some of these discourses served to strengthen the influence of moderators while suppressing user agency.

The thesis argues that the representation of mental health on social media platforms is multifaceted and cannot be reduced to positive or negative attributes but should be understood by examining the unequal relations of power among social media corporations, users, and mental health organisations. As a result of these power relations, the diversity of opinions of mental health was constrained to a large extent, with dominant discourses reoccurring across the social media platforms and the periods analysed. Moreover, social media facilitated and constrained the diversity of participation in subtle ways, for instance, through digital intertextuality and social media rules of engagement. Altogether, this study found that the multiplicity of social media platforms did not translate into a diversity of meanings.

Accordingly, there is a need to harness social media's potential to amplify more alternative voices regarding mental health. In this regard, I highlight communication strategies and tactics for practitioners involved in promoting mental health. I note that communication strategies, namely awareness raising, community building and interactivity, play a crucial role in disrupting dominant discourses and institutional practices while increasing opportunities to prioritise the interests of individuals.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint award of this degree. The author acknowledges that copyright of published works contained within the thesis resides with the copyright holder(s) of those works. I give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time. I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

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For My Family

Chapter One: Background

> What mental health needs is more sunlight, more candour, and more unashamed conversation.
>
> (Gleen 2018)

1.0 Introduction

This study critically examined the representation of mental health on social media platforms targeting people in Australia by analysing textual and visual posts on Facebook pages, Reddit forums and website forums before and during the coronavirus disease 2019 (COVID-19) pandemic and interviewing users and moderators of those platforms. The overall goal of this study was to gain a deeper understanding of how individuals communicate mental health on social media platforms and the manifestations of social and power relations that shape this process. This chapter introduces the research study. I provide a discussion on mental health and illness in Australia, which highlights the severity of mental illness and the strategies to manage it, the study aim, research questions, and the significance. At the end of this chapter, I provide the structure of the remaining chapters.

Before I provide the background to the study, let me share the personal motivation that guided the choice of the research topic and approach. My professional background and academic interests shaped my research topic and the line of inquiry in numerous ways. I gained a keen interest in health communication during my initial years of training in media and communication in 2006. While I worked outside health communication such as marketing communication and public relations in the private sector, I maintained a strong interest in health communication research and practice for example through my post graduate research in media and communication which focused on health messaging targeting young people.

It was specifically my previous work on a mental health project targeting young people in Uganda during my time (2014-2018) at one of the leading health communication not-for-profit organisations that sparked my curiosity to conduct this study. During the implementation of this mental health project, I interacted with young people who experienced mental health problems via social media, during project face to face activities and during visits in mental health institutions. As part of the project, I designed and executed mental health promotion social media campaigns on Facebook and Twitter which aimed to provide information to young people to make informed

mental health decisions. While I was doing this work, I became aware of the limited research on what kinds of messages work best for audiences on social media, so I began this thesis as a way to better understand these complexities. During the implementation of this project I also served as the chair of the ICT4D (Information Communication and Technology for Development) subgroup (2015-2017) which was part of the National Youth Working Group. Leading this subgroup that consisted of some of the most prominent youth-focused organisations in Uganda exposed me to the contribution the use of technology makes towards accelerating access to health services but also the constant need of ensuring that technologies such as social media are safe, participatory and do not exclude young people. Additionally, during my doctoral studies, I was honoured to participate in a four-months virtual communication internship with the Global Digital Health Network. This opportunity further exposed me to the benefits and challenges of digital health tools such as social media as well as exposure in multicultural communication. This broad experience afforded me knowledge and an 'insider' view of managing social media-based health campaigns.

My initial line of inquiry in this study aimed to identify ways of increasing participation in mental health conversations, especially among people with lived experience on social media platforms. This was part of my broader aim of contributing to increasing the effectiveness of social media in mental health promotion. As I learnt more about some aspects of critical discourse analysis such as how some statements gain dominance over others, how some people have speaking rights and others do not and the implications of these aspects on communication outcomes such as some actions being taken over others, I decided to take a critical-cultural approach to the study while maintaining my initial line of inquiry. I have been inspired by authors who take a critical perspective of the role of power in the construction of mental health such as work within the fields of critical psychology (Hook 2012; Teo 2014) and mad studies (Beresford 2020; Donaldson 2018).

My interest in studying an Australian context was due to my desire to learn more about digital mental health promotion from a more robust mental health promotion system. Although Uganda and Australia differ in many ways, Australia is a multicultural country, moreover, conversations on social media platforms tend to go beyond borders. As such, my unique background brought me to question the representation of mental health on social media platforms targeting people in Australia. This study was an opportunity for me to reflect on my communication approach but also an opportunity to identify creative ways of communicating about mental health on social media platforms. The time I have spent working on this study has been a gradual health communication awakening, a formation of an advanced and critical viewpoint of communicating

health and illness. I am now more suspicious and aware of the workings of power and knowledge relations, and I cannot be happier that I took this direction. During my studies in a multicultural environment, I have seen, heard, and felt different facets of culture, views, and life in general. I have read books, listened to conversations, and visited places that have affected me differently. Most importantly, my journey thus far has led me to question power in all its manifestations. Due to limited research examining the representation of mental health on social media platforms, the current study offers a contribution to this health communication issue and may serve as a foundation for future research.

1.1 Mental Health and Illness in Australia

In this section I discuss the context of mental health and illness in Australia, the way mental health organisations and people with mental illness or those who care for people with mental illness use social media platforms and the need for research examining the representation of mental health on social media platforms. The aim of this study was to contribute to a better understanding of mental health promotion on social media platforms through a critical health communication stance. Let me first discuss the way I viewed mental illness in this study. Mental illness is a broad spectrum that varies in severity and duration (Izutsu et al. 2015). While mental illness is prevalent in society, the concept of mental illness is contested. There are many different conceptions of what it means. Nevertheless, it is important to acknowledge the discourse around mental illness.

According to the World Health Organisation (2019), one in four people is affected by mental illness at some point in their lifetime globally. Moreover, De Girolamo et al. (2012) argue that most mental illnesses usually begin in the first three decades of life. Of note, 75% of those with a mental illness experience it before 25 years (Slade et al. 2009). Furthermore, recent statistics show that an estimated 4.8 million (20%) Australians lived with a mental illness in 2017–2018 (ABS 2019). The report further found that 3.2 million Australians (13.1%) had experienced anxiety-related conditions, increasing from 11.2% in 2014-15. On the other hand, one in ten people (10.4%) experienced depression, rising from 8.9% in 2014 to 2015. Furthermore, the study noted that depression and anxiety commonly occurred together, with around 1.5 million Australians (6.1%) having experienced both anxiety and depression related conditions. Additionally, the first insights of the National Study of Mental Health and Wellbeing show that 15% of 16-85-year-old Australians suffered from high to very high levels of mental distress in 2020-21 (ABS 2021).

Moreover, the Australian Institute of Health and Welfare's Burden of Disease Study found that in 2011, the Australian population lost 542,554 years of healthy life due to mental health and substance use disorders (AIHW 2016). Cultural and societal influences on mental illness exacerbate people's suffering and the cost of mental illness management (Minas & Lewis 2017; Zubrick et al. 2014). These factors limit the way people with mental illness negotiate recognition and management of the illness and how they remain engaged or reintegrate into society to live meaningful lives (Productivity Commission 2019). The outbreak of the coronavirus disease 2019 (COVID-19) added to the mental illness burden because this outbreak began during one of Australia's most catastrophic bush fires, which negatively impacted mental wellbeing (Arjmand et al. 2021; McCallum et al. 2021). Literature on the mental wellbeing of people in Australia during the initial stages of the pandemic shows that there was an increase in mental illnesses (Dobson et al. 2021; Fisher et al. 2020; Geirdal et al. 2021; Li et al. 2021; Newby et al. 2020; Rogers & Cruickshank 2021; Rossell et al. 2021; Samji et al. 2021; Sciberras et al. 2020; Toh et al. 2021; Tran et al. 2020; Varma et al. 2021; Yin, Yang & Li 2020). For example, Rossell et al. (2021) observed that the most common concerns were about the wellbeing of loved ones and personal health. The researchers found a high number of people experiencing mental illness, characterised by high levels of anxiety, depression, and stress in the Australian public.

There is an increasing need for mental health awareness not only because of the impact of the COVID-19 pandemic on mental wellbeing (Cullen, Gulati & Kelly 2020; Hamouche 2020; Jacobson et al. 2020; Kumar & Nayar 2021; Liu et al. 2020; Moreno et al. 2020; O'Connor et al. 2021; Pereira-Sanchez et al. 2020; Purtle 2020; Usher, Durkin & Bhullar 2020) but also other factors before the COVID-19 pandemic (Angell 2011; Gross, Uusberg & Uusberg 2019; Health et al. 2011; Prochaska, Das & Young-Wolff 2017; Underwood & Washington 2016; Varshney et al. 2016; Vigo, Thornicroft & Atun 2016; Walsh 2011). Recent years have seen an increased acknowledgment of mental wellbeing in the broader development agenda, as demonstrated by the inclusion of mental health in the United Nations Sustainable Development Goals (Cratsley & Mackey 2018; United Nations 2018; World Health 2019). Despite progress toward maintaining mental wellbeing, people who experience mental health illness often face increased discrimination, human rights violations, stigma, and overall health challenges (World Health 2019). Undoubtedly, adverse mental health outcomes are detrimental; thus, early, and multi-agency preventative action is needed. Promoting positive mental health and preventing ill health is paramount to overall wellbeing. Since mental health is not just the non-existence of illness but a state of wellbeing that

allows people to live productive lives, mental health communication needs to create an environment that fosters skills development to enable people to adapt and maintain healthy mental lifestyles. There are various interventions for preventing and managing mental illnesses (Kritsotaki, Long & Smith 2018; Thieme et al. 2015; Thomas et al. 2016). For instance, the World Health Organisation's Comprehensive Action Plan 2013–2020 prioritised developing information systems to support mental health promotion (World Health Organization 2013). During the early phases of the COVID-19 pandemic, the Australian Government worked swiftly to deescalate the surge in mental illness with public service announcements on various media platforms such as radio, television, and social media, launched a dedicated website for mental health self-help information, and virtual appointments with healthcare workers were initiated (Australian Government 2020).

Social media platforms are positioned as a potential platform to reach out to many people in a short time frame because of the multidirectional nature of communication. There is a growing number of health communicators using social media platforms to promote wellbeing (Berryman, Ferguson & Negy 2018; Conway & O'Connor 2016; Gao et al. 2020; McCosker 2018) partly due to the first paced development and advancement of new social media platforms (Edgerton et al. 2016; Fayoyin 2016; Heldman, Schindelar & Weaver 2013; Huo et al. 2019; Kite et al. 2016; Moorhead et al. 2013; Rus & Cameron 2016; Setianti et al. 2017; Stellefson et al. 2020). In Australia, one of the strategies used in promoting mental health is digital media platforms such as social media and website discussion forums (National Mental Health Commission 2014). Health communicators and people living with mental illness use social media platforms to disseminate information through user-generated content (Fergie, Hilton & Hunt 2016; Jin, Phua & Lee 2015; O'Keeffe & Clarke-Pearson 2011; Weber, Muehling & Kareklas 2021). Several studies (Batterham & Calear 2017; Berry et al. 2016; Neiger et al. 2012; Norman 2012b; Zhou et al. 2018) show that some users sought help and support from peers online through social media platforms such as website forums, whilst others preferred blogs as platforms to share experiences and feelings about their mental illness and wellbeing.

Ongoing research is necessary to understand the impact of these platforms on health communication. This includes, for instance, the way these platforms function, what is most effective in terms of communication goals, strategies, and tactics, and how impact should be measured and interpreted (Korda & Itani 2013). Health communication and mental health communication specifically on social media platforms involves participants representing people with lived experiences carers of people with mental illness, organisations, and government bodies.

Social media users bring to mental health conversations their opinions, expertise, and value systems rooted within a complex social, cultural, and technological order that shapes what can and cannot be said, who can and cannot speak, and how and when people talk. The aim of the study was to analyse the representation of mental health on social media platforms Facebook pages, Reddit forums and website forums to contribute to improved mental health communication on these platforms. Analysis involved examining mental health discourses embedded in the posts, the way social media affordances shaped the discourses and the manifestation of governmentality practices through users' and moderators' experiences of using these platforms.

Researchers (Fernández-Luque & Bau 2015; Korda & Itani 2013; Lupton 2014) note that health communication research can provide clear evidence-based frameworks and tools for more effective intervention design, implementation, and monitoring. Drawing on this argument, Fernández-Luque and Bau (2015) emphasise that health communication research efforts should include testing new media platforms and tools and developing new tools for health promotion practice grounded in sound theoretical foundations to improve health promotion on new media platforms. Although this study did not address all the grand goals of the digital health communication agenda, it contributes to some aspects by focusing on the discursive, non-discursive, socio-technological, and socio-cultural representation of mental health on social media platforms. In this section, I have provided the background of mental health and illness in Australia. In what follows, I set the study within the media and communication context by discussing representation and the media since the focus of this study is on the representation of mental health on social media platforms.

1.2 Representation and the Media

Hall argues that through representation, meaning is generated within a given set of conditions determined by what is allowed or expected in each culture. Moreover, representation takes three approaches. Firstly, language represents the world through a reflective approach which means that language represents aspects of the world that already exist. Secondly, language represents the world through the intentional approach which deals with the meaning portrayed by what the speaker/writer wants to say. The third approach is the constructionist approach which deals with the construction of meaning in and through language. This study took a constructionist approach because it is in line with the canons of the social constructionist philosophical stance which guided

the study. The constructionist approach is made up of the semiotic approach and the discursive approach.

These three approaches to representation take two types of representation systems. One is the mental representation which deals with thoughts, concepts, and images in our minds that provides a frame of reference to create meaning. More to that is that representation entails classifying, organising, and merging relations of different concepts to form complex ideas and thoughts. Essentially, the meaning depends on the relationship between world events and the conceptual system held by such representations. Therefore, while individuals interpret meaning differently, they can communicate because they share some broad conceptual systems which are expressed through language. The second system of representation is language through signifying and symbolizing aspects of the world. Media texts are represented the way they are depending on the social positions, objectives, and values of those producing them. Analysing representation in media texts entails examining aspects that have been included and excluded, what is foregrounded and what has been backgrounded, where these representations come from as well as the factors that influence these representations.

Willeman in Dave Morley (1980) notes that individuals relate differently to different discourses depending on the "knowledges, prejudices, and resistances" (p.171) they bring to the text. Thus, Hall (1980) argues that meaning is encoded and decoded through three positions namely dominant-hegemonic, negotiated, and oppositional positions. Dominant meanings connect to global concepts or events. With the dominant meanings, the reader takes the controlled meaning and decodes the message in terms of the reference code in which it can be encoded. The negotiated position on the other hand contains adaptive and oppositional elements. Negotiated positions operate through particular or situated logics that operate within the unequal discourses and power relations. A negotiated position acknowledges the dominant reading while at the same time acknowledging exceptions/alternatives to this dominant reading. With the oppositional reading, the text position the reader/viewer to value one side of the opposition with its related meanings over the other.

Hall (1997) argues that media is an important tool through which meanings circulate and that meanings are shared through the representational system of language which shows that meaning is not offered through a transparent surface, nor is the meaning of a text in a text. Therefore, language is essential to the way people construct their experiences of mental health.

This is because health and illness experiences are broadly based on the biological definitions of the illness and constituted by the discourse drawn upon it (Atkins & Harvey 2010). Fox (1993, p. 6) notes that

> illness cannot just be illness, for the simple reason that human culture is constituted in language…and that health and illness, being things, which fundamentally concern humans, and hence need to be 'explained,' enter language and are constituted in language, regardless of whether they have some independent reality in nature.

Taking a social constructionist perspective in this study (I provide a detailed explanation of this research paradigm in section 4.2) enabled examination of the types of knowledge developed and brought to bear, as evidenced in social media posts and interview transcripts, which show the day-to-day existing meanings. Essentially, health and illness-related meanings are not static entities awaiting to be revealed. Instead, they are a function of the dynamic personal, environmental, and social values of all people and entities involved in a communication act. They need to be examined and made public for discussion if healthcare problems are to be solved effectively (Conrad & Kern 1990). This intricate assemblage of communication players and the dynamic communication choices illustrate the complexity of understanding the representation of mental health on social media platforms. This study aimed to unravel this complexity.

Furthermore, meaning-making occurs through encoding and decoding processes that draw on various bodies of knowledge. However, it is problematic when statements that have gained the status of truth and knowledge belief systems/ideological assumptions that emerge from these statements are opaque, when unjust discourses circulate in society uncontested and when alternatives to these discourses are not considered or permitted to appear. In circumstances like these in the context of health, it is paramount for critical health communicators to reveal and confront such practices (Dutta et al. 2019; Zoller 2017; Zoller & Kline 2008). On behalf of those who believe in emancipatory health communication, I took the call to expose and challenge unequal power relations and dominant discourses on mental health-related social media platforms.

Hall (1997) argues that representation is an essential part of meaning-making because it involves decoding and encoding meaning, which means attaching varied meanings as text producers and consumers. In this study, my interest was in deciphering the discourses embedded in social media posts to identify the meanings ascribed to mental health. Indeed, "all social practices entail meaning, and all meanings shape and influence what we do" (Hall 1992, p. 291).

Meaning and meaningful experiences are constructed in the statements that people make; consequently, there can never be a final meaning. These meanings and judgments are socially, culturally, and politically vested. Moreover, meanings are infused with power relations where some interests are favoured over others and some possibilities in meanings are accepted while others are denied in day-to-day conversations including conversations that take place on social media platforms.

Baym and boyd (2012) note that social media platforms "mirror, magnify, and complicate countless aspects of everyday life" (Baym & boyd 2012, p. 320). This study considered the differences in the environment and platform-specific conventions across Facebook pages, Reddit forums, and website forums. I followed Hardey (2001), who concluded that the issue should not be whether computer-mediated health information is ideal. Instead, the focus should be on practical matters such as those that deal with how health and illness are understood and the kinds of relationships that result from the meaning-making process. This perspective is even more relevant when considering social media, where social relationships are formed and maintained while producing, consuming, and reproducing information. Indeed, the way people interact with social media platforms, in some ways, aggravates existing tensions sustaining expert knowledge online (Adams 2010).

The study examined power relationships in terms of dominant institutions (medical power, government power, social media corporations power in relation to people who experience mental illness). In this study, I examined the manifestation of power in terms of word choices and the implications for who has the right to share information and the type of information that was shared on social media platforms. I did not focus on class, race, and gender because these aspects are not readily verifiable on social media platforms, moreover, analysing these aspects was beyond the scope of this study.

1.3 Defining Key Terms

Although I provide a detailed description of the terms I used in chapter three, I briefly define some of the words here because I used them frequently in the following sections and throughout the remaining chapters. Social media are defined as "internet-based applications that build on the ideological and technological foundations of web 2.0 and allow user-generated content creation and exchange" (Kaplan & Haenlein 2010, p. 61). I define platforms as "online sites and services that host, organise, and circulate users' shared content or social interactions for them, without

having produced or commissioned (the bulk of) that content" (Gillespie 2018, p. 23). I used the term users to refer to individuals who engage with social media either passively through social media listening (Crawford 2009, 2011) or actively through posting, sharing, and commenting. I used the term individuals to describe social media users generally regardless of whether they experience mental illness or not because not all users of these platforms have a mental illness.

As I explained in section 3.2.3 on subjectivities, various positions are depicted. Additionally, I used the term individuals when I could not differentiate between users and moderators. I used the terms users and moderators to define and emphasise the unique roles and experiences of the parties involved in mental health information production and consumption. I describe the term user in this study as individuals who produce user-generated content. I defined moderators as the individuals who monitor the day-to-day operations of these social media and those who enforce the social norms on these platforms. I used the term moderators to describe individuals tasked with managing and guiding discussions on these platforms. I used the word author to attribute authorship to social media posts. I used the term mental health-related social media platforms to refer to Facebook pages, Reddit forums, and website forums focused on mental health communication.

1.4 Research Aim

The study aimed to understand how mental health is represented by users and moderators on social media platforms. I adopted a multilayered approach that involved textual and visual analysis of posts, walkthrough analysis of social media affordances, and semi-structured interviews. I used the Foucauldian and Faircloughian, the affordance and social media logic analytical and theoretical perspectives. I examined the construction of mental health by analysing mental health discourses, the ideological assumptions and subject positions embedded in these discourses, the power relations that shaped this process, and the manifestation of governmentality practices. Additionally, I analysed how users and moderators navigated social media platforms' constraints and affordances and how this process shaped mental health meaning-making. Finally, I interviewed social media users and moderators to learn more about how their experiences with mental health-related social media platforms can explain the broader practices that shape mental health communication on these platforms. Instead of exploring these processes broadly, I identified specific mental health-related social media platforms to define the scope of the study. The study was not intended to be critical

of mental health professionals' work, and I have no aim of casting doubt on their integrity. The aim was to gain a better understanding of the representation of mental health on social media platforms by drawing on these unique datasets. What follows is an exposition of the research questions, followed by a discussion on the significance of this study.

1.5 Research Questions

With the centrality of social media platforms in people's lives, and the growing public awareness of mental health, I argue that it is important to gain a better understanding of the ways that social media promote particular kinds of discourses about mental health, while constraining others.. Limited research has explored the representation of mental health on social media platforms, as I demonstrate in detail in the next chapter. This study aimed to challenge the binary understandings of the use of social media platforms which focuses on the negative and positive impacts to explore the processes of production, circulation, consumption, reproduction, and consumption of information on these platforms.

I drew on data produced in two unique periods (social media posts created between April 2019 and July 2019 and January 2020 and April 2020), before and during the COVID-19 pandemic, from mental health-related Facebook pages, Reddit forums, and website forums, and interviews with moderators and users in Australia. This unique dataset contributes to advancing knowledge in communicating mental health on social media during a health crisis. The three research questions below contribute to a broader understanding of how mental health communication transpires on social media platforms. Through the specific questions, I aimed to understand the mental health representations and the processes that shape them, exertions of power and the mechanisms they produce, and most importantly, identifying whose interests are served and the mechanisms used to resist or sustain power.

- **Research Question 1:** What mental health discourses, ideological assumptions, and subject positions emerge from social media posts on Facebook pages, Reddit forums, and website forums?
- **Research Question 2:** How do users and moderators of mental health-related Facebook pages, Reddit, and website forums negotiate platform affordances, and how does this process shape mental health discourses and social relations?

- **Research Question 3:** How does governmentality manifest in users' and moderators' experiences of mental health-related Facebook pages, Reddit forums, and website forums?

1.6 Significance

Existing research has mainly focused on social media's positive and negative impacts on mental wellbeing as I demonstrate in the next chapter. There is limited research that deconstructs the representation of mental health on Facebook pages, Reddit, and website forums. From an academic perspective, this study advances mental health research by analysing textual and visual elements and social media users' and mental health organisations' accounts in a single study. This approach provided a valuable reference to deeply examine mental health construction on social media platforms. From a theoretical perspective, the process utilised in this study involved an interdisciplinary approach. The study adopted critical discourse analysis (discussed in chapter three) as the overarching theoretical position, which provides leeway to draw on and contribute to various perspectives, namely, media and communication studies, critical cultural studies, and public health as is the case in this study. This broad theoretical approach contributed to a more nuanced understanding of mental health communication in Australia on social media platforms. Additionally, gaining a deeper understanding of the production, negotiation, consumption, and reproduction of mental health information contributes to a better understanding of the beliefs, meanings, and the hidden or taken-for-granted impacts of these constructions on social media to foster more effective mental wellbeing interventions. Furthermore, by deconstructing mental health discourse on social media, this study provided critical health communication scholars and mental health organisations with vital information that explains the process of making meaning of mental health on social media platforms and suggestions to harness the full potential of social media for mental wellbeing. The next section focuses on the overall thesis argument.

1.7 Thesis Statement

Social media platforms present participatory spaces, thereby opening opportunities and rights to speak through which diverse views are generated (Ding & Zhang 2010; Fuchs 2011; Lipschultz 2020; Mario & Daria 2016; Russo et al. 2008; Zhang 2021). This is partly because these platforms facilitate multi-way or at least two-way communication. From a health communication perspective, participatory communication is highly valued because it puts individuals at the centre of decision making (Beth De Hertogh & DeVasto 2020; Greiner 2012; Lin et al. 2019; Mahoney, Lawton &

Pelliccio 2015; Parker & Becker-Benton 2016; Riley, Sood & Robichaud 2017; Schiavo 2013; Segopolo 2018; Servaes & Malikhao 2005; Syed-Abdul, Gabarron & Lau 2016; Zemits et al. 2015). A diverse and robust communication infrastructure provides a strong foundation for communication to contribute to adopting and sustaining healthy practices. When the ecosystem of health communication is weak, it contributes to communication inequality. Communication inequalities (Lin et al. 2014; Taylor-Clark, Viswanath & Blendon 2010) contribute to health inequalities and the vicious cycle continues. Approaches to reduce communication inequalities have mainly focused on personal-level barriers. As I discuss in the next chapter, what is missing in the literature is a multi-leveled ecological perspective (text, images, social media affordances, user and organisational practices as shaping each other, as unique parts working within a system) that addresses mental health information inequalities. In this study, I used a multi-layered approach, including textual analysis, visual analysis, social media affordance analysis, and semi-structured interviews.

I argue that the representation of mental health on social media platforms takes place in a less than participatory way, but rather, it is shaped by taken-for-granted power relations embedded in social media affordances and norms, linguistic devices (such as lexical choices, genres, metaphors) and visual choices and governmentality practices that circulate within mental health organisations and society at large. Taken together, these elements not only define speaking rights but also shape the type of information that is produced and consumed. Exposing individuals to alternative ways of understanding mental health and illness may encourage healthy mental lifestyles. If social media platforms are not as participatory as they are held to be, this could jeopardise health communication goals such as accessible and relevant information. Please note that I do not consider individuals as passive receptors of knowledge and reproducers of the social structure because there are constant forces constraining and enabling such actions.

I show how the multiple components, namely, mental health discourses, ideological assumptions, subject positions, social media affordances, and governmentality practices, shape the representation of mental health on social media. To this end, I analysed nine thousand ninety-eight social media posts and images on Reddit forums, Facebook pages and online website forums. I conducted twelve interviews with social media users and moderators. By recourse to critical discourse analysis, I treat social media posts and interviews as discursive elements of broader social practices, which overlap and mutually constitute each other, as I demonstrate throughout chapters five, six and seven. Additionally, I highlight strategic communication strategies and tactics to

counter-hegemonic discourses and practices for mental health organisations, which are well-positioned to make significant strides towards addressing the increasing mental health challenges that people face today. The connective tissue that binds the three results chapters and, indeed, the representation of mental health on social media platforms is the volatile relationship between power, knowledge, agency, and structure (linguistic, social, cultural, and technological). I show how knowledge is put to work through discursive practices, mental health organisations and social media corporation practices. I highlight how the individual relates to the socio-technical order of mental health meaning-making through taken-for-granted negotiation of social media affordances. I approached this study with a conviction that understanding the relationship between power, knowledge, and structure is crucial in understanding the representation of mental health on social media.

1.8 Structure of the Study

This section provides a preview of how the chapters are organised. Deciding on the structure of the study was not straightforward because the exploration was deliberately iterative, changing between the different layers of the empirical work and the literature, with each informing the other. I hope that this study has succeeded in providing a detailed insight into the representation of mental health on social media platforms. I am confident that there is sufficient signposting to provide clarity. The study was intentionally multi-dimensional. As such, the chapters cross-reference each other.

This chapter provided the background and context to the study, the statement of the problem, background, purpose of the study, research questions, significance, and a strong argument for the study exploring the construction of mental health on social media platforms. The study examined the representation of mental health by analysing the discursive and non-discursive practices to explore and discuss the socio-cultural practices. The investigation attempted not to only describe and explain mental health meanings but also to highlight their impact through an exposition of the power/knowledge relations that shape the meaning-making process.

In order to lay groundwork for the study, chapter two introduces a broad range of literature on mental health communication on social media. First, I present an overview of critical insights into health communication and indicate how traditional health communication analytical approaches do not provide a robust theoretical and analytical framework for this study. The literature review highlights critical aspects of communicating mental health on social media

through the lens of users. I further discuss users' experiences with mental health-related social media platforms and moderation practices. The chapter provides a discussion of communicating mental health during a health emergency and lastly a discussion of critical mental health communication.

In chapter three, I discuss the theoretical and conceptual frameworks. I principally drew upon critical discourse analysis (CDA) to analyse the representation of mental health on social media as a socio-techno discursive practice related to the context of more comprehensive social and institutional change. CDA focuses on how specific discourses partly bring about social change as a method, which was appropriate for addressing the research questions. Other relevant analytical concepts (subject positions, genre, metaphors, and intertextuality) are explained. This chapter further presents Foucault's notion of power and knowledge. The other part of the chapter introduces the idea of affordances and a synthesised approach to the social media logic construct.

Chapter four addresses the primary methodological considerations that provided a framework to respond to the research questions. I talk about the qualitative approach, the assumptions of the social constructionist paradigm, data collection and analytical procedures and questions of research ethics. I discuss in detail how I conducted visual-textual and semi-structured interview analyses. Additionally, I present the criteria for trustworthiness and credibility. Furthermore, I discuss how I adopt the metaphor of the looped spiral of communication as a roadmap to discussing the research findings of this study.

Chapter five responds to the first research question that asks how the negotiation of social media affordances and constraints shapes and is shaped by mental health discourses. It discusses how social media platforms are not neutral but are imbued with power relations shaped by social, cultural, and political economy practices, thereby fostering some conversations over others. I show how four affordances, namely visibility, persistence, association and editability, were negotiated, showing how these played out across Reddit, Facebook, and website forums.

Chapter six considers an exposition of the discourses, ideological assumptions and subject positions that emerged on the social media platforms. The discussion of this chapter draws on lexical, visual, genre and metaphor analyses before and during the coronavirus disease 2019 pandemic. I present the discourses that emerged from the lexical and visual analysis. I discuss the subject positions and ideological assumptions made available. This chapter establishes a basis that explains how the discursive patterns and contradictions found in the texts and images highlight the

meaning of mental health. I also analyse the ideological assumptions that emerge from these discourses and highlight how some discourses become dominant and others are alternative.

Chapter seven discusses the experiences of users and moderators to explain how the broader socio-cultural context shapes and is shaped by the mental health/illness discourses manifest. I show how governmentality practices are sustained and, to an extent, resisted at the same time in the day-to-day use of mental health-related social media platforms. The governmentality practices identified in this study include accountability, professionalisation, social media surveillance and information seeking and sharing.

Finally, chapter eight summarises the study, sets out the implications of the discourses, the user and moderator negotiations of social media affordances and the governmentality practices, and provides suggestions for further research. This final chapter draws everything together, highlights this study's relevance and contribution, and discusses the emerging perspectives. While the main part of the study aimed to map the discursive and non-discursive elements of mental health meaning-making, this last chapter addresses how we want to imagine the construction of mental health on social media platforms and the practices and consequences we want to generate from this moving forward.

This chapter highlights key practical and theoretical pathways to understand the textual, discursive, technological, and social-cultural elements and the relationship between structure and agency, focusing on mental health meanings' technological and social embeddedness. The aim was not to bring closure to the debate on the construction of mental health but to open avenues to reach a more nuanced reflexive understanding of the representation of mental health on social media platforms. I propose strategies and tactics to contribute to reflexive and people-centred mental health communication in a bid to facilitate more alternative mental health discourses to emerge on social media platforms.

1.9 Summary

This chapter presented the background to the study, showing that although mental illness is prevalent in society, social media platforms play a significant role in promoting mental wellbeing. The chapter further outlined the significance of the study's contributions and the outline and the remaining chapters. Chapter two provides a review of literature relevant to the study. The chapter

presents literature on health communication, social media user experiences, moderation practices, communicating mental health during a health crisis and literature on critical mental health.

Chapter Two: Literature Review

> The events we face today are subject to as great a variety of constructions as our wits can contrive.
>
> (Kelly 1970, p. 1)

2.0 Introduction

The representation of mental health on social media platforms is complex and must be understood from a variety of perspectives. Therefore, this chapter presents a review of extant literature and highlights the research gaps that shaped the formulation of the research questions. The chapter is divided into four sections. The first section presents an overview of health communication which provides broader discussions within which the study is situated. This section is followed by a discussion on user experiences with social media platforms for mental wellbeing, followed by moderation practices on social media platforms. A review of users' experiences and moderation practices on social media is necessary for understanding the current issues within the platforms and how interaction on these platforms shapes the representation of mental health. These sections are followed by a discussion on communicating mental health during a health crisis or emergency. Additionally, this study involved analysing mental health communication on social media platforms before and during the COVID-19 pandemic; thus, reviewing this field of research provided insights into the current research trends and areas for more research.

In the final section, I discuss mental health research emerging from critical mental health communication research, the primary field in which this study is situated. Although there is a growing body of research examining mental health communication on social media platforms, few studies have examined the hidden meanings embedded in social media posts, the enabling and constraining nature of social media platforms for mental health information and the broader user and institutional practices involved in the mental health meaning-making processes. It is essential to clarify that whilst the literature comprises international contexts, my focus is on Australia, and so all the arguments, conclusions and recommendations are drawn within that context. Given the complexity of the field in which this study is located, it was important to carefully craft a strategy for reviewing and synthesising the relevant literature The next section discusses the strategy I used to conduct the literature review.

2.1 Literature Review Strategy

This literature review explored the research available in the mental health communication field, drawing on multidisciplinary perspectives. The literature review attempted to answer the question: What are the current issues addressed in mental health communication research in relation to the research questions in section 1.2? The literature review explored mental health communication from theoretical and pragmatic perspectives, establishing existing research, resources, key findings, and research gaps. The literature review involved three stages conducted by identifying relevant studies using a Boolean search in electronic databases (Google Scholar, Scopus, and PubMed) and existing networks to identify key journals, relevant journal articles, and reference lists of relevant journal articles.

The keywords used to search for the literature included 'mental health,' 'social media,' 'Facebook,' 'Reddit', 'online forums', 'digital mental health, 'e-mental health', and 'mental health' 'depression.' 'anxiety,' 'health communication,' 'moderation,' 'moderation practices,' 'moderators,' 'COVID-19.' Example search: social media OR Reddit AND depression OR anxiety. Additionally, I followed other researchers with ongoing projects related to mental health communication on social media platforms to keep up with trends in the field. I drew on other resources such as news articles, conferences, industry events, and signposting by my supervisors and colleagues, leading to relevant research. I assessed these resources for relevance and rigour for inclusion.

The literature review was conducted in three stages. Stage one was a scoping review that began in 2019. I reviewed the literature iteratively as data collection and analysis progressed. Stage two aimed at identifying new or newly discovered research and started in January 2020. This stage took place during data collection and analysis; it represented the substantive area of mental health research, which is helpful for a critical discourse analytic study. The final review started in June 2021. I appraised the literature by reflecting on the findings and arguments of the study. I included most of the literature I considered significant and relevant to the research findings. In the following sections, I present the key themes from the review and draw on some studies to illustrate the themes. The studies I highlight have been selected because they were the most relevant to show the nature of research that has been conducted so far and the research gaps that exist. I begin with an overview of health communication to set the context since this study is positioned with health communication. I discuss the trends in the field with a focus on the theories, models and approaches

since these guide health communication practice and research interventions. I also discuss health communication in the social media age.

2.2 Overview of Health Communication

Health communication is a broad field comprising written, spoken, and visual components. As an inter-and multi-disciplinary field, health communication goes beyond the core disciplines of medicine and communication, to also include perspectives from sociology, informatics, social psychology, and philosophy. Health communication takes the form of health education and promotion enshrined within public health principles using educational strategies to bring about health-related changes. The central aim of health communication programs is to improve health practices and, eventually, the postponement and prevention of illnesses (Fries et al. 1998; Thomas, Fine & Ibrahim 2004; Tomori et al. 2014) through influencing, engaging and empowering communities and individuals to make informed decisions. The field of health communication was carved out of the intersection of information needs, individual and societal decision making, and health behaviours (Obregon & Waisbord 2012). Indeed, health communication is a multidisciplinary and multifaceted field involving stakeholders such as healthcare professionals, politicians, communities, and individuals for the long-term sustainability of recommended behaviour, practice, or health policy change.

Theories and models are fundamental to health communication practice as they explain the determinants of behaviour and decision making (Hamilton & Chou 2014; Kar, Alcalay & Alex 2000; Obregon & Waisbord 2012; Rice & Katz 2001; Schiavo 2013; Thompson, Parrott & Nussbaum 2011; Vemula & Gavaravarapu 2017). There are various social, and behaviour change theories (Bandura 1992; Prochaska & Norcross 2001; Rogers 2010) and models (Ajzen 1991; Petty & Cacioppo 1986; Rosenstock 1974) which guide decisions for health communication design, implementation, and evaluation. Furthermore, these theories offer a basis for explaining and predicting the social interactions that impact health (Corcoran 2013; Raingruber 2014). Health communication theories and models provide frameworks to describe why people adopt or do not adopt certain health behaviours (Berry 2006). The health communication field has long been shaped by traditional communication models, particularly the effects model of communication that assesses knowledge, attitudes, and behaviour (Obregon & Waisbord 2012). Health communication

researchers have primarily relied on the effects model of communication and have mainly focused on examining the effects of health communication campaigns following the quantitative tradition.

On the other hand, ecological processes investigate health as an intersection between the individual and their ecosystem, consisting of their family, community, and the socio-cultural, economic, political, and physical contexts, contributing to health and illness. This is an essential approach because there is a mutual influence in that people are influenced by the ecosystem in which they live; likewise, people influence the ecosystem (Rimer & Glanz 2005). Considering the move towards understanding health communication within an ecosystem through a focus on social and behavioural change communication, I adopted an integrated discourse analytic framework which I explain in more detail to conduct a holistic perspective. Moreover, many of the earlier theories and models have been criticised for focusing on individual behaviour while ignoring other factors such as the influence of socio-cultural factors (Raingruber 2014) because health is a social matter which requires a broad approach beyond the individual (Bandura 2004).

Health communication involves mainly three approaches, namely interpersonal, media and community-based approaches (Schiavo 2014). Most health communication interventions take the form of campaigns, and these have mainly relied on media channels such as radio, television, and print materials while others have used social marketing techniques and community-based approaches (Schiavo 2014). The advent of the internet has contributed to increasing digital-based health communication interventions, especially on social media platforms (Eckert et al. 2018; Huo et al. 2019; Koinig & Diehl 2021; Zhu et al. 2020). Community-centred approaches shift attention from the individual to group-level change with emphasis on empowerment. Empowerment entails individuals gaining expert insight into their problems and assessing options for wellbeing. This process is characterised by participation in identifying health priorities and finding culturally appropriate solutions to health issues. Additionally, empowerment involves people controlling their destinies and ownership of decisions and actions (Farrant, 1991) in (Lupton 1995). As such, participation in health communication is prioritised (Nutbeam 2008), as is the use of many different approaches and the entry of health promotion into all areas of social life, for example, in schools, workplaces, and homes. These communication approaches focus on patient-medical professional communication, medical professional-medical professional communications, and the implementation of technological interventions in healthcare services.

The empowerment discourse as used in health communication draws upon the critical pedagogy movement that emerged in the late 1960s, calling for more autonomy and responsibility on the individual, who was constructed as an agent of historical change. With such rhetoric, the role of health professionals is to nurture/nudge through fostering the development of personal skills in a bid to encourage healthy choices through new knowledge and alternative discourses. This gives people more opportunities to control their health and their environments (Ashton, and Seymour) in Lupton (1995). The nudge approach prioritises persuasion as opposed to coercion (Ewert 2017; Hansen, Skov & Skov 2016; King et al. 2013; Lin, Osman & Ashcroft 2017; McDaid & Merkur 2014; Mont, Lehner & Heiskanen 2014; Oullier et al. 2010; Rainford & Tinkler 2011; Vallgårda 2012). It adopts strategies that encourage people to take up self-care practices and is preferred to coercion to ensure that people take care of their health and remain productive. An overall evaluation of earlier health communication models and theories shows that they are rooted in psychological theories. This could explain why these theories have mainly focused on information transmission, reception and interpretation, prioritising individuals rather than social, cultural, and political factors.

Health communication in the digital landscape, for instance, on social media platforms, requires institutions to assess numerous societal, organisational, individual, and professional implications. This includes assessing social media sites' terms of service, organisational standards, policies, and individual best practices. These levels of assessment overlap and do not exist in isolation. Although social media platforms can reach many people, they can also act as a conduit for widespread dissemination of misinformation (Allcott, Gentzkow & Yu 2019; Ghenai & Mejova 2018; Sylvia Chou, Gaysynsky & Cappella 2020; Wu et al. 2019). Social media platforms and online website forums compete with thousands of other websites that vary in the quality of the information provided. In addition, most social media platforms do not provide users with adequate information to evaluate their quality and trustworthiness (e.g., purpose, funding organization). Social media platforms "provide opportunities to understand health behaviours, sentiments, or rumours at a population level" (Kass-Hout & Alhinnawi 2013, p. 10). Such information can be generated through a user's ability to interact with social media content, such as through commenting or sharing, which differentiates these media from traditional media.

Although social media do not eliminate disparities to access among individuals, most of these platforms are low-to-no-cost. Thus, in some ways, social media platforms reduce power because any user can contribute to conversations on these platforms. It should also be noted that

lay people who contribute to online health and medical sites express various opinions. Therefore, social media platforms work as essential outlets for emotional expression and finding the support of like-minded others. However, they can also operate in highly normative ways through social media norms and rules, working to silence alternative discourses over others. Like other spheres in life, people who do not conform to accepted norms may find themselves marginalised. There is also the possibility that inaccurate, misleading, or overly confronting information may be shared on these forums, which may exacerbate rather than alleviate health conditions and emotional wellbeing. There is a need for a more situated understanding of the knowledge/power relations on mental health-related social media platforms.

In the next section, I discuss health communication practice through the lens of social media experiences. Overall, most of the health communication theories discussed in this section are not primarily concerned with issues of participation and power/knowledge relations, such as socio-political forces on health, the struggles of underrepresented groups and the impact of policies on wellbeing. Instead, they are concerned with information processing, behaviour modelling, and media effects at the expense of questions about how power shapes health communication. Therefore a discussion on social media user experiences underscores how health communication approaches, theories and models are actualised before I delve into the discussion of power/knowledge relations on social media platforms. Although the focus of this study is on mental health, I also draw on studies focusing on other disease areas because these studies highlight the experiences that could be taking place within the mental health field but are not documented.

2.3 Social Media User Experiences

In this section, I present a review of literature that shows the trends in using social media for health communication, focusing on user experiences. This literature review provides a better understanding of the socio-cultural environment within which health communication on social media occurs. The advancement of the internet has contributed to developments in communication through various information communication technologies. Social media platforms have facilitated novel ways of communication, and a culture in which the line between offline and online worlds is blurred. In 2020, over 3.6 billion people were using social media worldwide, and this figure is expected to surge to almost 4.41 billion in 2025 (Statista 2021). Social media consists of various genres categorised as social networking sites such as Facebook, content communities such as

YouTube and Reddit forums, mini-blogging platforms such as Twitter, interactive websites such as discussion forums, Reddit forums, and Instagram. The proliferation of digital technologies over various sectors of society is leading to an increased application of digital solutions even within the healthcare sector.

The proliferation of social media platforms presents unprecedented opportunities and challenges in the way people communicate and work within various sectors. For example, Dewan, Luo and Lorenzi (2015) noted that social media promote information sharing, engagement, and patient empowerment in healthcare. In the case of information sharing, some social media platforms have been designed to facilitate various kinds of interaction, such as crowdsourcing health-related information through facilitating user-generated content. Examples include *HealthMap*, through which users share information about their own or other people's illnesses. Information is further used to warn about spreading infectious diseases in each geographical location. Platforms such as *PatientsLikeMe* encourage sharing of illness-specific signs and healthcare options (Lupton 2014). In evaluating the effectiveness of *Kids Helpline*, an interactive online counselling forum using textual and visual features, researchers found that young users gained a high level of control and comfort when they interacted with a counsellor (Beattie et al. 2006).

Technology is increasingly geared towards allowing social interactions to occur at different times, in various modes, formats and platforms. Social media's asynchronous and synchronous communication capabilities can supplement face-to-face healthcare by enabling patients to more frequently interact with their healthcare providers (Parikh, Sattigeri & Kumar 2014). Indeed these platforms have changed the way users and healthcare providers communicate regarding patient diagnosis, care, and treatment due to the multidirectional communication afforded by these platforms; however, communication on these platforms could reduce interactions with medical professionals because of aspects such as self-diagnosis. For example, Giles and Newbold (2013) note that users of social media platforms such as online communities create tools for self-diagnosis and offer informal diagnoses to each other. While this provides for the free flow of information, it has implications for help-seeking in the sense that some individuals might forego medical attention and resort to self-treatment. Other studies have demonstrated that people use social media as an alternative to offline mental health services such as face-to-face services (Mehmet, Roberts & Nayeem 2020).

In another instance, based on their study Seechaliao and Rungrueng (2016) note that although students faced several mental health difficulties, they rarely used expert mental health services such as counselling. Instead, participants preferred social media to face-to-face interactions because they were able to learn how to solve problems independently. Moreover, social media platforms such as online forums could be beneficial to stigmatised users because of the anonymity online forums afford, while people with restricted mobility benefit from the affordance of expanding their networks (Tanis 2008). Furthermore, social media platforms such as online chatroom sessions can complement or be an alternative to in-person groups for youth affected by mental illness by fostering social support to peers with mental illness and those who care for people with mental illness (Drost et al. 2018).

The growing use of social media platforms to communicate mental health has contributed to the ever-increasing research interest in the potential of social media to influence mental health outcomes (Coyne et al. 2020; Gao et al. 2020; Karim et al. 2020; Lloyd 2014; Lupton 2012; Naslund et al. 2020; Olenik-Shemesh et al. 2012; Robinson et al. 2019; Wang, Nansel & Iannotti 2011). Some researchers argue that social media-based health promotion interventions benefit mental health wellbeing (Bessière et al. 2010; Burke 2011; Din et al. 2017; Pantic et al. 2012; Seabrook, Kern & Rickard 2016; Seechaliao & Rungrueng 2016). Din et al. (2017) suggest that the interactive nature of social networking sites creates safe online platforms for individuals seeking mental health help, creating opportunities for new mental health social norms to emerge. Such social norms could increase access to mental health services by demystifying the challenges of face-to-face interactions, such as stigma. Along similar lines, in a systematic study by Seabrook, Kern and Rickard (2016), which aimed to review social media use and depression and anxiety, the researchers found mixed findings between depression and anxiety. The researchers noted that positive interactions were related to better mental health outcomes while negative interactions were related to poor outcomes. The researchers concluded that there is a need to investigate the social relations on social media, a call addressed in this study.

The studies highlighted above indicate the changes brought by social media dynamics in the health communication landscape. This study sought to add to this body of research by evaluating the representation of mental health on mental health-related Facebook pages, Reddit forums, and website forums. The argument that social media platforms are beneficial for mental health communication is weakened by studies that show adverse intervention outcomes and perceptions towards social media-based mental health communication (Abaido 2020; Enrique

2010; Kırcaburun et al. 2019; Kraut et al. 1998; Kross et al. 2013; O'Reilly et al. 2020; Pantic et al. 2012; Rosen et al. 2013; Yoon et al. 2019). Social media use could also present adverse effects such as inaccurate information, cyberbullying, and mental health challenges (Giles & Newbold 2013; McCosker 2018). Giles and Newbold (2013) further note that although social media users can provide guidance on how to manage health conditions regardless of their knowledge, it is important to create accurate, safe, and reliable online communication platforms to prevent exacerbating health problems. For instance, time spent on social networking sites and higher frequencies of checking social networking sites are associated with high levels of depression (Yoon et al. 2019). Additionally, O'Reilly et al. (2020) suggest that social media use among some teenagers could cause mood and anxiety illnesses due to the platforms facilitating cyberbullying and social media addiction.

Other studies have focused on examining the detection of mental illness through social media posts (Burdisso, Errecalde & Montes-y-Gómez 2019; Chancellor et al. 2019; De Choudhury & Kiciman 2017; Gkotsis et al. 2017; Guntuku et al. 2019; Guntuku et al. 2017; Islam et al. 2018; Kim et al. 2020; Kumar, Sharma & Arora 2019; Low et al. 2020; Lyons, Aksayli & Brewer 2018; Paul, Jandhyala & Basu 2018; Ricard et al. 2018; Seabrook et al. 2018; Tadesse et al. 2019; Thorstad & Wolff 2019; Trotzek, Koitka & Friedrich 2018; Wolohan et al. 2018). For instance, Lyons, Aksayli and Brewer (2018) used the Linguistic Inquiry and Word Count program (LIWC), a natural language program to detect mental illness expressions in social media posts and found that users with mental illness used more singular pronouns and negative emotion words and that users of borderline personality forums were the highest users of singular pronouns, which could be due to the insecurity caused by the illness. Xu and Zhang (2016) found that users of a popular Chinese social media platform frequently used self-focus words and negative affect words when discussing depression-related information. The researchers attributed the frequent use of negative words to the mutual nature of communication within this social media platform and the users' social networks. Furthermore, Chancellor et al. (2019) argue that the algorithmic inferences on social media could potentially play a role in prevention interventions, timely detection, and treatment of mental illness. However, the researchers caution that such algorithmic inferences analysed using deep learning could pose a potential risk due to biases from unintended or intended misuse and misinterpretation of assumptions or insights, incorrect and opaque predictions, and unethical practices by the people managing the algorithms.

In this section, I have focused on research that explores user experiences. The growth of the internet has enabled people to communicate in ways that were not possible previously. This section highlighted the changes brought about by social media platforms in the health communication landscape. These changes include the affordances and constraints of social media platforms and the changing roles of users/patients and healthcare providers in terms of authority and authorship. While there is a growing body of research about social media platforms for mental health, the studies discussed above indicate that social media platforms have offered users the opportunity to gain social support, information to make informed decisions and behaviour change through online health promotion campaigns circumventing the barriers of time and space while contributing to new challenges such as cyberbullying. Most of the current research has focused on identifying the impact of social media on mental wellbeing with a limited focus on the construction of mental health information detecting mental illness. However, researchers such as Cavazos-Rehg et al. (2016) call for further research to investigate social media-based mental health information, which justifies the relevance of this study. In the next chapter, I discuss moderation practices on social media to understand how harmful information is eliminated or minimised while prioritising positive information and practices and how social relations are negotiated.

2.4 Moderation Practices on Social Media Platforms

Social media platforms can provide safe spaces for people living with mental illness to share their experiences, connect with others, and give or receive support. Nevertheless, not all discussions of mental illness are treated alike on these platforms. Blackwell et al. (2017) note that while restrictions on social media platforms aim to moderate these platforms, they at the same time act to validate users' experiences and information by clarifying norms and expectations and can also invalidate other experiences and information. Indeed, social media platforms should be viewed as systems of governance that are positioned between users and regulators (Klonick 2017). Media scholar Tarleton Gillespie, in his book *Custodians of the Internet*, notes that social media platforms are set as gatekeepers of the digital world because they have custody of day-to-day discourses and must keep the platforms clean (Gillespie 2018).

Additionally, drawing from legal perspectives, Kaye (2019) calls for improved decentralisation in decision-making processes on social media platforms. The author argues that "companies should make human rights law the explicit standard underlying their content

moderation" (p. 119). Constraining information in the process of creating space for meaningful and open interactions and managing unacceptable and inappropriate behaviours could lead to tension between moderators and users, as users could view this as restraining freedom of expression and speech (Gillespie 2018). Social media platforms rely on human labour and automated processes to moderate these spaces. For example, Facebook employs professional moderators who review user reports and complaints to detect harmful content (Birman 2018; Menking & Erickson 2015). Reddit and Wikipedia (Jhaver et al. 2019; Matias 2019; Zheng, Ni & Luo 2019) work with volunteer moderators to police community regulations. However, volunteer moderators generally encounter exhaustion while maintaining healthy online communities (Dosono & Semaan 2019; Grimmelmann 2015; Seering, Kraut & Dabbish 2017). This could explain why some inappropriate behaviour that is detrimental to mental health still exists on social media platforms despite moderation.

Some literature (Chandrasekharan et al. 2017; Saha et al. 2020; Shen & Rose 2019) on moderating social media platforms has focused on functional and structural perspectives. Seering et al. (2019) and Ruckenstein and Turunen (2020) document general duties that moderators need to fulfil. These duties can be classified into two categories: basic and advanced moderations. Basic moderation, such as checking community activity and deleting rule-violating content, are practices critical for the safety and reliability of information shared. The researchers note that advanced moderation entails moderators investing more effort into nurturing the community and enforcing conformity to regulations, emphasising supportive moderation, which entails clarifying community regulations and providing alternative engagements to community members. Disciplinary and compassionate moderation are critical factors for community building and growth. Indeed, deleting inappropriate content could increase compliance with community rules. On the other hand, offering suggestions on how to interact appropriately on social media could enhance constructive and healthier interactions in social media communities (Srinivasan et al. 2019). Content moderation systems shape the affective relationship between users and platforms and users' actions to assert their agency through moderation practices (Myers West 2018).

Along similar lines, Feuston, Taylor and Piper (2020) argue that moderation practices on platforms such as Facebook and Twitter have consequences for marginalised groups, who are pressured to conform to the standard of wellbeing because moderation practices reassert certain practices and experiences as normal and valued while rejecting others. In terms of automated and human moderations, Jhaver et al. (2019) argue that, on the one hand, automated moderation can

identify inappropriate content, such as stigma, while on the other hand, it can cause false alerts and filters. For instance, if a banned word is used in a different context, that may not be harmful or inappropriate. Additionally, the researchers further note that compared to the role of an ordinary community member, the role of human moderators brings volunteerism and feelings of prestige within the social media community. Feelings of prestige serve as a motivation for volunteers to continue their work within the community.

Other studies have focused on the effects of moderation (Gerrard 2020; Lampe et al. 2014; Seo 2007; Wadden et al. 2021). The findings show that moderation is a double edge sword. On the one hand, moderation encourages users to share experiences openly on the other hand it limits some discussions contributing to users circumventing moderation practices (Chancellor et al. 2016). Lampe et al. (2014) showed that moderation encouraged respectful behaviour and minimised discourteous rhetoric. Seo (2007) found that moderation enabled users to stay on the topic of discussion than on platforms that were not moderated. In terms of mental health, current research (Wadden et al. 2021) shows that moderating online platforms such as social media shapes mental health discourse and contributes to positive outcomes for people with mental illness by increasing safety and self-efficacy. For instance, Wadden et al. (2021) evaluated the effects of moderation on mental health discussions and found that moderation encouraged users to discuss negative mental health experiences more openly. Wadden and colleagues also found that in terms of power and social relations, the researchers found that users and moderators drew on lexicons that portrayed their roles. In relation to circumventing moderation practices, Chancellor et al. (2016) examined pro-eating disorder communities on social media and found that users in these communities circumnavigated restrictions by using non-standard lexicons of moderation flagged words. Similarly, Gerrard (2018) investigated how users of pro-eating disorder communities circumvented moderation practices; noting that in addition to users avoiding banned hashtags, the design of social media platforms (such as recommendation techniques) amplified pro-eating disorder information.

The studies discussed above show that content moderation gatekeeping practices serve as structural processes to either prioritise or exclude information that endangers the platforms or organisations' rules, goals, and objectives. The discussion in this section shows that prior research has investigated moderation functional and structural elements. However, few studies have analysed the experiences of users and moderators in a single study. Moreover, at the time of writing, I did not find a study that examined the manifestation of governmentality practices on social media platforms that could help explain the power and social relations on these platforms. Gaining a

deeper understanding of how users and moderators negotiate power relations enables the identification of moderation practices and their effect on the representation of mental health on social media platforms. To examine user and moderator experiences on mental health social media platforms in this study, I carefully reviewed the processes of exclusion and inclusion "because they are the mechanisms in which modes of cultural domination operate" (Williams & Williams 1977, p. 125).

What follows is an exposition of mental health communication during a health crisis. A review of research conducted on communicating mental health during a health crisis is pertinent because part of this study aimed to examine the representation of mental health during the COVID-19 pandemic. Although the initial plan was not to study mental health communication during the COVID-19 pandemic because the study began before the pandemic began, the decision to explore this dataset was taken based on the assumption that the new disease, its effects, and the measures taken to contain it could exacerbate mental distress. The other assumption was that this period could contribute to innovative ways to manage mental distress due to increased severity. Moreover, the COVID-19 pandemic spread to Australia as one of the worst bush fires in Australia was being contained. These bush fires also negatively impacted mental health (Usher et al. 2020). The period during which COVID-19 emerged can be classified as a time of significant mental distress in Australia, thereby providing a unique dataset.

2.5 Communicating about Mental Health During a Health Crisis

This study investigated mental health communication on social media platforms during the COVID-19 pandemic. This pandemic can be categorised as the most severe health crisis of a century due to significant global challenges to communities. The threat of exposure to the disease and the approaches and policies to suppress the spread of the virus caused considerable illness, worries, fears, and social and economic consequences (Qiu et al. 2020; Su et al. 2021; Wang et al. 2020; Wiederhold 2020). For instance, quarantine and 'social distancing' or 'physical distancing' impeded social interaction. The media were positioned as essential sources of information regarding updates about the virus, such as information on the recommendations from government and public health practitioners, infection rates, and economic or social support. Social media platforms posed the potential to minimise the harmful effects of the measures to contain the spread

of the virus for example by fostering social support and access to mental health information and management of the pandemic (Al-Dmour et al. 2020; Wong et al. 2021).

Indeed, there were increased mentions of COVID-19 pandemic related terms across different social media platforms during the pandemic (Wiederhold 2020). However, as I discussed earlier in section 2.3, studies show that social media can also negatively impact mental health due to unfiltered and adverse social media posts. There was also widespread misinformation on social media during the COVID-19 pandemic (Ferrara, Cresci & Luceri 2020; Zhou et al. 2021). This prompted the World Health Organisation (WHO) to create the term infodemic, which describes the information overload which may or may not be factual, making it difficult for people to find reliable and trustworthy guidance (WHO 2020). Indeed, some researchers (Ali 2020; Bridgman et al. 2020; Lee et al. 2020; Tasnim, Hossain & Mazumder 2020; Vraga, Tully & Bode 2020) argue that the misinformation and false accounts during the COVID-19 pandemic on social media platforms may have contributed to mental illness.

Analysing communication during this period was considered necessary because of the assumption of increased mental illness due to the uncertainty about the disease and the measures to curb the spread of the virus. For instance, lessons from other pandemics (Gardner & Moallef 2015; Jalloh et al. 2018; Jeong et al. 2016; Lau et al. 2006; Mak et al. 2010; Maunder 2009; Peng et al. 2010; Shultz, Baingana & Neria 2015) show that the impact of mental illness due to an infectious disease is qualitatively different from that caused by other illnesses. This stems from the fear of being exposed to a novel and dangerous pathogen that brings social isolation for one's safety and the safety of others. Furthermore, digital media, including social media platforms, played a crucial role in extending information and services to the population. For example, Zhou et al. (2020) highlight the importance of telehealth (such as via phone calls, email apps and videoconference) in providing mental health services, namely, to support people living with mental illness and to maintain psychological wellbeing with isolation. More research suggests that analysing social media communication during a crisis is helpful in disease surveillance, especially in identifying misinformation, attitudes, practices around diseases, and control measures to curb pandemic panic (Depoux et al. 2020). The researchers further note that digital technologies allowed people to manage social distancing, isolation, lockdown, and quarantine by increasing access to mental health resources and facilitating connections.

Social media platforms facilitate information exchange during crises by offering opportunities to communicate vital information, extend services and generate feedback and ideas on the best strategies to manage a crisis (Austin & Jin 2016; Austin & Jin 2018; Bertot et al. 2010; Civelek, Çemberci & Eralp 2016; Eriksson 2018; Golbeck, Grimes & Rogers 2010; Tirkkonen & Luoma-aho 2011; Wendling, Radisch & Jacobzone 2013; Yates & Paquette 2011). Additionally, communication on social media between governments and citizens tends to be more open, frequent, and targeted because of the conversational and interactional (Yates & Paquette 2011), making social media platforms ideal communication channels during crises. Moreover, Tirkkonen and Luoma-aho (2011) argue that public relations activities by government authorities during a health crisis contribute significantly to managing situations and add that social media could facilitate timely dialogue, community and trust and encourage users to take the desired action to amend incorrect information and influence equally unsuccessful opinions. Eriksson (2018) argues that there is a need to harness social media's potential as a participatory medium, identifying appropriate sources and timing of messages, and planning crisis communication which includes a good understanding of the social media logic.

Literature on mental health on social media platforms during the COVID-19 pandemic shows that research (Abbas et al. 2021; Bendau et al. 2021; Gao et al. 2020; Ni et al. 2020; Saha et al. 2020) focused on identifying the effects on mental wellbeing of using social media. This echoes the general research on mental health communication discussed earlier, which concentrates on the adverse and constructive effects of using social media platforms on mental wellbeing. For example, Abbas et al. (2021) note that social media use during the COVID-19 pandemic increased informational, emotional and peer support; however, it could also pose mental health risks. Gao et al. (2020) note that social media was the primary communication channel used during the pandemic but found that frequent social media exposure contributes to mental health challenges due to the high volume of negative discussions circulating on social media platforms. Furthermore, Bendau et al. (2021) noted that people who used official government websites or health professionals as the primary source of information presented significantly less general anxiety and depression than people who used other communication channels as the primary source of information. On the other hand, Ni et al. (2020) caution that although social media facilitates telehealth, there is a potential risk of harm to mental wellbeing due to the infodemic.

Taken together, the literature before and during the COVID-19 pandemic, as illustrated above, indicates inconsistencies around the impact social media pose on mental wellbeing.

Moreover, noting that these platforms are constantly evolving, there exist possibilities for minimizing the negative influences while amplifying the positive effects and introducing a range of helpful developments for mental health communication. To contribute to these improvements through the aim of the study which was to gain a better understanding of the representation of mental health on social media platforms, the study sought to address some of the gaps identified in the review of relevant literature. The literature I have reviewed so far shows that the methodology has focused mainly on cross-sectional self-report approaches, interviews, and content analyses for the reviewed studies. While these methodological approaches provide vital findings, they are not without limitations.

This study used a critical discourse analytic framework and a comparative case study research design to offer nuanced perspectives, which I explain in chapters three and four. A quantitative approach is not sufficient to understand the complexities of how people in Australia construct mental health on social media. It is necessary to employ a qualitative critical approach to mental health communication to understand these complexities. Additionally, although several studies have investigated the use of social media for mental health communication, limited studies have focused on a critical health communication perspective. Thus, the next section is dedicated to literature on critical health communication with aim of discussing the existing research and the existing gaps in this field.

2.6 Critical Mental Health Communication

Critical communication studies focus on assessing power and knowledge relations in terms of what is communicated over what is not and who is allowed to share in terms of who is not permitted. This study is situated within the critical health communication field. Although located within health communication, critical health communication focuses on examining how meanings and representations of health are associated with issues of power and inequalities linked with culture, resources, and social structures. Critical interrogation of the meanings of health attends to the structures of governance through which health is constituted, delivered, and represented in policies and programs. In essence, critical health communication approaches focus on how power shapes cultural constructions of health and responses to illness (Zoller 2014, p. 270). Critical researchers in health communication are interested in addressing questions like: What exertions of power and what mechanisms produce the varying outcomes over time and within given spaces? How do

mental health representations and the processes that shape them shift if they do? Most importantly, whose interests are served. Power is conceptualised as operationally situated in institutions and relationships in the critical health communication field. Zoller and Kline (2008) argue that "critical theorizing involves deconstructing dominant, taken-for-granted assumptions about health, often with the hope of introducing possibilities for alternative, more inclusive meaning systems," (Zoller & Kline 2008, p. 271).

Although there is a growing body of research about mental health communication on social media, few studies have utilised a critical perspective. The need for critical health communication research has been accentuated by several researchers (Cook 2005; Humphreys, Rodger & Flabouris 2013; Lupton 1992, 1994, 2012, 2014; Zoller & Kline 2008) who highlight the need to question the structures and knowledge production processes. In her seminal work, Lupton (1992) calls upon critical health communication researchers to focus attention on how health information is framed and how language in healthcare settings is used to perpetuate the interests of some people over others. The scholar further calls upon researchers to question the claims in which the discourse operates, the value, beliefs, and concepts espoused or neglected, existing knowledge or belief systems dawn upon to create meaning, and the societal disparities established or perpetuated. Similarly, Humphreys, Rodger and Flabouris (2013) argue for digital health communication research that incorporates aspects of a given medium's social and cultural contexts beyond technological determinism. Most studies have focused on outcome evaluations with little or no investigations into these platforms' social and power relations in relation to mental health communication. Hence, there is a need for critical health communication research to address the gap of limited research about the power and social relations that exist on mental health-related social media platforms.

The focus should be on discourse and how language works in health settings to serve the interests of the status quo while concurrently marginalising specific sectors of society (Lupton 1994). Mental health has been represented through art, literature, artefacts such as paintings, news and advertisement media, medical practices, and sharing mental illness experiences. Technology such as cameras, mobile phone technology, and social media platforms are increasingly playing a significant role in shaping mental health and excluding or including people who participate in the representation. Various studies have looked at the representation of mental illness on social media platforms, focusing on the construction of mental illnesses ranging from negotiation of identity to social and power relations. (Andalibi, Ozturk & Forte 2017; Chancellor et al. 2017; Feuston &

Piper 2018; Gawley 2007; Lawless, Augoustinos & LeCouteur 2018; Tsugawa et al. 2015). Regarding mental health subject positions and identity, the literature (Dyson & Gorvin 2017; Xu & Zhang 2016) shows that medical professionals are positioned in positions of authority, and people living with mental illness are positioned at the periphery, although there are opportunities for resistance with people with mental illness taking up dominant subject positions. For example, Dyson and Gorvin (2017) suggest that constructing mental illness identities has far-reaching implications for illness-related actions.

Mental health information seeking, and sharing is not without dilemmas. For instance, Hansen et al. (2019) analysed psychosis information campaigns for discursive meaning, social actors, and actor roles. The authors found that meaningful content in the information campaigns was developed on two themes: knowledge is critical, and all people have a responsibility. The researchers highlighted dilemmas in mental health services: the combination of professional/expert knowledge with patient knowledge-creating emphasising shared decision-making and collaborative practices and roles; the various ways of talking about illness based on patient experiences; and lastly, how help-seeking can be encouraged despite fragmented expert positions. This indicates the significance of enhancing knowledge of the societal forces around mental health construction and a further understanding of how social media platforms act as vehicles for normalising, stabilising, and prescribing actions, identities, and subject positions.

Critical mental health communication can provide invaluable qualitative insights into the way illness is understood, experienced, and treated. For instance, drawing upon data gathered from mental health service users in the Republic of Ireland, Speed (2006) employed a discourse analysis to study the representation of mental health. The study analysed interviews with representatives of mental health social organisations and groups. The study found three subject positions: patients, consumers, and survivors. The subject positions show the different ways of talking about mental illness, highlighting the different conceptions of agency among people living with mental illness. These concepts offer insights into the bottom-up social representation of mental illness. Tobah (2017) analysed the construction of mental health, illness, and depression through a comparative study to identify the differences between Muslim leaders' constructions and those found in consumer health materials. The authors found that although environmental factors were present, all the five pamphlets that were analysed showed mental health as medicalised due to the emphasis on causes, symptoms, and treatments of depression. These findings indicate individualisation and responsibilisation as the onus is on the person experiencing mental illness to

take preventive measures. Thompson and Furman (2018) reviewed the United States of America National Institute for Mental Health media campaign to identify relationships and interactions between personal experience narratives, discourses of institutions, and the media using Foucault's governmentality construct multimodality studies CDA approaches. The study showed that institutions reproduce institutional discourses intending to govern populations to ensure they remain healthy and productive.

Other studies have examined discourses and assumptions encoded and decoded on social media platforms. Research (Pavalanathan & De Choudhury 2015; Thompson 2012) shows that there are various discourses and ideologies attached to mental health. For instance, Thompson (2012) notes that the transformation of web design has contributed to a shift in visual imagery discourse surrounding mental illness on websites. The author argues that these changes are facilitated by complex, interweaving representation approaches which take place when content, placement, and design overlap. The shifts include a change from a biomedical discourse that focused on illness to a socio-therapeutic discourse that focused on wellbeing. Pavalanathan and De Choudhury (2015) examined the characteristics of mental health discourse manifested through subreddits. Using affect, cognitive, social, and linguistic style measures, the researchers found that mental health discourse exhibited pessimism, rational bias, self-centeredness, and low self-esteem.

Information on social media platforms has the potential to act as a vehicle for normalising and prescribing practices, behaviours, and identities. For instance, Lawless, Augoustinos and LeCouteur (2018) analysed how language was used to construct dementia on eight not-for-profit organisation-managed websites. The recurring themes from the analysis were the construction of audiences as facing a threat of dementia and the positioning of audiences as responsible for preventing the onset of dementia. Mental health discourses have implications for the identities people with mental illness take up, and those offered to them by other individuals such as medical professionals. Ringer and Holen (2018) analysed how mental illness and health discourses were negotiated in mental health practice using a Foucauldian analysis based on qualitative data from two mental health organisations. The researchers found three discourses: the discourse of instability, the illness discourse, and the anosognosia discourse. The authors further argue that these discourses highlight the dynamic nature of mental health discourses. Gawley (2007) examined how depression was medicalised on websites using Fairclough's three-dimensional model and found that medicalisation substantially impacts the representation of depression on the websites and how depression is managed and viewed. The researchers further noted that people

with depression were portrayed as being affected by depression in several ways, such as, living with a medical condition and being at risk for declining health if treatment was not received, reinforcing the medicalisation assumption.

A critical discourse analytical perspective is relevant from a health communication perspective because it presents tools to examine how people make meanings around health and the types of discursive activities likely to result in desired actions and be challenged by such actions. Whereas it might be easy to assume that discourse (health information/interaction) directly leads to the desired behaviour outcome, on the contrary, the relationship between what is said or communicated and what people do is usually complicated which may lead to undesired health outcomes. Simpson and Freeman (2004) note that health communication should consider various societal and psychological factors to examine taken-for-granted healthcare dynamics thoroughly. Considering the contradictions in mental health communication research, it is crucial to holistically evaluate the circulation of mental health discourses on social media.

Limited research has examined the representation of mental health on Facebook, Reddit forums and website forums, particularly the meanings of mental health and the power relations that shape production, circulation, negotiation, consumption, and reproduction processes. This study sought to address this gap by exploring a broad spectrum of factors such as how linguistic, non-linguistic, and techno-socio features impact mental health discourse to give a comprehensive account. Lyons (2000) observed the significance of analysing wellbeing and illness through visual and linguistic construction through media representations using critical discourse approaches. The researcher argued that such approaches could provide valuable insights into the broader social, political, and cultural contexts that shape what is known about health and illness, thereby challenging the beliefs, and prospective disparities, underlying such knowledge. While these studies have advanced knowledge in the construction of mental health discourse on social media platforms, few studies have examined how social media affordances shape mental health discourses. Another gap in the existing literature is that there has been limited systematic analysis of social media affordances on mental health-related social media platforms. In the context of the growing use of social media, it is vital to understand how the affordances of social media have shaped discursive practices on mental health-related social media platforms, which is the objective of the present study.

In figure one on page thirty-seven, the conceptual framework synthesises key selected ideas reviewed in this chapter and shows how they are interconnected. The conceptual framework provided a foundation for conducting this study. In terms of mental health discourses, the emerging discourses from the literature include biomedical and gender and the subject positions that ensued include patient, vulnerable and survivor. For the case of social media affordance, online forums, Reddit, Facebook, and Twitter were the most commonly studied platforms characterised by anonymity and user-generated content and crowdsourcing. In terms of user experiences, the literature showed that mental health organisations provide support to people with mental illness while at the same time monitoring what is said on these social media platforms. Peers also supported each other on social media platforms despite the challenges of cyberbullying and the dangers of self-diagnosis. In terms of moderation practices, moderators were categorised as professionals and volunteers who worked to create a safe space by enforcing compliance with the rules and educating users on the appropriate information procedures. The moderators also deleted inappropriate information. In terms of crisis mental health communication, the literature shows that during a health crisis, communication mainly took a top-down format with governments providing updates to contain fear while health practitioners offered medical advice for people to maintain wellbeing or manage illness. Notably, during the COVID-19 pandemic, there was an increase in misinformation, especially on social media platforms.

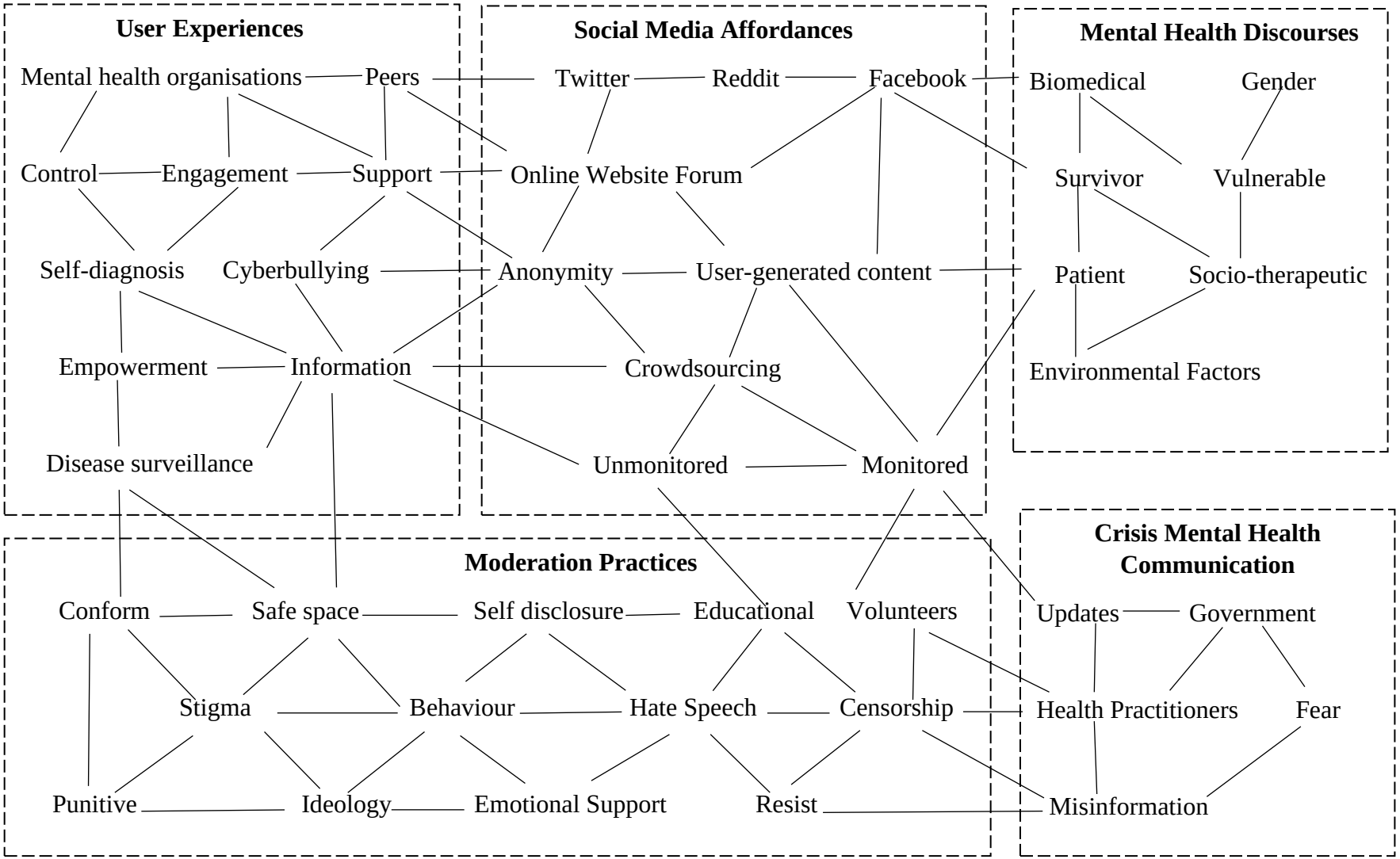


Figure 1: Concepts that Emerged from the Literature Review of Social Media and Mental Health Studies

2.7 Summary

This chapter has discussed the current literature on mental health communication broadly and specifically on social media platforms, critical perspectives of mental communication, and a critical reflection on how social media platforms operate, affording adverse and positive experiences. I showed how current research on mental health communication on social media platforms remains contested. Most studies focus on social media's positive and negative impacts on mental wellbeing. Moreover, research about moderation has mainly focused on the functional and structural aspects with minimal focus on the effects of moderation on the mental health meaning-making process. Overall, the representation of mental health on social media platforms remains under-researched. Investigating the representation of mental health and the role of contextual elements such as power relations among users, moderators, social media corporations, social media affordances, and social media cultural imperatives may cast a brighter light on the communication strategies and tactics that could contribute to more effective communication practices. The next chapter presents the integrated conceptual and theoretical framework that guided the study. I expound on the concepts of discourse, power/knowledge, subjectivity, governmentality, and the notion of social media affordances to show how these can address the research gap addressed in this study.

Chapter Three: Theoretical Perspectives

> …. there are a plurality of forms of association, roles, groups, institutions, and discourses. Thus, the means of interpretation and communication are not all of one piece. They do not constitute a coherent, monolithic web but rather a heterogeneous polyglot field of diverse possibilities and alternatives.
>
> (Fraser 1989, p. 295)

3.0 Introduction

This chapter presents the conceptual and theoretical underpinnings that informed the research processes to fully justify the approach that guided this study, from data collection to analysis, recommendations, and conclusions. The study sought to better understand the representation of mental health by examining the discourses and subject positions embedded in social media posts, the possibilities for interaction afforded or constrained by social media platforms, and the institutional and user practices that shape these processes. Social media platforms are complex. They involve the production of information from various parties who occupy multiple roles of professionals, non-professionals, and people with lived experiences who create multimodal expressions and representations. To mount an inquiry into the complexity of the representation of mental health on social media platforms requires a framework that can attempt to explain the multiple, fragmented, and contested dynamics in which the representation of mental health is entrenched.

Thus, the theoretical concepts I drew upon are harmonious bedfellows operating at different levels while complementing each other. I show that critical discourse analysis taken as the main theoretical framework which guided this study provided a multi-layered heuristic approach that facilitated the evaluation of the complexities of mental health representation on social media. Drawing on the Foucauldian approach, I discuss the notions of discourse, power/knowledge, truth regime, technologies of power and self, subjectivity, and governmentality. I discuss the theoretical tenets of the Faircloughian approach characterised by the constitutive nature of discourse. This is followed by an exposition of the concept of social media logic which is characterised by networked sociality, commercialisation, and interactivity. To describe how social media platform affordances and norms shape and are shaped by communication practices, I discuss the theoretical concept of social media affordances, which comprises editability, scalability, association, persistence, and

visibility. I discuss some studies that have adapted these theoretical perspectives to show the relevance and feasibility of these theoretical perspectives in this study.

3.1 Critical Discourse Analysis: An Overview

Critical discourse analysis (CDA) approaches are widely used to examine language structure and functions including spoken interaction and written texts. There are various approaches to critical discourse analysis. The approach of Van Dijk (2005) examines the connection between discourse and society and is established by combining cognitive, linguistic, and social theories. Wodak's (2001) historical approach seeks to investigate the historical background of discursive events. Van Leeuwen (2008) emphasises the multimodality of discourse through a framework that guides the analysis of images and videos. Herring (2004) considers discourse analysis through a framework that explores linguistic and technology-related features of discourse and social reality construction. I adopted two CDA canons. The first is that discourse is social practice that involves social relations in terms of interaction and formation of identities; secondly, , discourse is language in use (Fairclough 1992). These tenets underscore that CDA functions to identify power structures in language and reveal opportunities for change. Investigating the use of language and the context in which it exists is relevant for addressing the research questions outlined in chapter one because communication via social media takes place through text, including written, spoken, and visual formats.

Critical communication scholars (Hall 1997) argue (Fairclough 2013; Foucault 1982b; Gramsci 1971; Hall 1997) contend that power may be produced, mirrored, and challenged through using language. This is relevant because this study is positioned within critical health communication, which seeks to question taken-for-granted knowledge assumptions and power relations. I sought to uncover the relationship between language and social power within mental health-related social media to understand how mental health discourse is produced, negotiated, consumed, and reproduced. Discourse analysis is a valuable tool in determining a relationship between the type of communication circulating within different media platforms and the social structures that operate on these platforms. As Kress and Van Leeuwen (1996) argue, digital media offer users a wide range of communicative tools outside the spoken and written text. When conducting discourse analysis, sound, graphics, and images should also be considered through a multimodal discourse analytic approach (Kress 1997) if applicable to the dataset and research. In

this study, I adopted a multimodal approach. The critical discourse analytical framework provides a nuanced basis to identify problems and limitations inherent in human communication that often result in discriminations and biases in social structures. Therefore, the term 'critical' as used in critical discourse analysis discourages passive acceptance of discursive actions and accounts but rather questions the simple representations of activities and accounts. Despite the various critical discourse approaches, discourse analysts such as Foucault and Fairclough generally consider that discourse operates at all levels of society, including the micro/individual level, the meso/group level, and the macro/broader society level. Therefore, it is conceivably appropriate that discourse analysis is conducted to address research gaps at numerous levels as attempted in this study.

Discourse is a multifaceted word used often, yet its meaning remains contested. According to Wodak (2001), discourse is an expression of social practices with ideological underpinnings. Fairclough (1992) defines discourse as an aspect of meaning-making, a way of constructing the world and the language of a field. Foucault (1972) defines discourse as statements that provide a language for describing a given topic. Therefore, discourse constructs the subject and governs how an issue is discussed, represented, and how practices are used to control and manage the conduct of others. Additionally, discourse produces knowledge, techniques, objects, and subjects within a given historical and cultural context, which differs from another historical context. Foucault (1972) adds that there is nothing outside discourse, meaning that while things and actions exist, we gain knowledge of those things within a discourse about them. This means that discourse actively constitutes and is constituted by the statements and expertise in which it exists. For instance, discourse about mental health is only meaningful within a given discourse formation. Hence, topics like sexuality, punishment, and madness only gain meaning within the discourse about them. Foucault (1972) notes that

> mental illness was constituted by all that was said in all the statements that named it, divided it up, described it, explained it, traced its developments, indicated its various correlations, judged it, and possibly gave it speech by articulating in its name, discourses that were taken as its own (p.32).

Following Foucault and Fairclough, discourse in this study was viewed as not only written and spoken statements but also as attitudes toward mental health and illness, the way mental health is managed, the terms of reference used to make meaning of it, and the social practices drawn upon to make such meanings. Foucault (1972) notes that pre-existing topics must be examined with a

fresh perspective to identify more nuanced perspectives. While I recognise that there are alternative methods in qualitative inquiry, I did not find them applicable to this study. Conversation analysis, for instance, was not appropriate because it limits its scale of research to only the people involved in the interaction and their accounts but does not look for broader societal connections. Similarly, conversation analysis tends to prioritise textual analysis. Additionally, although it could be possible to use content analysis to effectively determine the frequency of semiotic or linguistic signs on mental health-related social media platforms, such an investigation would not permit me to explore the relations between mental health, discursive practices and the social practices that constitute them.

Moreover, conducting a content analysis would not allow me to sufficiently describe how mental health discourse is represented and the socio-cultural context in which it exists. Most recently, there are researchers (Ghosh et al. 2021; Thorstad & Wolff 2019; Wongkoblap, Vadillo & Curcin 2022) who are opting for big data research methods, especially for social media-based research. The downside of big data research methods is that, unlike other traditional research methods such as interviews, focus group discussions, surveys, and textual analysis is that big data projects require extensive data cleaning before analysis. It also tends to generate large datasets which are challenging and require careful planning to store (Chen & Wojcik 2016). Depending on the level of big data analyses conducted, one might need high-performing computers to analyse such datasets (Moessner et al. 2018). As such, critical discourse analysis was the most feasible method in this study.

Critical discourse analysis allows for traditional research methods such as interviews and focus group discussions; therefore, it embodies the most suitable approach for this study. The critical discourse analysis approach enabled me to explain how linguistic, non-linguistic and visual elements work, independently and mutually, to shape the construction of mental health on social media. Additionally, critical discourse analysis afforded theoretical flexibility. Although the key aspect of discourse analysis is its robust application of theory, the focus is not on a single view, but it draws on and facilitates a broad perspective. Thus, critical discourse analysts can combine various theoretical strands to explain the relationships between discourse and social structure. Additionally, it provides opportunities to capture and reveal the complex relationships between mental health discourse and the social structures it supports and challenges. Notably, the complexities of mental health demand multifaceted analysis and critical discourse analysis allowed me to identify these complexities. Failure to address the role of linguistic and non-linguistic elements within mental health-related social media platforms could contribute to incomplete

conclusions regarding the construction of mental health. This study generated findings that mental health promoters could use to influence social media-based mental health practice and policy at local, national, and international levels. Research that focuses on exploring the beliefs and practices of laypersons through thematic analyses at times limits inquiries into preconceived medical, social, and psychological concepts. However, from a critical discourse analytical perspective, the reality is constructed by discursive means; therefore, the rules, norms linguistic aspects, self-presentation, regular concepts, and expressions, are key to understanding the studied phenomena rather than being obstacles to achieving understanding (Potter & Wetherell 1987). This process increases the reliability of the findings. In what follows, I discuss the theoretical foundations of Foucault's critical discourse analytic approach.

3.2 Underpinnings of the Foucauldian Critical Discourse Approach

Foucault did not develop a theory of critical discourse analysis. He developed a tool kit that users should rummage through to find relevant information for their work. I rummaged through the tool kit and found theoretical concepts of power/knowledge relations, truth regimes, technologies of power and self, and governmentality relevant to this study. I used the Foucauldian approach to refine the analysis and provided essential conceptualisation to understand the construction of mental health on social media platforms in a contemporary society. I discuss these concepts in the order they are listed because this order illustrates the logical flow I adopted to analyse the social media posts and interviews. Additionally, the way I explain these concepts shows how they imply each other from one level to another.

3.2.1 Power/Knowledge Relations

The notion of power has been defined in various ways. Reisigl, Wodak and Meyer (2009) define power as “an asymmetric relationship among social actors, who assume different social positions or belong to different social groups” (p. 89). Along similar lines, Van Dijk (1996) defines power as “the control exercised by one group or organisation or its’ members over the actions and the minds of the members of another group, thus limiting the freedom of action of the others, or influencing their knowledge, attitudes or ideologies” (p. 84). These definitions show that power relations depend on direct and indirect practices, such as coercion and consent (Fairclough 2013). Power can be categorised into two types. The first constitutes power exercised through interpersonal interactions, for example, in medical settings over the individual. The second

comprises the power to regulate the health status of the population through exercising disciplinary power over the body.

For Foucault, power comes from multiple sources and not from a single direction. It is "deployed and exercised through a net-like organisation" (1980, p. 98). Thus power relations operate at all levels of society, "it traverses and produces things, it induces pleasure, forms of knowledge, it produces discourse" (Foucault 1980, p. 119). Foucault (1977) argues that knowledge is related to power, observing that "knowledge, once used to regulate the conduct of others, entails constraint, regulation and the disciplining of practices" (p. 27) and acknowledging that power relations exist in all fields of knowledge. Furthermore, when knowledge is linked to power it assumes authority. The underlying notion is that power is not simply repressive but is productive in that it regulates and produces everyday behaviour through knowledge. This highlights the changeable context in which power/knowledge relations are negotiated.

Moreover, Foucault (1977) suggests that biopower is a means through which power relations regulate bodies. This, he argues, is achieved through everyday practices that consist of exercising power over the socially and historically constituted docile body. The theorist further notes that a docile body may be "subjected, used, transformed and improved" (Foucault 1977, p. 136), which illustrates technologies of the self as the numerous ways individuals subject themselves to regulate their behaviour, thoughts, and bodies. Additionally, Foucault notes that the control and awareness of one's body can be achieved only through investing in it, such as gymnastics, exercises, and muscle-building. However, after this investment has been completed, the body produces affirmations and claims against the sheer power it has made. This highlights the unstable relations of power and knowledge.

The notion of power advanced by Foucault provides an opportunity to analyse the structure within which power is deployed (Shapiro 1981 in Fairclough (1992). This was important in this study because it made it possible to examine how mental health discourse is socially enabled and constrained by the different social media genres under investigation. Fairclough (1992) notes that various procedures control, select, organise, and redistribute discourse. Such procedures include what can be said, on what occasions, by whom, oppositions between discourses, restrictions of disciplines, and discursive social constraints. In negotiating mental health, people use established ways to understand, manage and categorise it. Knowledge traditions play a crucial role in discerning the "truth", and they become entwined in relations of power (Foucault 1980, p. 93). Each context in which mental health is negotiated implies certain interactional conditions and rules.

Foucault (1980) notes that the analysis of knowledge in terms of region and domain can capture how knowledge disseminates effects of power and functions as a form of control. These power relations "go right down to the depth of society" (Foucault 1977, p. 27), including social media platforms in the case of this study. This study examined how power relations have invested, fabricated, and conditioned the construction of mental health on social media platforms, producing effects of truth while remaining aware of the jeopardies of generalizing these power/knowledge relations. By following Foucault (1982b), instead of investigating what power is, I analysed how it was exercised and the consequences of exerting it over others. Power on social media platforms is not applied physically but influences people's thoughts and behaviours.

Understanding how power works through processes of production, circulation, consumption, and reproduction enables examination of how the meaning-making process is embedded with practices that urge, compel or limit what is said and not said. The intended effect of this analysis is to present a history of the present, "to draw a map…of those combats, to reconstruct these confrontations and battles, to rediscover the interaction of those discourses as weapons of attack and defence in the relations of power and knowledge" (Foucault 1982a, p. xi). Assessing the structure, content, and communication practices on mental health-related social media platforms enabled me to identify the social, cultural, political, and economic factors that shape the representation of mental health on these platforms.

I used Foucault's notion of power-knowledge relations to analyse power linguistically through power expressed between social media users and the structures within which power is deployed. Additionally, I used Foucault's notion of knowledge/power to identify how power manifested on social media platforms and through users' and moderators' experiences. Analysing power-knowledge relations in mental health communication is essential because these relations reveal the diverse viewpoints about mental health and show how mental health knowledge and agency are emergent, distributed, and contingent in social media and the socio-cultural context broadly. Such analyses are a prerequisite for effective health communication. Throughout chapters five, six and seven, I present how power was manifested on Reddit forums, Facebook pages, and website forums. I consider the issue of power by analysing the voices that are heard and not heard, the discourses that emerge on these platforms and the communication practices enacted. In this section, I have discussed the notion of power/knowledge relations showing that power works at all levels. In the next section, I discuss the notion of regime truth to illustrate how knowledge when linked to power assumes the authority of truth.

3.2.2 Regimes of Truth

Truth regimes emerge from relations of power through multiple complex forms of knowledge. The truth formulae produce power effects by drawing to apparatuses of power such as discipline through circular relations as Foucault argues that

> "Truth" is linked in a circular relation with systems of power that produce and sustain it, and to effects of power which induce, and which extend it — a "regime" of truth. Foucault 2000 p. 132 cited in (Weir 2008).

According to Foucault (1977), a truth regime facilitates true utterances to emerge, causing some information and practices to function as accurate; therefore, truth is a system of organised practices of production, consumption, and regulation by those who have the permission of what is taken as truth. A regime of truth is not necessarily the truth that has been sustained within a given period and context. Instead, Foucault views a regime of truth as discursively formed. This implies that regimes of truth circulate within representations in discourse. So truth in this sense includes scientific knowledge, myths, and misconceptions. If people believe these utterances, even if these utterances cannot be proven, they will have effects because that is what has been taken as true. Foucault notes that

> truth isn't outside power…Truth is a thing of this world; it is produced only by virtue of, multiple constraints. And it induces regular effects of power. Each society has its regime of truth, its general politics of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, how each is sanctioned…the status of those who are charged with saying what counts as true.

Gutting (2005) notes that what is taken as a severe and vital claim at one time might not even be entertained as a possibility of truth at another time. The scholar further notes that discursive formulations such as norms govern the profound cases of a body of knowledge. Drawing on the regime of truth concept, one can unpack how representations are made and the relationships within which representations are made. A reading from Foucault's definition of the truth shows that examination of truth is neither metaphysical nor normative, but it is shaped by micro-practices (Weir 2008). Since multiple truths circulate in society, they are in constant contestation, characterised as truth games. Foucault (2001) suggested that truth games can be identified through questions that include

> "who is considered qualified to speak the truth? From where do they speak and to whom? Where is the addressee? What topics are prescribed? What is the purpose of the truth game? How is truth practised? What is the relation between the truthful practice and power?" (pp. 169-170).

By drawing on the concept of truth regime, I followed Foucault who based on his early archaeological and genealogical work did not examine what truth was or should be but rather approached truth from a historical stance, analysing its practices and effects. I used the concept of truth regime to identify sustained discourses, described as statements that are serious, rare, and repeatable rather than common knowledge (Weir 2008). I use the notion of a regime of truth to examine how mental health discourses emerged in social media posts and examine the dominant and subjugated discourses. In this section, I have discussed the notion of truth regimes through which some discourses claim the authority of truth actualised through dominant statements and subject positions. In the following section, I give an account of subject positioning.

3.2.3 Subject Positions

This idea of subject positions builds on Foucault's views of how power becomes established in everyday experiences (Foucault 1980). It deals with how people take up subjectivities, even to their disadvantage. Subject positions allow for examination of "forced", "deliberate", "tacit and intentional" positioning of either oneself or others (Harré & Van Langenhove 1991, pp. 398-399), thereby accounting for ways in which people are suppressed through being obscured from legitimate speaking positions. Foucault notes that power is both productive and repressive, constraining and enabling. Indeed, the intertwining characteristics of power facilitate a deeper understanding of the intersections between subjectivity, power, and agency. The formation of subject positions entails a complex process in which truth, identity and subject positions are linked to each other. This process constitutes varying experiences although it is not always visible. Foucault (1982c) argues that the process of subjectification categorises individuals, marking them as unique beings as part of a regime of truth, thus as individuals take up subject positions, they become subject to normalising judgement and validation by someone else. Consequently, power is a condition for subjects' emergence, acceptance, and rejection. Foucault notes that

> …it is already one of the prime effects of power that certain bodies, certain gestures, certain discourses, specific desires come to be identified and constituted as individuals. The individual, that is, is not the vis-à-vis of power; it is, I believe, one of its prime effects. (Foucault 1982b, p. 98).

Therefore, if power is a condition for subjectivity, then subjectivity is a precondition for agency (Allen 2002). This is evident in the way Foucault talks about the functions of power as

> …a total structure of actions brought to bear upon possible actions; it incites, it induces, it seduces, it makes easier or more difficult; in the extreme, it constrains or forbids absolutely; it is nevertheless always a way of acting upon an acting subject or acting subjects by their acting or being capable of action (Dreyfus & Rabinow 1982, p. 220).

Discourses shape subjects in two ways: firstly, by producing "figures who personify the particular forms of knowledge which the discourses produce" (Hall 2001, p. 80) and, secondly, by creating a "place for the subject…from which its particular knowledge and meaning most make sense" (Hall 2001, p. 80). This implies that individuals situate themselves within the most practical discourses, thus becoming subjects within the discourse and the meanings and power relations involved (Alvesson & Karreman 2000; Hall 2001). It further means that in one instance, a subject is exposed to control and dependence by someone else. In another instance, it implies that for meaning to occur, readers must take up the subject positions constructed by discourse.

Subjectivity as a discursive practice regulates the way people interact and act within a given system offering subject positions to active individuals and object positions to passive and subjugated individuals. The notion of subject position emphasises the productive nature of power regarding defining and classifying people into morality, health, and normalcy hierarchies. Closely related to the term subjectivity is the notion of agency. Agency has been widely studied in the health communication field. Agency deals with the level of influence people have in their lives and other people's lives within a given social order. By drawing on the construct of subject position, I acknowledge that there are numerous views because perspectives are dynamic. In operationalising subject positions, individuals accept, amplify, reject, and limit opinions. Moreover, individuals are in constant interplay with discourses, with bearings on the composition of obligations, possibilities, and rights for action. Subject positions differ from social roles because they emerge through interaction however, dominant, or pre-existing discourses provide a frame of reference for individuals. Thus, subject positions emerge through social interaction processes and are not fixed products but are formed and reconstructed through various discursive practices.

Power is the central mechanism in subjectification. Foucault (1980) argues that when subjectification takes place, power penetrates the body without depending on the mediation of one's representation of consciousness. Subject positioning is enacted when speakers talk about a particular topic in a certain way, they are positioned by the talk within those specific ways (Edley 2001). For instance, medical discourse entails positions namely patients, doctors, and carers. For example, a study by Speed (2006) showed that talking about mental illness in the medical profession portrayed patient, consumer, and survivor subjects. Subject positions, therefore, relate

to temporal rather than stable identities within given ways of talking and have intended consequences. I used the term identity in this study to refer to the interactive process through which individuals reorganise and enact their subject positions through their self-knowledge and conscience. Therefore, as conversations change, so too do the possibilities and limitations for speaking, which influence the interpretations and conclusions drawn from a particular talk. Additionally, knowledge-power relations are a vehicle for reshaping the conformity of behaviours through the actions embedded in talk and text. So, understanding knowledge and power relations in mental health discourse could reveal the subject positions of those engaged in the discourse and the potential social actions such as perceptions, attitudes, and behaviours towards mental health. In this discussion, I showed that subject positions are shaped by operations of power. Power is a strategy in which a subject should navigate networks of relations that are constantly in tension through technologies of power and self. In the next section, I discuss the concepts of technologies of power and self through which subject positions manifest.

3.2.4 Technologies of Power and Self

Foucault (1977) notes that power operates through specific techniques, dispositions, manoeuvres, and tactics and that there are no universal forms for the exercise of power. Each practice characterises how power relations function through political knowledge and other disciplines such as biology, epidemiology, demography, and statistics Lemke (2002). These disciplines make it possible to analyse and regulate individuals through practices of exclusion, correction, normalisation, optimisation, and therapeutics. As such, technologies of power serve as conduits through which power and knowledge relations invest in the human body, subjugating it and, in the process turning it into objects of knowledge. This is achieved through everyday practices that socially and historically exercise control over the body. Foucault further notes that a "subjected" body may be "used, transformed and improved" (1977, p. 136).

Foucault describes technologies of the self as the ways through which individuals regulate their behaviour, thoughts, and bodies. The awareness of one's own body can be achieved only through investing in the body. However, after this investment has been completed, the body produces affirmations and claims against the same power it has made. Technologies of the self entail knowing oneself and caring for oneself. Through self-knowledge and mastery, individuals identify, maintain, and transform their identity. As Foucault (1984) notes, technologies of the self are tools through which individuals construct identities, permit change in their bodies, souls, and

thoughts, and conduct ways of being through their means or with the help of others to transform themselves into a state of wisdom and perfection, immortality, purity, and happiness (Foucault 1997). For technologies of the self to be actualised, an individual should know how to govern, care and relate with oneself. Therefore, it is essential and valuable to theorise the construction of mental health on social media platforms through the lens of technologies of the self because these technologies explain the way individuals internalise and relate to interactions in terms of compliance or resistance. This is emphasised by Burkitt (2002, p. 224), who notes that technologies of the self are

> a form of practical action accompanied by practical reason, which aims to instil in the body specific habitual actions – either moral virtues (that is, proper ways of acting in a situation) or technical skills – and, later, to give people the intuitive powers to reason about their virtues or skills, providing them with the capacity to refine, modify or change them.

Additionally, Foucault categorises the technologies of the self in three ways namely disclosure, examination, and remembrance. Disclosure deals with cultivating oneself, and examination entails reactivating rules of conduct through adjusting what one wants to do and what one has done. Finally, remembrance deals with capturing and recording actions. In relation to this study, examining how technologies of the self occurred offered a context to understand the construction of mental health on social media platforms from a discursive, technological, individual, and societal perspective. This study adopted the Foucauldian concept of power, which partly views power as manifested in day-to-day routines and practices of production, circulation, consumption, and reproduction, which people engage in (1984).

Such approaches facilitate practices of self-surveillance and self-discipline, and in the process, people subjugate themselves (1984). To relate this to social media, social media users might internalise the gaze or the presence of being monitored (by fellow users or other parties) in their discussions and then internalise a process of self-surveillance or self-monitoring. In that case, users could monitor their discussions to maintain or remain focused on the information or practices desired or expected of them by those monitoring these conversations. On the flip side, users also can resist monitoring practices such as circumventing social media norms - summarised through Foucault's argument, "where there is power, there is resistance" (1980, p. 95). I showed in this section that technologies of power and self are characterised by practices and techniques through which individuals govern themselves and are governed by others. What follows is a discussion on the notion of governmentality.

3.2.5 Governmentality

Governmentality is the mode of thought or rationality underlying behaviour (Foucault 1982b; Lemke 2002; Rose 1999). Governmentality is a relevant concept in this study because it highlights how societal practices, specifically those of the state, mental health organisations, and social media corporations, "become a technology of governmentality as it consists of rules of conduct able to be applied to determine situations" (Thrift 2004, p. 172). Governmentality shows the broader societal and state manifestations of power over the population and the processes by which people are disciplined and controlled. However, Foucault (1990) makes it explicit that "this does not mean that it results from the choice or decision of an individual subject" (1990, p. 95). Instead, relations of power are unintentional and intentional, expressed through a mixture of complex strategies and tactics across various sites throughout society. Governmentality enables examination of how the subject and the subject's role are established in power/knowledge networks; as such, combating or managing mental illness aims to maintain a productive population because people with mental illness are deemed a burden and thus become a focus of governmentality efforts (Foucault 1988).

From a governmentality perspective, the state becomes responsible for the economy, which comprises individuals who form populations state-regulated and self-regulated across multiple levels. Individuals are directly or indirectly connected to the state to ensure that the state is functional (Foucault 1991). Governing conduct is effective because citizens take power relations for granted through the discourses that circulate in society. Thus, society transforms into the processes to be managed through economic sense and security apparatuses. Through the notion of governmentality, Foucault shows how individuals are disciplined through constantly changing operations of power which manifest in various practices such as examination, normalising judgment, hierarchical observation and through historically set rules which reveal broader operations of power within society that are either accepted or resisted. Governmentality involves different types of agency, authority and employing various kinds of thought. Government analysis examines practices of government in their complex relationship with truth's social, cultural, and political production. One of the key practices of government is that agencies and authorities must question their actions, develop, and implement plans, forms of government, and forms of knowledge and adopt objectives of the things they want to achieve. Governmentality focuses on how individuals can be controlled without

> relying on coercion but rather through promoting specific norms that work to produce a sense of obligations and responsibility. These modes of moral regulation are enabled through numerous social institutions and promote self-management ethics (Gilbert 2005, p. 569).

Forms of government do not determine subject positions but rather promote, elicit, facilitate, foster, and attribute various statutes, qualities, and capacities to agents. Successful agents come to experience themselves through such capacities. Self-policing by taking up and acting on disciplinary technologies increases the impact of governmentality practices. When individuals accept the disciplinary technologies through self-policing practices, they make governmentality practices power Brown and Knopp (2010) note that "in contrast to the state's sovereign power, governmentality refers to more subtle and complex features of the power relationship between citizens and the state" (p. 393).

It is essential to unpack the governmentality practices that manifest in social media platforms and how these frames are connected to health. I drew on the notion of governmentality to better understand the construction of mental health on social media through user and organisational practices on Facebook pages, Reddit forums and website forums. Based on the research questions, this study focused on both linguistic and social elements of the representation of mental health on social media platforms. The Foucauldian approach is skewed towards a social theory that offers one perspective; therefore one runs a risk of ignoring other factors that shape the formation of discourse such as social structures, culture and organisational practices. The next section presents the Faircloughian approach which is shaped by linguistic and social theories. Both approaches provide a nuanced analytic framework and address some of the limitations posed by each approach.

3.3 Underpinnings of the Faircloughian Critical Discourse Approach

Fairclough proposed the three-dimensional approach to critical discourse analysis through his influential work: *Language and Power* (Fairclough 1989), *Discourse and Social Change* (Fairclough 1992) and *Media Discourse* (Fairclough 1995). The core assumption of this approach is that relations between discourse elements such as beliefs, social relations, institutions, cultural values, and power are interdependent and constitute each other (Fairclough 1992). The three dimensions of discourse are situated within three analytical traditions: the linguistic tradition, which deals with textual and linguistic analysis; the macro-sociological practice emphasises the study of structures and the interpretive or micro-sociological tradition which emphasises, which

focuses on individual action and agency. This foregrounds the argument that social reality is shaped by the constituting and constitutive nature of discourse. Discourse exists across the micro/descriptive level of the situation, which consists of the texts of written and spoken language; the meso-level/discursive practice which consists of the production and interpretation of texts; and the macro level, which consists of the context of more comprehensive socio-cultural practices that condition the production and interpretation of texts (Fairclough 1989). The amalgamation of these dimensions in Fairclough's CDA approach serves to complement each other. In sections 3.3.1 to 3.3.3 that follow, I describe the three elements of the Faircloughian approach.

3.3.1 Discourse as Text

Discourse as text (micro/descriptive level) deals with the text's formal properties. In Fairclough's approach, the text refers to language use in any instance. This includes spoken, written, and printed texts and extends to visuals, images, and sound effects. This broad view of language is vital because discourse constitutes social life closely interconnected with other components (Fairclough 2003). Language use is not simply a reflection of the world but facilitates the creation of meanings, social relations, and institutional practices. Textual meanings are never fixed; they vary and often slip into conflicting versions of counter meaning. As such, members of different groups' cultural backgrounds respond to text differently (Hall 1997). A text does not simply constrain meanings and values. These emerge as socially positioned readers to engage with the text and value different sides of the meanings of a text. Additionally, the structure of signs in the text enables a deeper understanding of the social codes of meanings and values related to cultural myths represented and organised in ways that affect people's thinking in some way (Barthes 1997). Texts do not exist abstractly; they work through semiotic processes which include the interaction with social codes and sharing of social meaning (Machin & Mayr 2012). To analyse discourse as text, I used the Faircloughian approach to explore word meanings, the connections between words, subjectivity, the relationship between subjects, the social and power relations, and the broader social structures that reflect, support, or challenge these practices.

3.3.2 Discourse as a Discursive Practice

Discourse as a discursive practice (the meso-level/discursive practice) examines how the producer of texts draws on available discourses as they create texts and how recipients of text attach meaning to these texts. The production and consumption processes of text include coherence of texts,

intertextuality, interdiscursivity, genres, styles, and metaphors. Indeed meaning is negotiated in interactions rather than being present inherently in utterances. The focus is on the effects of representation by examining how language produces meaning and how discourses connect to power relations, govern conduct, construct subjectivity, and define how things are presented. The discursive practice is the intermediary level between the descriptive and explanation levels. It is in the discursive practice that the circulation and distribution of text take place.

3.3.3 Discourse as a Social Practice

Discourse as a social practice (the macro/explanation level) articulates. According to Fairclough, discourses are linked to institutions through institutional practices. As such, discourses are not simply ways of speaking but also ways of organising, controlling, and governing social life. Social practices articulate discourse and non-discoursal social features such as social relations, cultural and organisational practices. The relationship between different social aspects such as situations, institutions, and social structures is dialectical. For instance, social relations are partly discoursal, and discourse is somewhat social. Fairclough (2000) notes that analysis of the social practice "allows analysis of social structures to be brought into connection with the analysis of social (inter) action" (p. 167). Discourse as a social practice deals with explaining the interaction between the processes of production and consumption and their social effects. Individuals make varied representations of reality by taking up different subject positions (Fairclough 2000). In creating reality, practices of those involved in discourse are shaped in ways that they are usually unaware of, such as structures in society, power relations, and the nature of the social practices they are involved in. In that case, the processes, and practices of those involved in discourse could be politically or ideologically vested.

Ideology or ideological assumptions characterise how certain discourses become accepted as taken-for-granted, obscuring how they help sustain power relationships. Ideology obscures inequalities and prevents people from seeing alternatives, limiting what can be done (Machin & Mayr 2012). The interest of discourse analysis in analysing ideology highlights how meaning is constructed and conveyed in a social context (Thompson, 1990; in (Wodak 2001). Moreover, Fairclough (1992) and Wodak (2001) note that discourses are located and reproduced within specific contexts; therefore, to understand how language is used in a given context, it is necessary to analyse the contextual factors such as social structures and social norms. In line with this argument and in addition to the governmentality notion discussed in section 3.2.5, I used the

Faircloughian approach to analyse interviews with users and moderators of mental health-related social media platforms to identify the broader social, cultural, historical, political, and economic contexts in which discourses existed. The aim was to find out how these contexts influenced the representation of mental health on social media platforms.

Although the Faircloughian and Foucauldian approaches provide a robust framework for identifying mental health discourses and the context in which these discourses are produced and consumed, these approaches do not offer a robust framework to better understand the negotiation of social media affordances and how these affordances shape and are shaped by mental health discourses. The multifaceted nature of social media challenges existing theoretical concepts, and one such challenge is the separation of the interaction between user-technology and organisational socioeconomic structures. Therefore, I drew on the concepts of social media logic and social media affordances to explore this line of inquiry. I elaborate on these concepts in the sections that follow.

3.4 Social Media Logic

In the previous section, I discussed the theoretical constructs that focus on the socio-linguistic aspects of examining the construction of mental health on social media platforms. To address the second research question, in which I explored how users and moderators negotiated social media affordances, I drew on the notions of social media logic and affordances. The evolving nature and importance of social media platforms in people's lives show that these platforms are a significant site for health communication (Eckert et al. 2018; Huo et al. 2019; Koinig & Diehl 2021; Zhu et al. 2020) and mental health specifically (Coyne et al. 2020; Gao et al. 2020; Karim et al. 2020; Lloyd 2014; Lupton 2012; Naslund et al. 2020; Olenik-Shemesh et al. 2012; Robinson et al. 2019; Wang, Nansel & Iannotti 2011) and a good site for research. I argue that an integrated framework of the social media logic and affordance notions offers practical conceptual tools to examine the complexity of constructing mental health on social media platforms. Social media context is shaped by discursive, ideological, spatial, and temporal dimensions, as Giddens (1990) argues that online spaces evolve within existing cultural and social processes and institutions. This study aimed to contribute to this concern by analysing how social affordances and constraints shape the production and consumption of information on mental health-related social media platforms.

Researchers (Bucher 2012; Costa 2018; Deuze 2007; Earl & Kimport 2011; Klinger & Svensson 2015; Van Dijck 2013; Van Dijck & Poell 2013) suggest a unique mechanism plays out in the interaction between social institutions, social media platforms and users. This mechanism

creates new dynamics in information production, circulation, consumption, and reproduction governed by a social media logic (Van Dijck & Poell 2013). The social media logic draws on the media logic. Media logic refers to the format and rules for recognising, defining, choosing, organising, presenting, and information (Snow & Altheide 1979). Media logic explains how knowledge is constructed, selected, and interpreted (Esser 2013; Klinger & Svensson 2015; Lundby 2014). Similarly, Van Dijck and Poell (2013) note that the social media logic shapes the mechanisms of social media platforms, interactions, and selection of information. Based on the definition by Van Dijck and Poell (2013, p. 5), I understand social media logic to be specific strategies, practices, processes, principles, and mechanisms which facilitate interactions. In what follows, I discuss three overarching elements of social media logic namely networked sociality, commercialisation, and interactivity.

3.4.1 Networked Sociality

As architecture shapes the way people relate to physical environments, social media mechanisms shape the way people interact with these digital settings (boyd 2010) to facilitate networked sociality. Networked sociality is shaped by the programmed codes of social media platforms. "Codes constitute cyberspaces; spaces enable and disable individuals and groups. The selections about code are therefore in part a selection about who, what, and most important, what ways of life will be enabled and disabled" (Lessig, 2006, p. 88). The architecture and structural design of an environment deeply affect human interactions and behaviour (Papacharissi 2009; Wright & Street 2007). Therefore, the interplay between agency and structure in this study considers linguistic representations and how users and moderators interact with and within social media platforms. These platforms have significant differences in the structure of their networks, algorithms, datafication, and models' functionalities (Castells 2007; Fuchs 2021; Hampton 2004; Siapera 2017) due to the integration and convergence of mass communication, telecommunications, and data communications, into a single medium (boyd 2010; Castells 2004; Jenkins 2004; Lund 2011). This study analysed the construction of mental health on three social media platforms (Facebook pages, Reddit, and Website forums) and their unique architectures. I provide a detailed account of these differences and some similarities in chapter six. According to Giddens (1984), "the notion of the duality of structure, indicates that the structural properties of social systems are both medium, and outcome of the practices they recursively organise" (p. 121). Moreover, as techno-social systems, social media platforms have technological artefacts that

enable and constrain human activities through the production, diffusion, and consumption of knowledge (Costa 2018). Such artefacts include social media algorithms.

Social media algorithms work in a socio-political context embedded within search engines' algorithms. These search engines influence the order in which websites can be searched and appear in search engines and how information is traversed and used. For instance, search engines lead a person to a subpage of websites through hyperlinked networks containing keywords searched (Elmer 2006). These examples show how social and power relations are ideologically embedded in social media platforms. Social media platforms are a conduit for social media corporations, website users, and providers to attain their goals. Thus, while social media corporations and website providers seek to increase the reach and visibility of their content, users want to find information that addresses their needs. To gain visibility and to amplify information to users on search engines, social media corporations and website providers use search engine optimisation techniques to design their platforms and sites according to the way search engine algorithms operate (Berman & Katona 2013; Egri & Bayrak 2014).

Users prefer to find information conveniently, and search engines satisfy the information and service needs of both website providers and users (Mager 2009). Search engines have become the gatekeepers of websites that users have to pass through to reach their information and service needs (Mager 2012). Scholars (Burrell 2016; Gillespie 2014; Van Dijck & Poell 2013; Van Dijck, Poell & De Waal 2018) note that algorithms continuously compute our associates, preferences, and consumer patterns. Social media platforms rely heavily on automation, fuelled by individual relationships and contacts (Fuchs 2011). Gillespie (2014) demonstrates the power of algorithms by arguing that,

> these algorithms which I'll call public relevance algorithms are by the very same mathematical procedures producing and certifying knowledge. The algorithm assessment of information then represents a particular knowledge logic, one built on specific presumptions about what knowledge is, how one should identify its most relevant components (p. 168).

Algorithms shape social media practices through social relations, community values, the most successful or least successful stories, comments, pictures, attitudes, and ideas shared across different social media platforms as such, social media users convert their present and past social media practices into future practices (Kitchin 2017). This can be seen through the information that gains prominence such as a high rate of likes and comments, thereby generating more interest.

High-profile content generates further discussions; in that way, limiting what can be said and not said. The positive view of social media as spaces facilitating diverse interaction among individuals and special interest groups is still feasible.

While social media platforms are presented as conduits for connectivity and are at times presumed neutral and working in the users' interest, many platforms compete to gain dominance by interconnecting with other social media platforms (Van Dijck 2013) which consolidates the commercial interests. The way algorithms operate shows the dynamic power relations that circulate on social media platforms. Indeed, programming content is not the work of a single agency, but users and moderators participate to facilitate the flow of content. Social network spaces facilitate renegotiations of existing power relationships by permitting push and pull interactions among people from all walks of life - expert or layperson - loosening previously impermeable hierarchical boundaries. Users and moderators can go with the flow, or they can sway interaction by liking, sharing, up-voting, and down-voting, thereby making some discussions dominant and marginalising others. Additionally, Castells (2007) notes that the programming functionalities of online networks such as social media platforms exhibit a significant power level by shaping information generation, diffusion, and interactional behaviour, such as the level and manner of participation.

3.4.2 Interactivity

According to Liu and Shrum (2002), interactivity is “the degree to which two or more communication parties can act on each other, on the communication medium, and on the messages and the degree to which such influences are synchronised” (p. 54). The assumption is that the more opportunities that exist for instant user engagement, the faster feedback is generated on a channel, and the more interactive the experience will be. Interactivity has three main characteristics. Firstly, interactivity can be embedded in social media structures that facilitate multi-way communication. Secondly, interactivity takes on a sociological orientation derived from the view that users adapt their actions to a particular situation. Thirdly, interactivity manifests through psycho-social exposures. This relates to the perceptions that arise from the terms ‘audience’ and ‘users’. Depending on the context in which these definitions are used, they highlight passive or active levels of participation. Boler (2008) notes that “the web has always been about voice and conversation. It was never intended to deliver content to passive audiences but about shared creativity” (p. 39).

Social media platforms facilitate a form of dynamic communication that challenges the traditional linear flow of content from privileged minority producers to ordinary majority consumers (Van Dijck 2013). This communication dynamic blurs the clear-cut separation between the processes of production and consumption of media texts. However, other scholars argue that these platforms are not as participatory as they appear to be. Some scholars such as KhosraviNik and Unger (2016) note that a dichotomy of the powerful and the powerless exists in the infrastructural aspects as well as content categorisation aspects of social media platforms, such as the notions of official text to mean content from institutions and non-official to suggest content from social media users. Nonetheless, social media have played a substantial role in decentralizing media content production, distribution, consumption, and reproduction, making the process more dynamic. The shift in the position of ordinary people from inactive beneficiaries of information to active producers creates a new dimension in which users become agents of power and control over one another. The social media environment is dominated by many factors, including professional and user-generated content (Van Dijck 2009; Wyrwoll 2014) that is searchable, persistent, and replicable (boyd 2007).

Social media function as identity management tools through social relationships and user-generated content (Piskopani & Mitrou 2009). This facilitates the embodiment of the conversations that users take part in creating a new form of health and illness embodiment. For example, by expressing their views and experiences publicly on social media platforms, people with illnesses create public perceptions about mental illness and contribute to what is known and not known about a particular illness. As such, these illness-focused social media platforms provide an opportunity for information sharing among people experiencing the same illness and information sharing with other actors such as healthcare providers and peers (Huh et al. 2014; Isika, Mendoza & Bosua 2020; Naslund, Aschbrenner & Bartels 2016; Naslund et al. 2014). These platforms support participatory information sharing, allowing people who access this information to benefit from other people's experiences. Additionally, through self-representation, people can connect with like-minded individuals (Boero & Pascoe 2012; Ging & Garvey 2018), forming communities of practice that reinforce desired behaviour change.

User practices on social media are guided by norms and behavioural standards (McLaughlin & Vitak 2012). These norms are generally publicly known and socially constructed, meaning that internal and external factors shape how these rules and norms are implemented. There is a body of research (Baym 1998; Burgess et al. 2017; Martey & Stromer-Galley 2007; Masur, DiFranzo &

Bazarova 2021; Moncur, Orzech & Neville 2016) that has focused on analysing social norms and rules in the digital environment. For example, Postmes, Spears and Lea (2000) studied email communication among students. They found that it was influenced by norms that the students determined, but that the norms were confined to this specific group. Notably, many online norms and rules (see appendix twelve for the norms that guided conversations on the social media platforms analysed in this study) are similar to the norms that guide offline behaviour. For example, expectations of being polite are evident in online platforms often placed under norms of respect (Baym 1998; Martey & Stromer-Galley 2007); inappropriate behaviours, such as personal attacks, bullying, trolling, stalking, name-calling, and using abusive language, are considered intolerable on social media platforms (McLaughlin & Vitak 2012). These norms are explicit on some social media platforms, such as those analysed in this study. On other platforms, these norms are implicit, requiring users to learn, accept or adopt them as they emerge from the interactions and observations of other users (Martey & Stromer-Galley 2007; McLaughlin & Vitak 2012). Violations of social media rules and norms could result in repercussions (such as deleting information or banning users from a platform) depending on how and whether these norms are enforced.

Freelon (2015) argues that social media architectures, affordances, and constraints impact the production and interpretation of content by influencing the mediation, construction, and embodiment of social relationships and power. Social media platforms do not simply play a mediating role but construct and are constructed by the context in which they are used. As Lanzing (2016) notes, while self-representation is beneficial, there is a risk that third parties could use this information to undermine a user's wellbeing. Indeed, social media users are becoming aware of how their personal information is being accessed (see section 7.1.3), how their practices are being monitored, and how all this information is used and reused for other purposes. While some users find the reuse of their data valuable, especially in terms of getting targeted information and services, others are not comfortable with such uses and are sceptical about collecting and curating their data. This clearly shows how social media platforms are embedded within asymmetrical power relations and vested commercial interests. In the next section, I discuss the commercial interests of social media corporations.

3.4.3 Commercialisation

Social media platforms are built on a commercial business model (such as Facebook and Reddit) except those managed by not-for-profit organisations. These platforms operate as profiling technologies (Elmer 2003) that accumulate and process user data to sell to third parties such as advertisers (Andrejevic 2013). A small number of social media platforms dominate audience share and usage. For-profit corporations mainly own the dominant social media platforms. Consequently, many organisations and users find it convenient to use the dominant social media platforms such as Facebook, YouTube, and Twitter to communicate with. As these dominant social media platforms become users' go-to and are taken-for-granted, other social media corporations are compelled to follow their structure and practices. Social media corporations carry out extensive surveillance by collecting users' private information through various means such as site registration and social media practices such as commenting, liking, friending, posting, rating content, status updates, searching, responding, and tagging (Duffy & Chan 2019; Mitrou et al. 2014; Roberts 2019). Moreover, these corporations monitor activities on their platforms and collect data from their users on the internet and users who visit websites that have a link to their platforms (Gehl 2012; Gerlitz & Helmond 2013), which strengthens their advertising goals.

The social media political economy is further shaped by the terms of service of these platforms, which establish regulation by establishing the rights of users and the social media corporation. The privileges offered by social media corporations in terms of service agreements, afford social media platforms influence how these platforms are used. Notably, the rights given to users on these platforms strengthen the power social media platforms already have by defining what users can and cannot do. For instance, terms of service generally limit users from using false profiles (such as Facebook), thereby compelling social media users to use or present their actual profiles to add selves as authentic individual human subjects. To some extent, social media platforms give users the power to control their engagements. Social media platforms superficially offer users the opportunity to choose the people to connect and communicate. Although there are instances of reduced human agency, users retain considerable agency in negotiating interactions by resisting programmed interaction or by defying guidelines. In the process, social media corporations may tweak their policies to ensure user and advertiser satisfaction and retention. From this perspective, these platforms allow individuals to create customised relationships. However, researchers like boyd and Crawford (2012) argue that this user-centred approach serves the

interests of social media corporations which mine data from the interactions on their sites and sell this to advertisers.

Social media platform surveillance shows the unequal power relations between users and social media owners. Such power comes with accessing information that someone has not voluntarily shared. Surveillance gives the watcher power to intervene in a person's social life through censoring and coercing, processing the information into economic capital, and sharing user information with advertisers. This further raises questions about social media's empowering and participatory aspects, considering that such practices, to some extent, work to exploit users rather than to empower them. Lovink (2012) notes that this commercialisation of social media platforms profits from the creativity and labour of internet users. Social media platforms make it easy for users to create content, which benefits social media corporations.

> The signs are growing that the once-anarchic, perhaps emancipatory internet is subject to increasing attempts to privatise, commercialise, control and profit from the activities of consumers online. (Livingstone 2005, pp. 2-3).

The political economy of social media platforms is critical and operates through the structure (infrastructure, intellectual property, data analysis, metadata, and platform software). These platforms' ownership and relations are linked to power, identities and values that constitute and stabilise the operations of these platforms. Additionally, users have to accept the terms of service and conditions that these social media platforms use and offer. In doing so, users are rendered powerless in determining what information social media platforms access and how these details are shared. Although social media platforms are spaces for users to connect to the world, these platforms have vested commercial interests. One way this can be achieved is through leveraging user-generated content. User-generated content attracts users to these social media platforms, allowing them to share more information about themselves. As such, it can be argued that user-generated content produces value for social media corporations in the interest of advertisers (Andrejevic 2011). In addition to excerpting value, social media platforms, by design, facilitate user self-management, fact-checking, and moderation (Van Dijck & Poell 2013). In doing so, the financial interests of profit-making social media platforms prioritise some information over the other, leading to inequality of voice. Value deals with what is "deemed popular, fresh, and expected to stimulate interaction and spark attention" (Bucher 2012, pp. 1167-1168). The value ranking of

algorithms works to advance some voices over others and, in most instances, offer and prefer those already dominant. Figure two below summarises the interrelated elements of the social media logic.

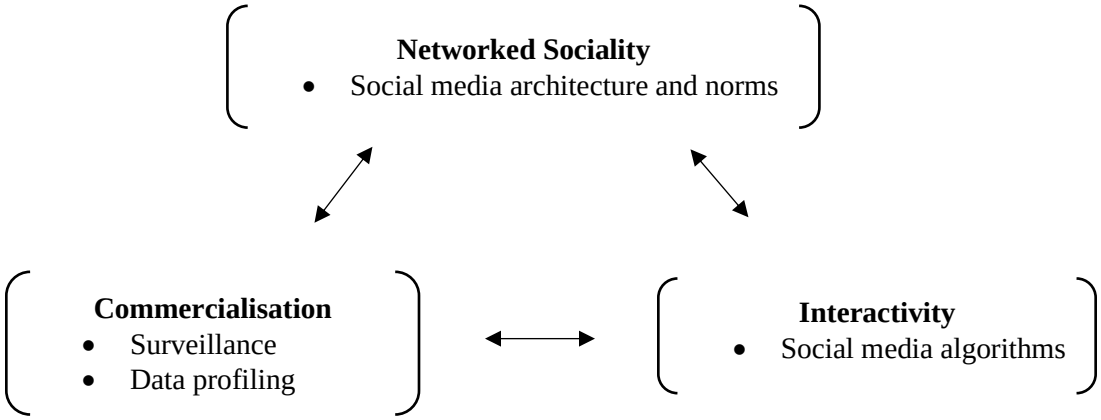


Figure 2: Interrelationship of the Three Elements of the Social Media Logic

The researcher's illustration.

Social media logic shapes a medium's communication norms and practices, and how medium affordances are actualised. The possibilities and constraints of these affordances can be understood as the foundation of social media logic. I drew on affordance theory to explain the human-technology interaction and how it influences and affects the representation of mental health on Facebook pages, Reddit forums and website forums. The argument here is that social media logic reinforces affordances while offering a nuanced analysis. Previous research notes that digital communication technologies such as social media platforms are imbued with affordances and constraints (boyd 2011; Kreiss, Lawrence & McGregor 2018; Papacharissi & Yuan 2011). The need to "delineate how affordances work" (Davis & Chouinard 2017, p. 6) by assessing the underlying social media platforms and how these platforms shape and are shaped by user behaviour still exists. An affordance perspective shows the relationships between technologies and individuals differently from other theoretical perspectives. For example, the medium theory proposes that a medium's intrinsic qualities shape the way the medium is used Meyrowitz (2009). As such, the core postulate of the theory is that a medium is not just a channel through which communication takes place rather it is an environment that enables some interactions over others to take place thereby influencing the meaning of the messages transmitted. The theory explains the comparisons between medium and interpersonal communication. Concern is taken to assess all the

features of each medium looking at their similarities and differences that explain how the medium influences communication acts socially, physically, and psychologically. In this case, technology could alter the reach and quality of information, and the effects of technology could be immediate and uniform if alternatives are restricted. On the other hand, the focus of affordances is how technology creates opportunities for communication (Treem & Leonardi 2013). An affordance approach focuses attention on the characteristics of technology and how the perceived possibilities for communication are enacted.

3.5 Social Media Affordance

The theoretical notion of affordances was formulated by psychologist Gibson (1977). The theory views technology as covert action possibilities that can be realised depending on the individual's abilities in each environment, tool, or platform. The affordance encapsulates the relationship between the materiality of human agency and the media, thereby enabling a holistic analysis focusing on the technology and the communication and social practices afforded by the various technological features (Gaver 1991; Sharma, Saha & Sarkar 2016). As Gibson suggests, affordances should be measured in relation to the environment and technological features, but this should not imply that affordances are static. For Gibson, affordances are always perceived, and the individual using the technology may perceive the affordance in many ways.

Although affordance is relational, there are limitations because different environments and layouts exhibit different affordances. The theorist notes that affordances result from the interaction of a user's appreciation of the characteristics of a given technology. Norman (1988), another affordance theorist, proposes that affordances are perceived and not predetermined, noting that designers can and should guide users on how devices and technology work. The theorist modified Gibson's relational approach to include design interests and features, noting that components could be laid out to suggest certain forms of use. Consequently, technology designers are placed in a powerful position in which they enable and constrain particular action possibilities through design interfaces. Norman (1988) further contends that affordances provide strong clues for the operations of things because the design of technology has implications for the effectiveness of affordances as it influences understandability and usability or fosters confusion.

Hutchby (2001) modified both Gibson's and Norman's views, defining affordances as "functional and relational aspects which frame, while not determining the possibilities for agentic action with an object" (p. 44). Moreover, Hutchby (2001) schematises a division between technological relativism, the view that media are mere conduits or platforms that signify only whatever interactants put into them and technological determinism, the idea that the logic and structure of a medium substantially influences and constrains communication. Hutchby (2001) speaks instead of "the interface of the actor's aims and the technology's affordances" (p. 30). He summarises the position by noting that technologies do not force themselves on society, automatically changing the pattern of social structures and human relations. Therefore, technologies do not influence humans, but rather, humans make do with technology through negotiating the various technological affordances (Hutchby 2001). Technology can result in multiple opportunities for action because individuals shape how technologies are used (Oudshoorn & Pinch 2003). These affordances affect the production, circulation, consumption, and reproduction of discourse and as a result, the "construction, mediation, and materialisation of power and social relationships" (Freelon 2015, p. 4).

The notion of affordance challenges the technological determinism notion, which views technology as a determining force, defining the social, structural, and cultural values. The affordance construct stresses the interplay between artefacts and users, however, complex it may be (Hutchby 2001). Yet technologies reflect inherent values and morals, which emerge and inform their contexts. Winner (1980) argues that the relationship between humans and technologies represents dynamic manifestations of power and authority. Indeed, social media platforms can provide multiple affordances, but not all affordances will be utilised with the same results in different geographical, legal, or cultural contexts. For example, up-vote and down-vote buttons are available to all Reddit users, but up-voting mental health information can create different meanings in different contexts such as portraying relevance or endorsement.

The affordance concept provides a framework to explain "why people use the same technology differently and use the same technology in similar ways" (Treem & Leonardi 2012, p. 5). In recognising the importance of context in examining social media affordances, I have a different view from Gibson's argument about the environment of technology. Gibson (1977) argues that the background or context of an affordance is permanent and exists independently of the intentions and perceptions of the animal and user in the case of social media platforms. I argue in chapter six that social media affordances shape and are shaped by users' perceptions and intentions.

These intentions are essential parameters for how and to what purpose communication technology is used. Therefore, the affordances of social media platforms are not permanent but instead have diverse meanings and consequences in different contexts (Costa 2018; Miller et al. 2016).

When examining the interplay between communication practices and technology, I found the affordance notion of a beneficial concept in a mental health communication context. Social media platforms have affordances that create and restrict opportunities for specific types of communication. The affordance construct has been employed to study several areas. For instance, affordance theory has been used to study technologically shaped social change (Orlikowski & Barley 2001). I drew on affordance theory to generate a more nuanced and flexible theorisation and understanding of the interaction between users and different mental health-related social media platforms. Using affordance theory within critical discourse analysis was relevant in understanding how social media platforms impact the representation of mental health discourse. This is because affordance theory explains how the platforms and their architectures, affordances, and constraints serve as meso-level, an intermediary between the micro level and macro level of representation of mental health. In providing a framework to explain the discursive practices involved in representing mental health on social media, the framework also describes the human-technology interaction within a socio-historical context.

I drew on the affordance typology developed by Treem and Leonardi (2012) and Schrock (2015) because it was the most feasible due to the nature of the social media platforms analysed and the aim of the second research question. These affordances include visibility, association, persistence, and editability. Association deals with creating a visible network that can be traversed. Users interested in social media pages can create an account or view pages without participating in the discourse. Users develop associations with their commenting, up-voting, and down-voting. Persistence is released through the ordering and curating of content. Editability deals with how content is stored persistently. Users are offered the opportunity to revise the content they intend to post or content already published. Editability affords users and owners control over the type of information present and the way it is displayed on social media platforms. With the scalability of social media, technology amplifies the distribution of information by enhancing who can access what content at any given moment. While the internet broadens content production, it does not guarantee an audience. However, what is scaled is not necessarily good. At times what is usually scaled is funny, crude, embarrassing, mean, and bizarre information. The affordance construct I discussed in this section is not without criticism. For instance, Davis and Chouinard (2017) argue

that some of the shortcomings of the affordance construct are the confusion with the definition and the failure to account for diverse circumstances. To overcome this limitation, I viewed social media affordances as relational and used them to understand the points of convergence and divergence between technological determinism and social constructionism. Additionally, I take a different perspective from Oliver (2005), who suggested that analysing affordances "becomes speculative rather than analytic" (p. 401), and affordances are 'redundant as analytic objects" (p. 406). I followed (Costa 2018), who views social media affordances as "affordances-in-practice" (p. 3641). I described the actualised and enacted affordances using the walkthrough method that I discuss further in the next chapter. Section 3.6 provides a summary of how I used the theoretical constructs I have discussed above as an integrated theoretical framework.

3.6 An Integrated Theoretical Framework Guiding the Study

Grounded in the preceding theoretical discussion of social media logic, social media's affordances, and the review of critical mental health communication, I suggest a framework for mental health communication on social media (see figure three on page sixty-eight). I established it based on the research gap discussed in chapter two and the aims of this study discussed in chapter one. The framework addresses the research questions presented in chapter one. The research questions have four elements. The first element focuses on identifying mental health and illness discourses, the textual, the discursive, and the social aspects. The second element examines how the human-technology interaction impacts mental health and illness discourses and social relations by analysing social media affordances. The third aspect deals with identifying the broader cultural context in which these discourses and discursive practices are embedded; by drawing on the experiences of users and managers of mental health-related social media platforms. Taken together, these elements can allow researchers to identify opportunities to improve social media-based mental health communication.

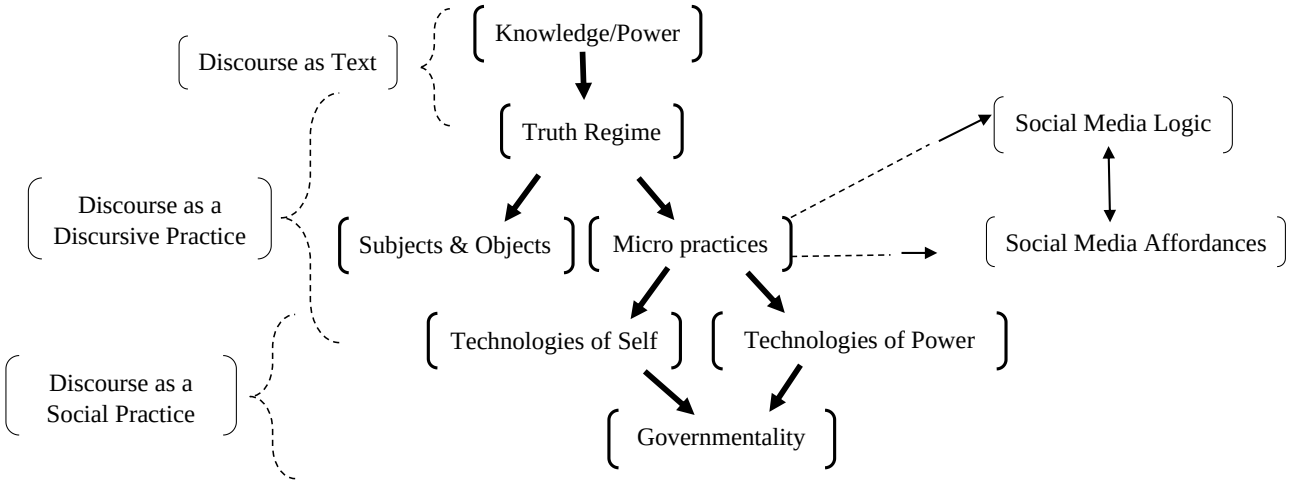


Figure 3: An Integrated Theoretical Framework Guiding the Study

The researcher's illustration.

The dotted lines show points of convergence and divergence, while the full lines show direct relationships. The primary theoretical notion guiding the study is power/knowledge. The framework draws on the assumption that power/knowledge imply each other. When knowledge is connected to power, it attains authority in truth or truth regimes. When truth regimes are operationalised, they form subjects and objects. Instead, Foucault (1980) defines a truth regime as discursively created. Power is control; therefore, all power implies an asymmetry in knowledge. Notably, a truth regime is not the truth of knowledge in the absolute sense nor truth that has been sustained within a given period and context. When the relations of knowledge tend to be symmetrical, power tends to disappear. The subjects of discourse engage in micro-practices in the form of technologies of the self and technologies of power, and when these converge, governmentality is operationalised. Additionally, this study draws on the Foucauldian notion of the dialectical-relational nature of discourse. As such, the study views the constructions of mental health through textual and visual representations. Secondly, I consider these constructions as a discursive practice noting that they emerge through production, consumption, circulation, and reproduction, drawing on communication practices and social media affordances in this case. Lastly, I analysed the social-cultural practices (broader socio-cultural practices ad assumptions identified through interviews with users and mental health institutions in which these constructions are embedded.

Additionally, affordance theory is relevant to understanding how social media platforms shape mental health and illness representation because affordance theory explains the human-technology interaction at the micro, meso, and macro levels. Affordance theory foregrounds cultural and social forces that shape the actual uses of technology and designs. By using affordance theory within CDA, I extend affordance theory to explain the human-technology interaction and how this interaction influences and affects the broader ecological system of representing mental health and illness on social media. The embeddedness of these theoretical and conceptual constructs accentuates the interconnectedness of these dimensions and the intricate backward and forward movements between the different types of analysis. The interdependence of the different levels of analyses is captured if one thinks of the constructs as elaborating on each other instead.

3.7 Summary

In this chapter, I expounded on the concepts of the constitutive nature of discourse, power/knowledge, subjectivity, governmentality, and the notion of social media affordances to show how these can address the research gap addressed in this study. This chapter showed how social media platforms operate on a dynamic logic that evolves as the social media landscape evolves. I also discussed the affordance construct, highlighting the relational and functional social media platforms, not technologically deterministic ones. The Faircloughian dialectical approach, which presents discourse as text, discursive practice, and social practice and Foucault's notions of power/knowledge, regime truths, subjectivities, and governmentality, were discussed. I engaged with these theories ensuring that they were in constant interaction and conversation with each other. The next chapter will explain the methodological strategies I employed to answer the research questions.

Chapter Four: Methodology

> Methods matter because the choices made along with the very characteristics of the researcher play into and ultimately shape the conclusions of any research.
>
> (Bird 2003, p. 9)

4.0 Introduction

This study aimed to examine the representation of mental health on social media platforms. The theoretical framework discussed in the previous chapter informed the methodology that guided this study. I considered various research designs and data collection methods to answer the research questions delineated in chapter one. I argue that a qualitative and social constructionist inspired methodological approach offers a clear stance toward understanding the representation of mental health from multiple directions. This chapter presents the research paradigm, research foundation, and methods used to collect, interpret, and analyse the data. I describe the decisions regarding participant selection, ethical matters, and concerns of research rigour. Finally, I discuss how the concept of reflexivity shaped the research process.

4.1 Research Questions

In this study, a deeper understanding of the representation of mental illness on social media was gained by utilizing critical discourse analysis, social media affordance and logic constructs to analyse posts on Facebook pages, Reddit forums and website forums and through interviews with users and moderators. The research questions had three elements. The first element focused on the textual and visual depictions of mental health and the ideological assumptions and subject positions embedded within those depictions based on social media posts. The second element dealt with how communications practices and the human-technology interactions shape the meaning-making process. The third aspect was about gaining a deeper understanding of users' and moderators' experiences to identify the broader socio-cultural practices that shape the representation of mental health on social media platforms by analysing the manifestation of governmentality. This study provided firsthand explanations for the representation of mental health on social media platforms. I provide a detailed discussion of how I approached the methodology in the following sections, beginning with a discussion of the research paradigm that guided the study.

4.2 Social Constructionism Paradigm

This study is grounded within the social constructionist paradigm. Paradigms shape decisions in terms of what kinds of research questions are answerable, valuable, and essential and how best to design studies to answer those questions. Social constructionism focuses on studying multiple constructions of reality through various perceptions, beliefs, and explanations and the consequences these constructions have for behaviour and interaction (Patton 2002). According to Vivien (1995), social constructionism focuses on analysing taken-for-granted ways of understanding reality, noting that our view of reality cannot be revealed by simply observing. A social constructionist paradigm postulates that knowledge is sustained by a social process within which social interactions facilitate sharing and construction of knowledge, which gives rise to multiple views of realities. Due to the multiplicity of opinions, meanings are negotiated to sustain or challenge reality because human constructions are influenced by and affect power relations (Vivien 1995). This paradigm resonates with the work of theorists such as Fairclough (1992) and Foucault (1980), who argue that representations of phenomena have inferences for relations of power and subjectivity because such structures define what is acceptable and how people relate to each other. The social constructionist paradigm further postulates that language is a pre-condition for meaning-making. This means that our view of the world is never objective because it is influenced by conceptual frames of reference that we already hold. Therefore, the way language is used in mental health communication has real and direct effects on the way people understand and perceive mental illness and mental wellbeing.

Social constructionism is grounded on the metaphysical proposition that different versions of the world are acceptable, that texts are open to multiple interpretations of readings, and that language is biased (White 2004). Patton (2002) notes that constructionism emphasises ‘capturing multiple perspectives, analysing how language socially and culturally constructs, shapes, distorts and structures understanding’ (p. 102). Social constructionism is built on a relativist ontological stance, which holds that all statements depend on a worldview. Epistemologically, a social constructionist view posits that individuals construct their reality based on their interactions with their surroundings. Therefore, I adopted a relativist ontology. Leavy (2014) defines ontology as the nature of and knowledge about reality. A researcher aligned with a relativist ontology seeks to identify multiple realities in people’s minds (Guba 1990). By taking a relativist ontology, I identified some of the possible realities drawn on to represent mental health-facilitated by my interaction with already available interactions. Leavy (2014) defines epistemology as the

researcher-participant relationship. Following the canons of the social constructionism paradigm, I took a subjective epistemology.

A social constructionist framework was ideal for this study because of the postulate that the construction of phenomena takes place through multiple perspectives of a given worldview. The study aimed to identify the various representations of mental health on social media. Schwandt (1998) notes that "meaning-making is constructed by social actors in specific places and times and engages in complex social interaction processes involving history, language, and action" (pp. 118-119). Social constructionism enables the identification of the assemblages of beliefs, social practices, and shared knowledge. Additionally, the social constructionism paradigm is suitable for studying how knowledge develops and circulates in a community, for example, through diversity, reflexivity, growing media and communication platforms, and the changing institutional and cultural practices. Furthermore, Patton (2002) notes that language as a crucial construct in critical discourse analysis is foregrounded in social construction because all human communication is dependent on language, which is socially constructed. As Holstein and Gubrium (2000a) state, "from this [social construction] perspective, members are continuously constructing social life, and the reality about life is made so through the interpretive work that members do to constitute it" (p. 42). Additionally, "each construct summons a different type of action, which sustains and excludes patterns of social activity" (Burr 2003, pp. 4-5).

By taking a social constructionist perspective, I followed researchers Greenwood 1994; Brown, 1995 in (Rogers & Pilgrim 2014), who view social constructionism as not dealing with reality per se but with socially constructed theories of truth. As such, a social constructionist perspective examines individual experiences and aims to find associations within these individual experiences rather than discerning trends in behaviour among large groups of people (Broom & Willis 2007). In the mental health field, social constructionist research concentrates on interrogating the contingent, socially constructed categories of mental illness and their associated institutional, organisational, and professional practices (Georgaca 2014). Therefore, by drawing on the social constructionist perspective, this study examined how meaning was negotiated on social media platforms, and how systems of practice and knowledge were accomplished and explored. This was important in identifying the various ways through which mental health was constructed.

Additionally, a social constructionist approach to illness is based on the distinction between social and biological meanings (Conrad & Barker 2010). The social construction of illness

categorises illness not as deviant or given. Instead, the meaning of illness is made within a specific social context as defined by a social group's moral, social, and cultural practices. Furthermore, the consequences of illnesses are not dependent on any biological effects (Freidson 1970). For example, when a physician diagnoses an illness, the physician changes the person's behaviour by adding a social state to the natural state; by assigning the meaning of illness to disease. Freidson (1970) notes that the social construction of illness provides actual and concrete social consequences of an illness label. By arguing that illness is a social construction, the scholar further called for an analysis of sociological meanings of illness and scrutiny of medical knowledge; a call addressed in this study with respect to mental health and illness meanings.

Although in a different perspective, Foucault (1977) emphasised examining medical knowledge and argued that knowledge is a form of power. I have discussed the notion of power in section 3.2.1 of the previous chapter. Specifically, the theorist argued that professional/expert knowledge about what is normal and abnormal is a form of power and not naturally given. The philosopher further stressed that medical discourse constructs knowledge about the body, influencing people's behaviours, experiences of embodiment, and subjectivities, and legitimising medical practices and interventions (Foucault 1977). Therefore, a social constructionist approach explains how shifting interaction, power and knowledge relations, and socio-cultural practices shape the meaning of illness. Indeed, although taken-for-granted, illnesses have cultural and social meanings attributed to them, and such meanings have consequences for health practices taken by patients and professionals. Additionally, illnesses that physicians do not recognise or acknowledge as medical diagnoses are often categorised as contested illnesses and have cultural meanings (Conrad & Barker 2010). These illnesses highlight the tension between lay and medical knowledge concerning cultural significance and interpretation.

The significance of cultural meanings of illnesses foregrounds the importance of a culture-centred approach to health communication. The culture-centred approach conceptualises culture in terms of a contextually situated experience of society (Dutta 2008). Instead of remaining static, culture is an intricate, ever-shifting, and adaptive system of meanings because meanings are co-constructed through participation and engagement (Dutta 2007). It encompasses the role representatives of society have in establishing ever-changing meanings of culture through actions. Culture is an indispensable component because it affects each aspect of society, including perceptions, attitudes, and behaviours towards illness, health status, and health-related activities. Moreover, conceptualising culture as fixed and linear contributes to sustaining dominant ideologies

that suppress marginalised voices (Basnyat 2008). I adopted a culture-centred awareness broadly in this study by reflecting on the cultural nuances that stood out in the social media posts and interview transcripts. This culture-centred awareness fitted naturally within the critical discourse analytic framework that guided the analysis since the approaches I drew on focus on the socio-cultural context of discourse formation.

Table one below, adapted from Denzin and Lincoln (2011), summarises the attributes of the social constructionism paradigm that guided the study. I took a relativist ontological stance, a co-construction epistemological approach and a hermeneutical-dialectical methodology. A hermeneutic-dialectical method provides a framework to analyse critical and interpretive elements as well as the social issues that shape phenomena (Myers 2008). The hermeneutic perspective aims to accurately document individual constructions while the dialectical aspects aim to compare and contrast these individual constructions. In the section that follows, I provide a discussion of what the qualitative research foundation entails and why it was appropriate for this study.

Attributes	Description
Ontology	Realities depend on the person who holds them, meaning that there are multiple realities.
Epistemology	Knowledge is co-constructed because people construct understanding depending on their surroundings and existing frame of reference, making it subjective.
Methodology	Hermeneutical/dialectical.

Table 1: Attributes of a Social Constructionist Paradigm

4.3 Qualitative Research Foundation

This section presents the research foundation in which the study is situated. The study employed an eclectic qualitative approach to advance consideration of how mental health is constructed on social media platforms guided by the social constructionist paradigm. Qualitative research focuses on the meaning made by participants and the processes by which they do so (Willig 2013). Compared to the quantitative methodologies positioned within the positivist foundation, qualitative research methods are subjective and do not require proving or disproving hypotheses or theories. As Creswell (2009) argues, qualitative research methods "rely on text and image data, have specific steps in data analysis and draw on various inquiry strategies" (p. 173). Qualitative methods position the researcher as the central apparatus in collecting and analysing data.

Lofland in (Patton 2002) suggests four critical components in the collection of qualitative data; the researcher getting as close as possible to the situation and people being investigated to understand better what is taking place; the researcher documenting what is taking place and what is being said, the data providing a detailed account of what is taking place and where it is taking place; and the data including direct quotations from the subjects of the research. Timmermans (2013) notes that qualitative rather than quantitative methods provide the opportunity for "illuminating the constructions of medical beliefs" (p. 2). In addition, Timmermans (2013) highlights the opportunity to identify disconnections between the goals of health interventions and the intricacy of people's experiences of these interventions. By exploring the construction of mental health on social media platforms, this study contributes to the objectives of qualitative health research. The study's fundamental assumption is that individuals construct meaning through their socio-cultural and value systems, leading to numerous and varying interpretations of reality (Denzin & Lincoln 2000).

Adopting a qualitative research foundation provided the opportunity to deeply understand how an emerging phenomenon, like the construction of mental health on social media platforms, has evolved. Indeed, qualitative research is understood as addressing practices and meanings measured experimentally (Denzin & Lincoln 2008). The qualitative approach enabled me to understand the depth instead of the breadth of the construction of mental health on social platforms because it facilitated an account of the textual, discursive, and social practice constructions, allowing for a holistic understanding. While the qualitative research foundation provided guiding principles for this study, it is not without challenges. For instance, Bryman (2004) notes that qualitative research faces problems of generalisation. The scope of qualitative investigations is restricted since findings are usually generated from a small sample. Additionally, it is sometimes difficult to establish the processes followed by qualitative researchers to arrive at study conclusions. To minimise the shortcomings of the qualitative tradition, I set out in the beginning that the aim of my study was not to generalise findings but rather, to gain an insight into the representation of mental health on social media platforms. I also provide a detailed step by step process of how I conducted the research throughout this chapter. The next section describes the case study research design.

4.4 Case Study Research Design

Based on the aim of the study, which was to gain a deeper understating of the representation of mental health on social media platforms, I found a case study research design appropriate. According to Patton (2002), case studies are not a methodological choice but are a choice of what is to be studied. Therefore, a case study aims to "gather comprehensive, systematic and in-depth information about each case" (p. 447). Against this background, a case study design was selected as the most appropriate since the study's starting point was conceptual and theoretical, and case studies are good for combining data and concepts. A case study is an inquiry used to examine contemporary issues in-depth and within real-life contexts, especially when the margins between the subject and context are unclear.

The case study inquiry is characterised by numerous variables and relies on various sources of evidence. Case studies "are important in explaining the presumed causal links in real-life interventions that are too complex for survey research or experimental strategies" (Yin 2009, p. 19). Barbour (2013) notes that case studies can enhance the analytic and comparative research aims of a study. A case study approach was adopted to gain a holistic view, and it enabled me to situate the study within the broader context of representing mental health on social media platforms. The case study approach made it possible to draw on data sources and information that provided evidence from different perspectives. The case study design used in this study was nested/layered—the first level of analysis centred on individual case studies, followed by a cross-case analysis of the individual cases. This study focused on three case studies, (Facebook pages, Reddit forums and website forums) characterising the research design as a multiple case study. The characteristics of a case study design were in congruence with the objective of this study. Yin (2009) suggests that the appropriateness of a case study research design depends on the research questions being asked, whether the study focuses on contemporary or historical events and whether the investigator has control over the behavioural events. An explanatory case study is appropriate when the research questions seek to answer the how and why of a given phenomenon. This study took an explanatory perspective since two of the three research questions addressed 'how' factors. Figure four below illustrates the case study design selected for this study.

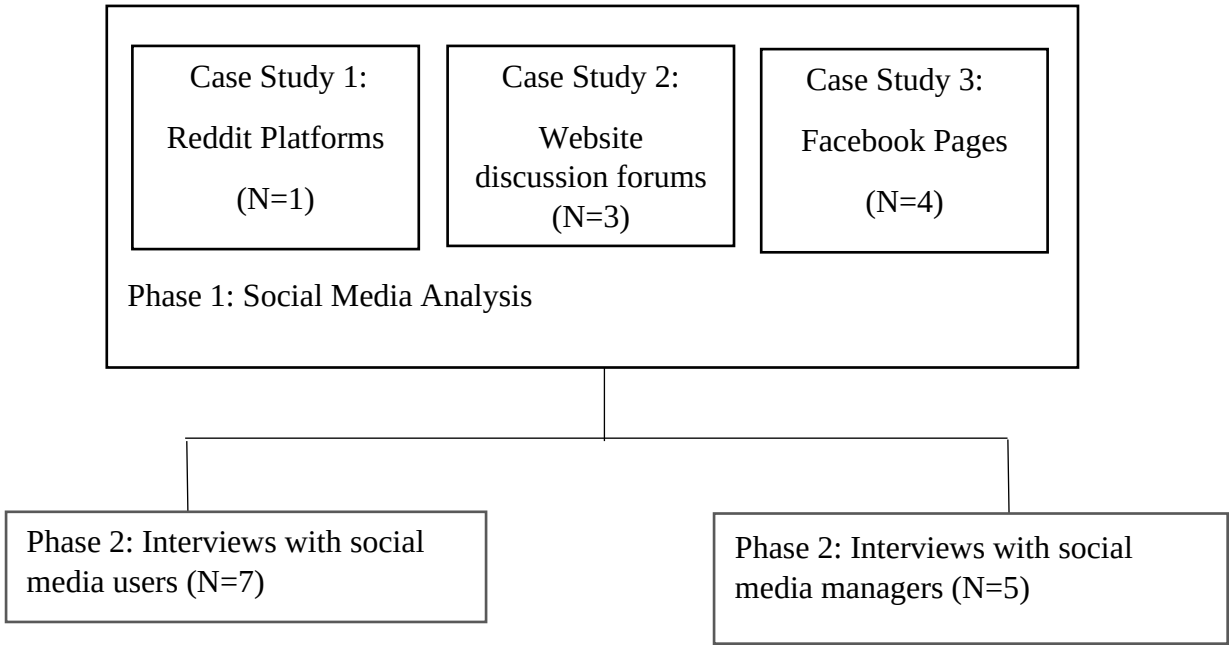


Figure 4: Illustration of the Case Study Design Adopted for the Study

As indicated in figure four, the study was designed in two phases. The first phase analysed social media platforms drawn from Reddit, Facebook pages, and website discussion forums. This stage was designed to allow me to generate questions for the interviews. To explore how mental health is discussed online by users and professional producers of online content, I collated and analyzed a sample of naturally occurring online data relating to mental health. During data collection and analysis, findings from one set of interviews informed the other due to the timing of the data collection phases, which created overlaps between data collection and analysis.

4.5 Interview Participant Recruitment Process

This section discusses the processes involved in recruiting interview participants. I examined the most commonly used social media platforms in Australia and I included individuals who had different experiences using mental health-related Facebook Pages, Reddit Forums, and website forums. Nunkoosing (2005) notes that there are typical and unique voices of illness experiences. Therefore, to capture accounts featuring different backgrounds, I attempted to include participants from all walks of life and not simply the typical and unique voices. Wimmer and Dominick (2006) suggest two types of sampling namely probability and non-probability sampling. This study involved non-probability sampling because of the nature of the study, which was not to generalise

results from the study but instead to collect explanatory data. Wimmer and Dominick (2006) propose different non-probability sampling techniques such as an available sample, convenience sample, snowball sample, and a purposeful sample. I used a mixture of convenience sampling, theoretical sampling, and snowballing to arrive at a sample of social media platforms, users, and moderators.

I used a recruitment flyer (see appendix 4) which I posted on noticeboards in strategic locations at the University of Adelaide to recruit social media users. Due to COVID-19-related stay-at-home directions, I posted the flyer on Twitter, Facebook, and LinkedIn during the lockdown. Recruitment of participants involved monitoring demographics such as age, occupation, and gender to ensure diversity of participants. Participants from all states, territories, genders, and ages were included. Participants were excluded if they were not based in Australia and/or did not provide valid contact details. At the outset of the project, I identified that approximately ten interviews with social media users and four interviews with moderators would be a reasonable goal to ensure that sufficient perspectives (in terms of saturation of themes) were included to answer the research questions. I conducted twelve interviews because I reached data saturation as the concurrent analysis I conducted while interviewing highlighted salient themes that were repeated.

I conducted five interviews with the moderators and seven interviews with users. Morse (2000) notes that sample size should be directed by various factors, such as the nature of the topic, the scope of the study, and the research design. The sample was ethnically and culturally diverse, and I am confident that wide-ranging perspectives are represented in the data collection and analysis. The initial contact with the interview participants was via email, through which I shared information about the project and requested their participation in the study. I followed up on the emails by phone if phone contact details were available when I did not get an email response. I kept records of all attempts to contact the moderators to avoid unnecessarily re-contacting people and to ensure timely follow-up. When a moderator or user agreed to participate in the study, I sent them the participant information sheet detailing the participation process (see Appendix 2). I found recruiting social media moderators challenging, especially getting their contact details, and committing time for the interviews. Additionally, the recruitment took place during the COVID-19 pandemic when mental health organisations experienced a surge in users of mental health services. However, after each interview, I obtained recommendations from users and moderators for other individuals who seem interested in participating. I shared with them project information to enable them to make informed decisions.

I interviewed seven users. Among them, three were studying for postgraduate degrees at the time of the interview, four were working. The sample was primarily composed of young urban people aged between twenty and thirty-plus years. All participants used various social media platforms, including Facebook, Website Forums, Reddit, Instagram, LinkedIn, Twitter, and WhatsApp. Experiences with different social media platforms prompted participants to reflect on their choices and decisions about the type of information they share and access, identity and relationships, and online conventions as they explored those environments. I interviewed five moderators based in various organisations with varied experience in moderating and developing online resources related to mental health.

The moderators' experience with moderating social media platforms ranged from three to thirty years. One moderator was a commercial moderator who worked at a moderating company moderating various social media platforms including website forums and mental health-related Facebook pages. Two moderators moderated website forums; one managed a layperson's Facebook page and the other moderated subreddits. Social media platforms managed by mental health organisations are managed under institutional norms guarding user and professional conduct, see appendix twelve for norms and rules on these platforms. By interviewing moderators, I examined the moderation practices to understand how these shaped the construction of mental health on social media platforms and interviewed users to identify how they navigated mental health-related social media platforms. In the next section, I discuss the process I followed to collect social media data.

4.6 Social Media Platform Data Collection Process

In identifying the social media platforms, I analysed in this study, I aimed to maximise the differences in the platforms to gain broad perspectives. The variation dimensions were based on the target audience, the type of social media sub-genre, the business model, and the type of ownership or management. I examined posts created between 1st April 2019 and 31st July 2019 and between 1st January 2020 and 30th April 2020, including textual and visual posts on Reddit forums, website discussion forums, and Facebook pages. The period between April 2019 and July 2019 was randomly selected. The period between January to April 2020 was chosen because it was characterised by one of Australia's worst bush fires and the beginning of the COVID-19 pandemic.

The assumption in selecting this period was that such events could have created adverse mental health outcomes and potentially unique ways of constructing mental health on social media platforms. The COVID-19 pandemic began in early 2020, spreading to countries around the globe, including Australia. Most people's day-to-day lives changed from normal to extraordinary throughout the outbreak (Gurvich et al. 2021). By the end of March, many governments had taken drastic measures to contain the spread of the virus. These included the closure of schools, university campuses, shops, restaurants, and companies. For places that remained open social distancing was observed. People working in most sectors were asked to work from home, and many were in quarantine or self-isolation. These measures significantly impacted people's mental health (Gurvich et al. 2021; Li et al. 2021; Newby et al. 2020).

To collate data for analysis, I performed searches within Google, Reddit (r/Australia), and Facebook with search terms such as 'mental illness, 'mental health,' 'depression,' and 'anxiety' to identify the social media pages and forums analysed in this study. From the search hits, a purposive sample of relevant pages was selected. A set of inclusion criteria was developed to ensure the pages explored were unique and relevant. Pages and threads had to be active for identification and data collection (with daily contributions from users up to the search date). Additionally, social media platforms were selected from the commercial and non-commercial sectors and laypersons and healthcare professionals. Facebook and Reddit represented the commercial social media platforms, and website forums were selected because they were run by not-for-profit organisations. Facebook, Reddit and website discussion forums were chosen as these platforms are widely used in Australia (Statista 2019). Reddit was identified because it has not received attention from critical mental health researchers despite its popularity in Australia. Due to the nature of website discussion forums and Reddit forums, where any member can start up a discussion thread, I focused on depression and anxiety threads to manage the scope of the study. These two mental illnesses are also the most commonly experienced in Australia (ABS 2019). For Facebook pages, I analysed mental health-related pages with more than 5,000 followers to ensure that I could mine an appropriate amount of data. Therefore, online accounts offer naturally occurring data (Markle, Attell & Treiber 2015), providing unique opportunities to systematically examine people's narratives over time and explore how narratives change, thus affording the possibilities to identify patterns in the representation of mental health on social media platforms.

The social media platforms analysed in this study targeted people living in Australia and were updated at least once a month. Data were collected from Reddit forums, website forums, and

Facebook pages. Data from Reddit forums were generated from various subreddits. These subreddits were identified from searching for subreddits on 'mental health.' Reddit was selected for analysis because of its high number of users and a wide range of subreddits that focus on mental health and other topics (Barthel et al. 2016). Organisational data from website discussion forums were generated from organisation websites managed by SANE, Headspace, and Beyond Blue forums. Data from SANE website discussion forums were generated from three anxiety-related forums and five depression-related forums. Data from Beyond Blue were generated from six anxiety forums and five depression forums. Data from Headspace were generated from six threads. Data from Facebook were generated from the Three Words Facebook page: Mental Health Awareness Help Facebook Page, Headspace Facebook page, and Beyond Blue Facebook page. Social media data were downloaded using the Ncapture tool into NVivo and saved in web, spreadsheet, and Microsoft Word formats. The sample size was appropriate for in-depth qualitative analysis, especially for multimodal critical discourse analysis, given that the focus aimed at conducting a descriptive analysis of how meaning was constructed through everyday conversations on social media platforms as well as users' and moderators' experiences of using these social media platforms as opposed to generalising reality.

Website discussion forums are internet platforms on which people have interactions usually on a dedicated subject like mental health, discussed through numerous threads. Interactions on online forums are primarily text-based, although some online forums facilitate visual (images and videos) interactions. They are mainly asynchronous and anonymous. The website forums analysed in this study were operated by SANE Australia, Headspace, and Beyond Blue. These forums are also vested with credibility through their high-profile nature and recognition as key sources of information and interaction related to mental health. These forums are free to access and are intended for people living in Australia. There are dedicated forums for parents, young people, carers, and people with lived experience of mental ill-health. However, anyone can publish on any forum.

On the SANE Australia forums and the Beyond Blue forums, there are sub-categories/threads within the broader dedicated forums. There are subgroups of posts in each forum, with the 'lived experience' forum including, among others: 'social spaces,' 'what's new', 'our experience and stories,' 'something's not right,' and 'looking after our wellbeing.' Headspace operates forums through question-and-answer forum sessions weekly through discussions with peers and mental health professionals around critical topics. The forums operate under principles

of anonymity, respect, and safety as these guidelines limit the type of content shared on these platforms (see appendix twelve for the principles that guide discussions on these social media platforms). For instance, the policies restrict posting information about medication, suicide, and harm ideation. The platforms are moderated by community champions, either people with lived experience or healthcare professionals.

Reddit is a news aggregation and discussion social media platform. Information on this site is organised in areas of interest known as subreddits, such as mental health, politics, programming, and current affairs to mention but a few. There are restrictions on creating subreddits, with content that already exists although I observed that this is not adhered to. Each subreddit operates on similar forum processes, but the subreddits work on different community rules and norms. The forums are guided by three overall values: respect, safety, and anonymity. These guidelines, if enforced, limit what can be said and how it can be said. Registered members share text posts, links, and images, rated through up and down-votes by other members. Reddit allows its users to write long posts without character limitation; thus, users can freely express their opinions in as much detail as they wish. The site allows its registered users to anonymously post comments or share links to important topics. Anyone who starts a subreddit becomes its editor of information, deciding who can add and who has access. Additionally, Reddit relies on the assertiveness and algorithms of its users to run the platform and generally offers more power to its users to manage how they use the platform (Van Dijck & Poell 2013).

Facebook is a web-based service that affords management of a public or semi-public profile after registering for the service. For instance, users can create page profiles and incorporate preferences such as books, films, music, and contact information. Other users can visit the user's page to view and comment. Users can then post multimedia content such as photographs, text posts, links, or videos to other users. Other functions on Facebook include a news feed for updates from people and pages, a status for informing others about one's whereabouts, and a like button that enables users to express their approval of content. The Facebook pages analysed in this study were focused on mental health communication. Pages analysed were SANE, Headspace, and Beyond Blue. The moderators of the pages and forums have high control over the information and to an extent the flow of the information. Additionally, the design of Facebook pages positions users more as consumers, responding to the posts shared by the page managers and less as producers of information. Table two below shows how the study progressed (literature review, data collection

and analysis) over three and a half years. The next section provides an exposition of the research methods I used.

Data categories	Year 1	Year 2	Year 3.5
Literature review	January 2019 – January 2022 →		
Social media analysis	Posts created before COVID-19 August 2019-March 2021	Posts created during COVID-19 May 2020-March 2021	
Interviews with users and moderators		September 2020-March 2021 →	

Table 2: Summary of the Data collection Process

4.7 Research Methods

I used four research methods in this study: textual analysis, visual analysis, the walkthrough method, and semi-structured interviews, which I discuss below.

4.7.1 Textual Analysis

Textual analysis allows "researchers to gather information about how other human beings make sense of the world" (McKee 2003, p. 1). I used textual analysis in this study because it provides a framework to analyse meaningful historical and cultural contexts allowing for interpretive, critical, and informed deductions on how people make meaning. In this line with the research questions, the textual analysis provided a more nuanced approach than content analysis. The textual analysis enables the examination of texts' social meanings and effects. This type of analysis divides the interplay of signs and cultural values within one text, encouraging the uncovering of the historical process of social meaning. By comparing text and responses, textual analysis enables the identification of dominant and alternative ways of understanding a particular topic. Textual analysis can assist in illuminating the construction of mental health on social media platforms by exploring the taken-for-granted meanings embedded in social media posts. Lindlof and Taylor

(2017) argue that textual analysis provides a diverse and different lens through which a health communication topic like mental health is examined and can contribute to foregrounding the voices of those receiving care.

The textual analysis included lexical analysis, metaphor analysis, and genre analysis. The metaphor analysis approach involved familiarising myself with the data and identifying all possible metaphorical expressions attached to mental health rather than working with an *apriori* list of potential metaphors. This was valuable for identifying new metaphors or novel ways of expressing them. I considered the context and analysed the metaphorical expressions beyond the basic meaning. A genre is recognised and named in the culture in which it is found. Analysis of genres brings to the forefront conventions, the social situations that shape them, their meanings, and the power relations. Genres shape and are shaped by societies of practice that utilise them to prioritise specific goals (Bhatia 2004; Fairclough 2003; Swales 1990). Fairclough (2003, p. 71) takes a cautious stance toward interpreting genres. As Bhatia (2004) argues, "to generate explanations about a specific generic structure, the analysts have to go outside the texts because they often need to be interpreted in the context of text-external aspects of the genre" (2004, p. 114), community contexts and institutional, professional disciplines. Text and images portray meaning using varying elements. Therefore, to understand these differences, this study involved examining images. The following section discusses the procedures I took to conduct the visual analysis.

4.7.2 Visual Analysis

Social media-based discourse is an interaction between text, including visual aspects. Machin and Mayr (2012) note that visual and linguistic resources serve different purposes because they appeal to different senses. Like other forms of communication, visual messages represent reality by drawing on the institutional and social practices within which the messages are produced, distributed, and consumed. Like linguistic structures, visual structures are "products of the writer's interpretation" (Rosner 2001, p. 394) and not innocent representations of reality. Images make arguments to produce value-laden meaning (Barry 1997; Kress & Van Leeuwen 1996; Rosner 2001). Through written and unwritten social endorsements, these visual structures are controlled by institutions (such as government, schools, and the media). Therefore, visual meaning is shaped by individual, cultural, social, psychological, and historical forces.

The images selected for analysis were identified from the data collected on social media platforms between April 2019-July 2019 and January 2020-April 2020. The images were those attached to social media posts. I adopted the iconography visual analysis approach (Machin & Mayr 2012) proposed as the visual analytic framework guiding this study. I explored the framework proposed by Kress and Van Leeuwen (1996) that focuses on examining mental functions; however, I found that the iconography framework was more relevant due to the nature of the data analysed in this study. The resources for analysis of the iconography framework include the visual setting, salience, gaze, social distance, transitivity, and modality. In adopting a multimodal approach, I followed other researchers, for instance, Thompson (2012), who used visual discourse analysis to examine the alteration of mental health discourse on a website for over a decade. The study showed that graphic and written elements of the website shifted from a focus on mental illness as muddled to viewing mental wellbeing as usual. Some scholars - Wodak and Wright (2006) and Mautner (2005) - have taken hybrid approaches to analyse social media discourse by utilizing approaches initially developed for text to examine discourse and social practices in social media contexts.

I examined how elements in images such as objects, ideas, values, discourses, attitudes, actions represented, and the setting signify meaning in ways that may be taken-for-granted. The iconography approach has three main components that I explain briefly. Attributes deal with how the objects in images represent discourses, values, and ideas. Setting deals with how the layout of things is used to communicate general ideas, discourses, identities, values, identities, and actions. Salience deals with how compositions draw attention to and foreground meanings by making them stand out. Such features will have the central symbolic value in the composition. There are several ways that salience can be achieved in images. Salience includes potent cultural symbols that carry cultural meanings, the size of objects that indicates the ranking of significance, ranging from the largest to the smallest, use of rich, striking, and contrasting color, tone using brightness, focus through reducing details, foregrounding, and overlapping.

To further deconstruct the discourses that emerged from social media text and images, I analysed the text-image relations using the concepts of anchorage and illustration, drawing on the extensive work by Barthes (1997). Anchorage works at an ideological level by directing the reader or viewer to the meaning chosen in advance by foregrounding a specific interpretation of the image. Anchorage works to focus on one of the many possible meanings. With illustration, the image enhances the meaning of the text. The text enables the selection of the most appropriate perception, guides identification and interpretation, and limits the projective power of the image. About the relay component, the text provided more information than was not provided in the text. This section

has presented the visual analytic approach used in this study to analyse the visual representation of mental health which drew on frameworks by Machin and Mayr (2012) and Barthes (1997). Textual and visual analysis provided a robust framework to examine the representation of mental health within social media posts. It was also important to examine the kind of interactions the social media affordances enabled or constrained. In the next section, I discuss the walkthrough method and how I used it to analyse social media affordances.

4.7.3 The Walkthrough Method

I adopted the walkthrough method to examine social media technological structure and the cultural references to comprehend how social media platforms guide and shape experiences and conversations. Although this method was initially designed for apps (Light, Burgess & Duguay 2018), scholars (Acker & Murthy 2018; Bhandari & Bimo 2022; Monteiro-Krebs et al. 2021; Swart 2021) have increasingly adapted it to study other technologies such as social media. The method involves a step-by-step examination and documentation of the technological features and activity processes, making these aspects salient and open for critical analysis. The analyst mimics everyday use of the technology to analyse the technical features such as the number and placement of icons, symbolic elements, text, and pictures. Additionally, the analyst reviews the vision, governance, and operational models. The processes of analysis are three-fold. Firstly, there is analysis of the environment of the technology. In this part of the walkthrough, I analysed the context and technological features of the social media platforms to understand how users engage with the social, economic, and cultural aspects of platforms.

Secondly, analysis of the operation model involves analysing the business strategy and revenue resources to identify the underlying economic, commercial, cultural, and political interests. This component is vital for both commercial and not for profit technologies including social media platforms. Thirdly, the method involves analysis of governance. I analysed governance to show how social media platforms regulate activities to sustain and fulfil their vision and enforce norms and values. I gained insights into how moderators and users negotiated social media affordance by taking research notes and screenshots. After immersing myself in the social media platforms and identifying the role those affordances played in constraining and enabling the construction of mental health, I categorised online interactions and research notes according to the social media affordances. So, far I have discussed the methods I used to analyse discussions and representations on the social media platforms in terms of social media posts and social media affordance. In what

follows I discuss how I used semi-structured interviews to examine user and moderator experiences. The interviews provided additional perspectives and validated analyses of the social media posts and affordances.

4.7.4 Semi-Structured Interviews

Semi-structured interviews enabled the generation of data to address research question research three: How does governmentality manifest in users' and moderators' experiences of mental health-related Facebook pages, Reddit, and website forums? I conducted twelve interviews with moderators and users of mental health-related social media platforms to access wide-ranging perspectives on the construction of mental health on social media platforms. The interviews aimed to gain a deep understanding of the construction of mental health and allow participants to prioritise issues as they arise regarding what is said on social media platforms. Nunkoosing (2005) suggests that participant narratives are important because they enable individuals to reflect on some aspect of their lived experiences. Some of the participants in the moderator interviews were professionals from mental health-related organisations who develop and implement social media strategies and maintain the organisations' social media presence. One was a layperson who was enthusiastic about mental health. Semi-structured interviews were conducted to explore the organisations' and individuals' practices of using mental health-related social media platforms. From a pragmatic perspective, interviews were the most appropriate method of generating rich data from moderators of mental health-related social media platforms considering their busy schedules and familiarity with the interview format.

Brinkmann and Kvale (2008) define semi-structured interviews as interviews used to examine the worldviews of interviewees to explain the meaning of their descriptions. Leavy (2014) notes that semi-structured interviews provide knowledge-producing potential by allowing the researcher to drive the conversation to issues most pertinent to the research questions. The questions in the interview guide (see appendices six and seven) were open-ended and designed to allow the participants opportunities to share their experiences and for respondents to explore different views from various angles. Another advantage of using semi-structured interviews in this study was the flexibility to extend discussions through further questioning when required (Bryman 2016). On the other hand, a flexible interview guide made the cross-case comparison more difficult because I asked different follow-up questions based on what participants shared.

I decided to conduct individual interviews because they enabled me to lead the conversation in the direction I found most relevant in addressing the research questions depending on the interviewee's responses. Secondly, due to mental health sensitivity, I found it appropriate to use individual interviews to allow for confidentiality by creating an environment of trust. I interviewed twelve people in total; seven were users of mental health-related social media platforms, while five were moderators. Social media users were asked about their social media use, motivations, how they construct digital identities, and any gratifications gained from using mental health-related social media platforms. Social media managers and moderators were asked about moderation and management techniques to better understand the institutional practices that influence the construction of mental health on social media platforms. I was able to explore various perspectives because of the timing of the study phases since I collected and analysed data concurrently. I identified social media moderators within Australian mental health organisations as critical informants and were approached as managers or moderators of social media platforms. These organisations were recognised at the onset of the study when I was scoping mental health-related social media platforms for the first phase.

Interviews were conducted via Zoom, email, and face-to-face due to the geographical distribution of participants and the COVID-19 restrictions between September 2020 and February 2021. Interviews were digitally recorded. Before the interview commenced, participants signed a consent form (see appendix three); others were emailed the consent form before the Zoom interviews and were informed about their confidentiality. I used an interview guide (see appendixes five and six) with suggested topics. The interviews took a conversational style to minimise mental distress that could have been caused by participating in an interview. Online interviews were used because participants were in different states as well as COVID-19 restrictions – meant that interviewing in person was not possible. All interviews were individual except one, which was paired. The paired discussion enabled each participant to respond to the questions and each other’s responses, generating more interactional data comparable to that created in focus groups. The interviews took between thirty and forty-five minutes. One interview was conducted face-to-face; one was conducted via email since the participant insisted they wanted to remain anonymous and that the email interview would guarantee anonymity. The rest of the interviews were conducted via Zoom. The asynchronous nature of email allows research participants to contribute to research at a time convenient for them (James 2016; McCoyd & Kerson 2006). I found the email interview limiting because it was difficult to clarify certain aspects. This interview provided fairly in-depth

data, but the insights were sufficient to be analysed. I also found that the face-to-face and Zoom interviews provided detailed information because of the synchronous communication.

The interviews began with an informal conversation during which I told the interviewees about the categories of questions I would ask and reminded them to feel free not to answer or to withdraw. I also emphasised that there were no wrong or right answers and that anything they told me was helpful for the project. To open the interview, I questioned participants about how they used social media platforms. Next, I examined participants' negotiation of identity and the impact of social media platforms on how they make meaning of mental health. Rubin and Rubin (2005) propose arranging interview questions for a 'tour' to encourage participants to talk through their experiences. This was useful in exploring the processes of navigating online content. Questions such as 'Tell me how you would go about using social media for mental wellbeing...' provoked thoughtful responses. I wrote an overview of the interview process in a research notebook immediately after the interview. This included describing the interview topics and my initial analytical insights.

Taking notes of my insights and the interview process allowed me to generate emerging concepts for more detailed analysis and an opportunity to reflexively evaluate the interview process and engagement with interviewees, a process I continued throughout my research and writing. Probing interviewees' submissions allowed further elaboration and examination of the topics and themes initiated by the interviewees themselves. Thus, substantial flexibility was applied. The interview guide facilitated discussions of the following areas for users: ways of using social media, motivations behind using mental health-related social media platforms, the fulfilments and limitations experienced on mental health-related social media platforms, and experiences during COVID-19. For moderators, the following areas were used to elicit conversations: the social media platforms used, how they are used and why they are used for mental health promotion and communication, and the strategies and structures used to manage social media platforms and experiences during COVID-19.

I asked open-ended questions and encouraged the interviewees to discuss issues that they deemed noteworthy since these exposed vital perceptions. Demographic questions were asked to monitor and evaluate the sampling procedures. Participants were then informed that the recorder was being switched on, which served to initiate the interviews. At the end of the interviews, a debriefing session was used to signal the closure of the interaction. This debriefing session provided an opportunity for participants to discuss any other issues they had not highlighted or discuss any issues in more detail. Statements such as 'Thank you for your time…' were used to

signal the closure of the interview. It also allowed participants to elaborate on any issues they had not thoroughly talked about ('Is there anything else you would like to add to our conversation?…'). In terms of recruitment, individuals named publicly responsible for moderating and managing mental health-related social media platforms were contacted using contact details in the public domain. In sections 4.7.1 to 4.7.4, I explained the methods I used to analyse social media posts, social affordances, and interview transcripts. I move the discussion to the procedures I took to analyse the data.

4.8 Data Analysis

In this section, I discuss the data analysis procedures. An integrated critical discourse analytical framework was used to guide the analysis (see appendix nine). Social media posts and interview transcripts were managed and analysed using qualitative data analysis software NVivo version twelve. I decided to use computer-assisted qualitative data analysis because this provides means of handling, integrating and interrogating data in ways that might not be effectively achievable manually. Computer-assisted qualitative data analysis (CAQDA) supports sophisticated and systematic data organisation, management, tracking, and retrieval for more detailed analyses. The study involved deductive and inductive processes guided by a priori categories related to the theoretical framework and the themes from the literature review. This analysis was not intended to generalise findings but rather to explain the construction of mental health on social media platforms. The examination consisted of interpretations of texts from social media sites and platforms and interview transcripts. The societal problem under investigation is how mental health and illness are represented on social media. The analysis consisted of interpretations of texts from social media platforms and interview transcripts. Interviews were conducted in English and were transcribed manually and verbatim to ensure that critical data were not lost while familiarizing myself with the data. I followed ethical guidelines during the transcription process to anonymise the data using pseudonyms, participant numbers, and changing identifiable descriptions. Some punctuation was added to the transcripts to improve readability and comprehension.

I began data analysis by reading and re-reading to familiarise myself with the data. Throughout the data analysis process, I noted down my thoughts on the breadth and depth of the data. After reading and becoming familiar with the social media posts and images, I proceeded to identify preliminary codes from the data. This involved creating a list of what was in the data, such as phrases, sentences, and words that appeared informative and could form a basis of repeated

patterns (themes) for each case study and across different case studies. I identified codes for the context and description for each case.

For the social media data, the first level of coding involved grouping the posts with the critical discourse analytic framework themes namely genres, subjectivities, discourses, metaphors, and lexical choices of recurring words. I grouped lexical choices into modalities. I grouped subjectivities into subjugated and dominant subject positions. Metaphors were categorized as battle and journey while the genres included counselling, education, and activism. The second level of coding involved grouping recurring ideas within the CDA analytic themes. I categorized discourses as professional care, personal care, social support, uncertainty, a way of life, gender catergorisation and technology.

I based the initial codes for interview data of moderators on the themes the interview questions sought to investigate. These included organisational use of social media, techniques used to manage social media platforms, policies that guide social media management, challenges, and opportunities for using social media for mental health promotion. The initial codes were further drawn into sub-codes based on grouping related ideas. The subcodes that emerged from the interviews with moderators include, cultural sensitivity, user safety first, negotiating moderator and mental illness personas, hierarchical, legal regulation, professional vs non-professional, legitimacy of moderation, automated moderation, and human moderation. I coded data from interviews with users firstly for social media platforms used, motivation, gratification, and challenges for using social media, negotiating identity, and social media use during the COVID-19 crisis. The sub-codes that emerged from the second level of coding include profiling users, connection with friends and fellow mental illness suffers, false sense of connection, alternative discourses vs dominant discourses and legitimacy of discourses. I developed the themes further by reading the interview transcripts and grouping related ideas within the sub-codes. The themes constitute the findings discussed in chapter seven. The different levels of coding enabled me to identify the most relevant issues. (See the appendix 14 for an example of the coding process).

4.9 Ethical Considerations

Ethical approval was granted by the University of Adelaide Ethics Review Committee (see appendix one). I also drew on ethical guidance published by the Association of Internet Researchers (www.aoir.org) when identifying the study methods to reduce the risk of harm by identifying what could be considered a justifiable degree of personal privacy. Moreover, Wilkinson and Thelwall

(2011) further note that seeking consent to use publicly accessible information would necessitate online platform users to become active participants in the research, which was beyond the scope of this study. Thus, owing to the aim of the study, which was to analyse naturally occurring interactions/posts to gain a deeper understanding of mental health promotion on social media platforms and because participants who use the social media platforms under investigation know that their interactions are publicly accessible, I did not seek their consent. While social media posts were publicly accessible, sensitivity to the context and the aim of posting to social media was weighed when including these posts in this thesis. In addition to double de-identification, the posts included as excerpts were chosen to represent discussions on the various representations of mental health and have no specific personal references.

When potential participants expressed interest in participating in the study, I sent them detailed information about the study via email, including the participant information sheet and the consent form. The participant information sheet outlined the aims and nature of the research, an overview of the type of questions to be asked, a pledge to uphold anonymity, confidentiality, the right to withdraw at any time, and contact details for the principal researcher and the ethics committee. The interview consent form required the participant to indicate their agreement to participate and show if they agreed to the interview recorded by signing the form before the interview. Confidentiality is a pertinent issue in mental health research as many users prefer to remain anonymous. However, it has been noted that anonymity and confidentiality have become more complex with the increasing use of digital services that increasingly undermine such principles (Bennett & Maton 2010; Filkins et al. 2016). Interviewees' confidentiality and privacy were protected by replacing personal identifiers (name and age category) with pseudonyms and codes. For anonymous online discussion forums and Reddit forums, anonymity was maintained. Re-identifiable and de-identifiable data were stored separately on a secure University of Adelaide server, which was accessed by the researcher and the researchers' supervisors only. The participants' names were coded during interviews, and they were given pseudonyms. The interviewer made it clear to the participants that they were free not to answer any questions they wished not to and could withdraw from the interview at any time. As the interviewer, I was also equipped to provide contact information for counselling services if required (see appendix eight) and provide first aid as I am a trained mental health first aid provider. Additionally, following the suggestion by Steinmetz (2012) to paraphrase online research quotes instead of directly quoting participants' interactions, I translated excerpts generated from the social media platforms. This is

because online quotes can be traced back to the author, undermining privacy, and confidentiality. The next section is an account of how my role as a researcher shaped the research process.

4.10 Reflexivity and the Role of the Researcher

Reflexivity is a crucial consideration that qualitative researchers need to explore. This process involves reflecting on the dynamic relationship between the researcher, the research participant, and the researcher's experience of conducting the study (Matt 2004). Reflexivity can also be understood as a confessional evaluation of the methodology, explaining the decisions taken to increase the transparency of the research process (Finlay 2002). Additionally, Lincoln and Guba (1985) note that the researchers are the main research instruments from the data collection stage to interpretation; therefore, researchers should disclose their biases, frames of reference, and personal assumptions. This was important in this study because Fairclough (2001) notes that it is ideal for researchers using CDA to acknowledge their subjectivities.

Literature suggests that researchers should constantly self-reflect on their approach and rationale to the data (Campbell & Gregor 2004; Freshwater & Cahill 2012). Cheek (2007) indicates that reflexivity exposes political and ideological representation hidden within a researcher's writing. As such, reflexivity questions the taken-for-granted position of speaking for others and making truth claims. Throughout analysing social media posts, interviews, and writing, I reconsidered my subject positions as an international student, a researcher, mental health enthusiast, social media user and health communication practitioner. I acknowledge that a person with a different background could have approached this study differently.

My experience interviewing users and moderators mainly was positive because interviewees shared detailed information about their personal experiences. To ensure a smooth and effective interview, I made sure I had a basic understanding of mental health and had been immersed in social media analysis of mental health-related social media platforms before beginning the interviews. Still, I was also keen to learn about the participants' experiences. With this background knowledge, I encouraged participants to reflect on their everyday experiences of using mental health-related social media platforms. Throughout the interviews, I prioritised the critical areas of concern for a qualitative interviewer, which include listening, questioning, and clarifying, but inadvertently in some instances, I took on a more knowledgeable role, a role that I encouraged the participants to take on as well.

4.11 Criteria for Research Rigor

To determine the accuracy and consistency of research findings in qualitative research, researchers rely on the trustworthiness of the findings. The trustworthiness criterion has four components: dependability, confirmability, credibility, and transferability (Bryman 2004). Dependability involves the researcher adopting an audit approach to ensure complete problem formulation, selection of research processes, selection of research participants, fieldwork noted, interview transcripts, and data analysis. Confirmability shows that the researcher was as objective as possible. Transferability ensures that the researcher generates thick descriptive data that provides a rich account of what is being studied. This is vital because such descriptions offer a frame of reference for the users of the research findings, thereby making the research findings transferable. Regarding dependability audits, I pretested the interview guide with participants similar to the target groups.

Patton (2002) categorises triangulation in four ways. Firstly, data triangulation involves the use of multiple data sources. In addition to the social media posts authored by several people, I interviewed social media users and moderators of mental health-related social media platforms. Secondly, investigator triangulation deals with the help of various evaluators and researchers. To achieve this, I regularly double-checked my analysis with my supervisors. Thirdly, theory triangulation uses multiple theoretical perspectives to interpret a data set. I used four theoretical contracts to analyse the data, each working at different levels but complementing the other. The theories were the Foucauldian discourse analysis approach, the Faircloughian discourse approach, and the social media logic and affordances constructs. The fourth categorisation involves using numerous methods to study a single problem or program). I used four research methods: textual analysis, visual analysis, the walkthrough method, and semi-structured interviews.

Each method brought a unique component to the study addressing some of the gaps of the other methods. Dependability was achieved by adopting an auditing approach that deals with complete problem formulation, research process, selection of research participants, fieldwork notes, interview transcripts, and data analysis. Confirmability was achieved because I ensured I acted in good faith since a qualitative researcher cannot work objectively. The credibility of the research was maintained by following the canons of good practice and sharing research findings with the interview participants for confirmation that their view of the world was captured accurately. Transferability was achieved through generating thick descriptive data that provides a rich account of what is being studied. This is vital because descriptions offer a frame of reference

for the people who use those research findings, making the results transferable. To ensure that other researchers or readers can confirm the findings, (Shenton 2004) notes that steps must be taken to ensure that the research findings reflect the ideas and experiences of the research participants and not the preferences and prior categorisations of the researcher. I have provided a detailed methodological description to enable other researchers to critique and replicate my work. In terms of dependability, I provided a detailed account of the research design, how the study was carried out, and how data were obtained and analysed. These details should enable other researchers to make informed judgments about the consistency of the methods and the dependability of the findings if they would like to carry out a similar study.

4.12 Presenting the Findings

There are many ways that I could have presented the data of this study; however, the details of those alternative ways are a discussion for another time because they warrant their own space. I use the metaphor of a looped spiral to discuss the findings of this study, as illustrated in figure five. First, let me explain how the looped spiral of communication works. The metaphoric illustration of the representation of mental health on social media platforms highlights two main postulates. First, this metaphor shows that communication on social media platforms is characterised by eight main elements: the communication act, the communication product, the communication context, the communication outcome, roles, motivations, limitations, and opportunities.

The main postulate of this metaphoric illustration is that broadly the eight elements are unique in terms of form and mark-up. They simultaneously impact each other, and this process creates opportunities and limitations for effective communication. The challenges and limitations are presented as the loops. As such, communication on social media platforms is a constant upwards-downwards-sideways oscillation. The looser the loops, the more opportunities there are. The tighter the loops, the more limitations there are. The knots further represent the roles of the different actors involved in the communication process highlighting points of convergence and divergence. This metaphor indicates a role-based approach to communicating about mental health on social media platforms, stepping away from a technological determinism perspective. The rationale is not to completely eradicate limitations or suggest that social media communication is free-flowing.

Rather, it is to acknowledge that limitations inherently imbue communication on social media platforms and the rationale then is to work to minimise these limitations at all levels

constantly. This is because if the limitations of one element are not addressed, they could be reproduced or even magnified in other elements. Moreover, based on the findings of this study, the looped spiral of communication illustrates the very nature through which the representation transpired. So, I hoped the conclusions would be appreciated better by going through the curves, turns, and upwards-downwards-sideways movements of this communication process, as illustrated in chapters five, six and seven. In a way, this study is an activist stance in its own right, calling for alternative mental health discourses to challenge dominant discourses.

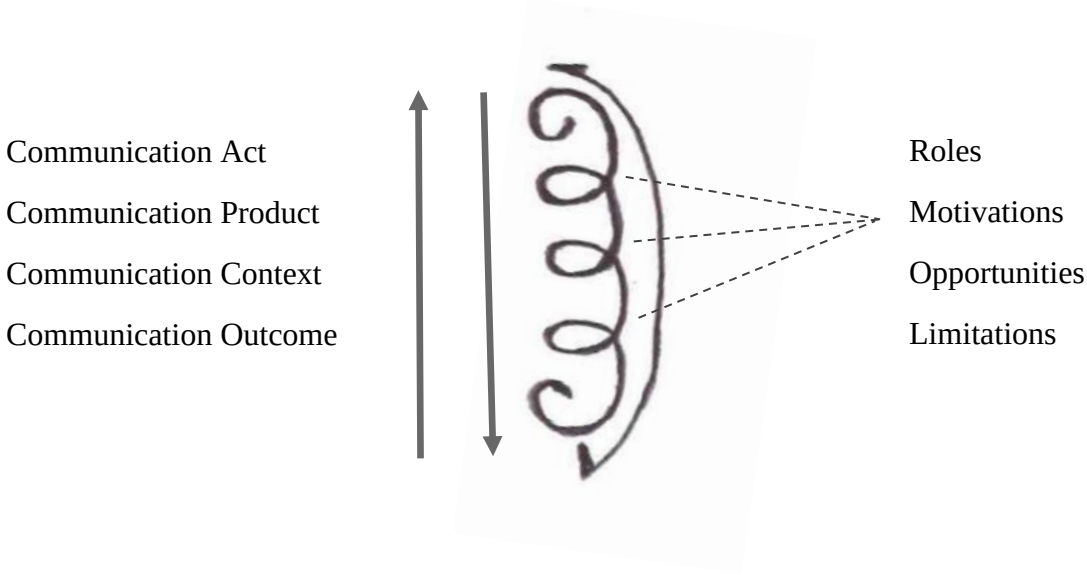


Figure 5: Looped Spiral of Communication

The researcher's illustration.

Using the metaphor of the looped spiral of communication enabled me to weave all these elements into each other without masking the unique aspects of each element. Masking these unique aspects by generating broad themes that explain the findings could easily result in broad claims and generalisations. There are two main reasons why I presented the findings the way I did. Firstly, the three themes that comprise chapters five, six and seven emerged as research gaps in the literature, thus forming the basis of the research questions that guided this study. So I wanted to provide a good account of the responses to the research questions. Secondly, I wanted to give a detailed account of the fault lines and the pathways for remedies in each element because each element is part of the whole looped spiral. Moreover, presenting the findings in this way provides a unique account of the roles played by all the parties involved in the representation. Of note, the findings that I present in the next three chapters represent one account of the construction of mental health

on social media platforms. The aim was to contribute to existing knowledge with no intention to generalise the conclusions. Quotations were extracted from the NVivo files to support the conclusions. Many of the quotes used in this study are intentionally long because my approach to critical discourse analysis was to analyse social media posts and interviews within the context and not reduce the interviews to individual words. As such analysing meaning-in-use requires that analysis of any word or phrase needs to be situated within the whole section.

4.13 Summary

This chapter has detailed the methodological approach used in this study. The study was grounded within the qualitative foundation. The methods chosen- critical discourse analysis and semi-structured interviews directed at social media users and moderators- were well situated within current views of the social constructionist and critical discourse analysis-inspired research methodology. Complementing textual and visual analysis with users' and moderators' voices provided firsthand accounts and a broad perspective on the complexities of communicating about mental health on social media platforms. In the following three chapters, I present the discourses, ideological assumptions, subject positions, manifestation of governmentality discourses, and how users and moderators negotiated social media affordances. Chapter five presents the discourses, ideological assumptions, and subject positions that these discourses highlight. Chapter six discusses the interrelations between social media affordances, communication, and linguistic choices in shaping mental health discourses. Finally, in chapter seven, I show the influence of organisational and societal practices shaped by governmentality acceptance and resistance to governmentality practices.

Chapter Five: Mental Health Discourses, Ideological Assumptions and Subject Positions

> Discourses are diverse representations of social life that are inherently positioned – differently positioned social actors 'see' and represent social life in different ways through different discourses.
>
> (Fairclough 2001, p. 123)

5.0 Introduction

This chapter aims to respond to the first research question: What mental health discourses, ideological assumptions, and subject positions emerge from posts on Facebook pages, Reddit forums and website forums? In this chapter I show how the construction of mental health is multifaceted, characterised by competing, embedded and co-existing discourses. I demonstrate the lexical choices and visual depictions that privilege mental health and illness discourses. Additionally, I interrogate the workings of power and knowledge relations that constitute these discourses by untangling the ideological assumptions and the subject positions that the social media posts depict. To set the scene, I provide a brief overview of the social media posts. This is followed by a detailed discussion of the discourses and ideological assumptions across the three social media platforms. I then discuss the subject positions made available through the discourses.

My initial plan was to present the discourses, ideological assumptions, and subject positions per social media platform; however, there were more similarities than differences across the three social media platforms, so I opted to present the findings per thematic area. The thematic areas include discourses and ideological assumptions and subject positions to minimise repetition. I discuss the discourses and ideological assumptions concurrently in sections 5.1.1 to 5.1.7, the power/knowledge relations exhibited in the discourses in section 5.2, and the subject positions in 5.3 to provide a detailed account of these elements of representation. See section 4.6 for a description of the social media posts analysed in this study. I show how these transpired on the three social media platforms. I highlight the differences and commonalities across Reddit forums, Facebook pages, and website forums. Additionally, I simultaneously discuss the representation of mental health before and during COVID-19, highlighting the differences and similarities between the two periods.

5.1 Discourses and Ideological Assumptions

In examining discoursal patterns, contradictions, differences, and commonalities, I evaluated lexical choices, genres, and metaphors using NVivo software version twelve to identify the discourses, ideological assumptions, and subject positions embedded in the social media posts. The regular use of certain words or phrases indicated preferences, biases, inclusions, and exclusions. The words in social media posts were further analysed within the context in which they were used. The posts depicted users demonstrating empathy and offering support. Texts included information about seeking help, exemplified through depictions showing individuals seeking support advice, explaining one's account, commenting on someone's story, and asking for references. The posts derived from Facebook pages, Reddit forums and website forums showed that the most recurrent and salient motifs included mental illness triggers and experiences of living with or caring for someone with mental illness.

Furthermore, the social media posts showed that healthcare professionals were portrayed as ineffective in some instances, jeopardising their claim to authority while at the same time acknowledging their role in preventing and managing mental health. Moreover, the subject positions were unstable, with passive and active positions occurring in the posts. To a great extent, people with mental illness were depicted as passive while healthcare professionals were portrayed as active. In addition, I found that although the website and Reddit forums afford multimodal information, the forums I analysed included only a handful of images on the website forums and none on the Reddit forums. Most of the images I describe in this chapter were derived from Facebook pages. To illustrate my arguments, I include only two excerpts and a few images from the dataset for each discourse that I discuss in the sections below; see appendix ten for more excerpts. Although I analysed nine thousand ninety-eight social media posts, I included only two excerpts related to each discourse because it is not possible to incorporate a representative number of excerpts to illustrate my arguments.

The posts and images that I included in the sections that follow serve to illustrate the arguments I make but are not the general representation of the dataset. Additionally, the underlined sections in the excerpts are my addition: the aim was to highlight the sections in which the word choices were used. As such, the excerpts that I included demonstrate a typical but not general portrayal of mental health communication on social media platforms. Although some of the discourses I identified on the social media platforms resonate with the findings of previous research, such as the professional care discourse, and to an extent the discourse of technology, the

other discourses do not seem to appear in the literature. Notably, the fact that these existing discourses identified by other researchers appeared on social media platforms shows how they have become taken-for-granted in society. It is also important to note that I was not simply searching for new or existing discourses, but I approached the analysis with an open mind.

Before I begin the discussion, let me review the analytic process that guided the results that I present in this chapter. I provide descriptive, interpretative, and explanatory discussions to demonstrate the mental health and illness discourses, subject positions, and broader societal ideological assumptions that each discourse implied. Descriptive discussions show the properties of social media posts. For this study, the most appropriate property that I analysed was the lexical choice because of the nature of the data. Other descriptors I could have used include verbs and use of voice (passive and active). Visual descriptive elements included image composition, the setting, and the actors. The interpretative layer shows the social identities and relationships, which aims to expose the subject positions embedded in the discourses, genres, and metaphors. The explanatory level demonstrates broader social, cultural, economic, and historical ideological assumptions that the discourses portray. I based this analysis on historical ideologies as well as ideologies that emerged from the discourses. I provided the detailed coding process in section 4.8, showing how I made decisions on what constituted a discourse, a subject position, and an ideological assumption. In the sections that follow, I explain the discourses that emerged from social media posts namely: professional care, a way of life, personal care, gender categorisation, uncertainty, social support, and technology. Table three below summarises the deconstruction of discourses by highlighting the lexical choices, the ideological assumptions and the subject positions that emerged from the social media posts.

Discourses	Lexical Choices	Ideological Assumptions	Subject Positions (Dominant/Subjugated)
Professional Care	Go to your GP, My GP, A visit to the GP; Medication helps, drugs	Medicalisation Individualisation	Expert with qualifications/training Mentally ill Expert with lived experience
Social support	Not alone, here to talk what you can do, sorry to hear	Community-centeredness	Caregiver Activist Expert with lived experience
A Way of Life	Normal, abnormal	Stigma/Anti-stigma Normalisation	Mentally ill
Gender Categorisation	Men's issue, women's issue, affects more women	Gender Stereotype	Activist
Uncertainty	Uncertain, affordable care, lockdown, quarantine, COVID-19, disruptions	Riskification	Expert with lived experience Activist
Personal Care	What I am doing, How I managed	Empowerment Responsibilisation	Activist Expert with lived experience Mentally ill
Technology	Digital Media (Social media, Television)	Socio-technologisation	Activist Mentally ill

Table 3: Summary of The Deconstruction of Mental Health and Illness Discourse

Although the discourses identified in this study contradict and constitute each other in multiple ways, I discuss the most significant aspects to illustrate the complexities within the construction of mental health on social media platforms. First, I discuss professional care.

5.1.1 Professional Care

The professional care discourse was actualised through lexical choices such as GP (general practitioner), therapist, drugs, therapy sessions, and healthcare professionals. This repertoire was noticeable because it appears as attributed mainly to people with lived experience, carers, medical professionals, mainstream media, and mental health policy guidelines. By drawing on this discourse, users constructed mental illness as a medical-therapeutic condition, with medical professionals accountable for its management, and people with mental illness as passive victims of their condition. For example, in excerpt one, the author acknowledges the support they received from their therapist and further recommends a visit to a therapist for relief from the anxiety they are experiencing, downplaying the personal care practices for relief from anxiety experiences. The way this discourse played out shows that mental illness was constructed as a natural, biological, and genetic phenomenon with minimum to no control to prevent its onset and requiring examination by a healthcare professional.

> *Excerpt 1:* I have anxiety, and it used to be so bad that I couldn't look at a busy shopping centre without breaking down and crying. I did go to a therapist, and it did help me, even after a few sessions. It is more than "just take deep breaths" and can help you access a situation and catch yourself before going into a complete panic attack. If you are sceptical and don't want to waste any money on a therapist, you can go to your GP and get assessed to see if you are eligible for ten free therapy sessions. *(Excerpt from Reddit Forums before COVID-19).*

> *Excerpt 2*: I know that many people are experiencing heightened anxiety now, and I'm sorry that you are having a rough time with panic attacks. I would encourage you to chat with a healthcare professional about the type of chest pain you're experiencing when you have a panic attack, as it's always a good idea to have this stuff checked; Health Direct is available 24/7 on 1800 022 222. They also have a symptom checker tool which is a great way to get advice. A lot of GPs are now making phone appointments too. (*Excerpt from website forums during COVID-19*).

In other instances, individuals shared experiences with the healthcare system, including their experiences with general practitioners and psychologists. While the healthcare system is the ideal first point of contact for a person with a mental illness, some individuals did not have good experiences with their general practitioners. Sharing negative experiences within the healthcare system shows a taken-for-granted acceptance of the professional care discourse by demonstrating a desire to improve the system. On the other hand, sharing negative experiences about the

healthcare system could portray resistance to this discourse. As seen in excerpt two, the encouragement to access professional help was supplemented by advice to engage in therapeutic practices such as taking deep breaths. In other instances, users shared how the healthcare system could be improved to increase access to professional medical and therapeutic support. For example, individuals noted that they wanted to make more choices about their treatment, care, and management.

Additionally, the professional care discourse was positioned as obfuscating the social and political causes of ill health, including socioeconomic disadvantage, by focusing on patients' lifestyle choices. The professional care discourse demonstrated the dominance of expert knowledge through lexical choices such as 'Go to your GP', 'most GPs', 'See your GP', and 'You need to see a GP first'. These discursive features show that the professional care discourse was characterised as biological or pathological, thus the need to be examined by a medical professional. This discourse achieved dominance through participants drawing on their experiential knowledge and experiences with general practitioners. For example, in excerpt one, the author shares their personal experience with managing anxiety following help from a therapist.

This discourse entailed diagnosing, treating, and curing the individual in its broadest sense. Ultimately, from a professional care perspective, what is treated is the chemical/biological manifestation of the illness. The professional care discourse portrays two ideological assumptions, namely medicalisation and individualisation. Medicalisation involves "defining mental illness in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using medical intervention to treat it" (Conrad 1992, p. 210). The discourse of medicalisation examined how medicine and the technologies of medicine develop and categorise the population. The medicalisation ideological assumption showed how society has accepted and internalised these practices as taken-for-granted. The medicalisation ideological assumption provides "norms of deviance and behaviour through examination, questioning, diagnosis, and prescription practices" (Foucault 1977, p. 211). The professional care discourse demonstrated that health professionals drew on technologies of power by framing mental illness as a public health challenge and educating people about how to take care of themselves and how individuals exercise technologies of the self by sharing their experiences of pain, struggle, and recovery.

Additionally, the professional care discourse mirrors and sustains an individualising ideological assumption. Individualising focuses on emphasising healthy practices evidenced by research and science, such as yoga, exercise, and meditation. Notably, some authors of the social media posts who drew on the professional care discourse demanded a better mental healthcare system. This indicates the empowerment ideological assumption that positions people with mental illness as contributors to improving mental healthcare systems. The dominant discourses of mental illness serve to sustain the power of the establishments legitimised to manage it by supporting the medical categories used to understand mental illness, legitimise health professionals as experts, shape health professional roles and identities, and justify the use of health professional diagnoses and treatment protocols.

These representations of mental illness permeate and perpetuate attitudes, actions, and perceptions in society which shape the way individuals make sense of their mental illness and the actions they take to prevent or manage it. The salience and prevalence of the professional care discourse show how these ideas are imbued in power/knowledge relations primarily fuelled by the authority derived from expert knowledge. The professional care discourse needs to be challenged due to its potential to restrict meaning-making and the likelihood of disempowering people with mental illness, resulting in individuals limiting preventive actions due to a limited sense of agency/power to initiate action (Bandura 2001). This discourse could be challenged by encouraging alternative discourses to emerge. The manifestation of the professional care discourse and the medicalisation ideological assumption identified in this study echo previous research. For example, Schreiber and Hartrick (2002) found that women living with depression drew upon a medicalisation assumption to manage stigma related to depression. The women indicated that they experienced a significant sense of relief after discovering that their depression was not their own making but instead had a biological explanation.

On the other hand, other researchers have found that situating mental illness within a biological discourse could make individuals feel responsible for the onset of mental illness (Young 2009). Bilić and Georgaca (2007), in their study on the representation of mental illness in Serbian newspapers, found three broad discourses, including the discourse of bio-medicalisation, which constructed mental illness as a medical condition, medical professionals as accountable for its management, and people with mental illness as passive victims of their condition. Being passive could reduce the initiative to prevent or manage mental illness. The professional care discourse foregrounded ideas about healthcare support to prevent and manage mental illness. However, other

discourses, especially personal care, appeared to challenge it directly. However, the personal care discourse seemed to reflect and echo the professional care discourse. For example, it could be that the personal care discourse resulted from individuals heeding advice from healthcare professionals to manage and prevent mental illness because the advice given to individuals was both medical and therapeutic.

5.1.2 Personal Care

The discourse of personal care was exemplified through lexical choices such as 'self-help', 'self-care', 'control what we can try', 'take care of', 'empowering ourselves', and 'making a change'. Users oriented to the personal care discourse by associating mental health with expertise and knowledge about preventing mental illness and managing mental health. This involved linguistic devices such as, 'I know that I have, and 'I had'. Additionally, the discourse of personal care indicates that individuals have more control and choice over their treatment and recovery, which plays a crucial role in preventing and managing illness through lifestyle practices. For instance, in excerpt three, the author discussed some of the steps they were taking to maintain mental wellbeing, such as spending time in nature and extending support to others who might be experiencing mental illness. The author shared strategies that others could implement to maintain a healthy mental state. In excerpt four the authors shared steps for managing and preventing mental illness, highlighting that some activities such as cooking, and exercise are beneficial in helping one to maintain mental wellbeing. This echoes an empowerment assumption by positioning the authors as taking the initiative in maintaining their mental wellbeing.

> *Excerpt 3:* To take care of myself, I am trying to eat well but still enjoying some treats now and then and making sure I spend some time outside, whether in the garden or on a walk. I am also checking in on my friends and family to see if they need anything or someone to talk to. (*Excerpt from website forums during COVID-19*).

> *Excerpt 4:* I Love this! The Covid-19 pandemic has brought a lot of uncertainties and related stress. Instead of focusing on many factors beyond our control, we should try to follow an expert guide to control what we can—practice self-care for coping with stress. Besides following best hygiene practices, here are some helpful tips: Cook healthy & nutritious meals; get restorative sleep; stay physically active; call or chat online with good friends; unwind & meditate & more importantly, enhance your cognitive health. Take this opportunity to empower yourself & take charge to boost your brain health. Please take care of yourselves and stay safe. (*Excerpt from website forums during COVID-19*).

In addition to the textual representations, a personal care discourse was expressed visually. Individuals were discursively positioned as needing guidance, care, and support but at the same time capable of choosing options and making the decisions they wanted. Individuals in these images were depicted as taking part in mental health self-care practices with their peers rather than healthcare professionals due to the absence of healthcare setting characteristics. Other actions individuals performed in the images were sitting, standing, and offering their bodies for intervention from their peers and self-care practices (see images one and two). For instance, in image one, an influential person is depicted as talking openly about mental health. Dale Thomas, an Australian Football League player, shows empowerment in the sense that individuals in the public realm talk about mental health, encouraging others to talk about it. In terms of the text-image relations, both the image and the accompanying text relay the same message. Image two shows young people sharing a light moment.

Accompanying text: "Keeping a close support network of family and friends, makes dealing with tough times feel a little easier." - Dale Thomas

(Excerpt and image from a Professionally Managed Facebook Page before the COVID-19 pandemic)

Image 1: Example of Empowerment Ideological Assumption

(Retrieved from a Facebook page on 21 August 2019)

Accompanying text: Sometimes when we face challenges we can withdraw from other people. But building our connections with people, instead of withdrawing can help clear your head and boost your mood. Find out how to strengthen and nurture your relationships >

(Excerpt and image from a Professionally Managed Facebook Page before the COVID-19 pandemic)

Image 2: Example of Empowerment Ideological Assumption

(Retrieved from a Facebook page on 21 August 2019)

Similarly, this discourse portrays an empowerment ideology because the young people are depicted in what appears to be practices of preventing mental illness or sharing a light moment, perhaps to manage mental distress. Indeed, the accompanying text illustrates the image's meaning by highlighting the benefit of building and maintaining healthy relationships and connections. These images portray empowerment from two perspectives. Firstly, individuals with mental illness depicted an empowerment assumption when seeking help and support from their peers by taking initiative. Secondly, individuals who were portrayed as providing support depicted an empowerment ideological assumption by possibly drawing on their lived experiences, knowledge, and positions of influence in society because these individuals did not necessarily appear to be medical professionals. I did not find any image that depicted a healthcare professional providing help to a possibly mentally ill person based on the characteristics of the images and the captions.

This is a stark contrast to the high representation of the professional care discourse in the textual elements of the social media posts. Empowerment results when individuals have a sense of meaning and the conviction to envision the future. Empowerment is the practice of "enabling people to gain some measure of power in their own lives, whether as community citizens, healthcare consumers, or self-care agents" (Falk-Rafael 2001, p. 2). On the other hand, disempowerment is characterised by personal and external harmful purposes towards outcomes. This is problematic because disempowered individuals seek short-term solutions at best and avoidance or self-destruction at worst because of this restriction of meaning. However, the empowerment assumption suggests repositioning power from medical professionals to laypeople; nonetheless, the professional care discourse was still dominant despite the emergence of alternative discourses.

The personal care discourse showed that individuals took initiative in preventing and managing mental illness mainly through self-help practices. This was exemplified through lexical choices such as 'self-help', 'self-care', 'control what we can try', 'take care of', 'empowering ourselves', and 'making a change'. However, since we do not live in vacuums but within society, individuals do not make personal care initiatives related to health in isolation but within social networks (Heaney & Israel 2008). It is through these networks that individuals initiate and maintain social relations, seek, and provide support.

The manifestation of the professional care discourse does not imply subordination to expertise, rather it shows the dominance of medical power in terms of defining what mental health is and the ways of maintaining it. Likewise, the manifestation of the discourse of self-care does not serve to reinforce the idea that emancipation/empowerment related to mental health involves taking care of oneself, rather, it shows that dominant discourses are constantly being challenged. Additionally, although the aim of this study was not to analyse the quality of content shared on social media platforms, it is important to note that relying on non-experts can lead to low quality advice at times just as it can helpfully challenge professional orthodoxies that might be problematic. I illustrate the social support discourse in the section that follows.

5.1.3 Social support

The discourse of social support was characterised by lexical choices such as, 'not alone', 'here to talk', 'what you can do', 'sorry to hear'. The lexical choices show that people shared ideas that could benefit others. Individuals drew on this discourse to show support and solidarity for each other. For instance, in excerpt six, the author exemplifies this discourse by offering support through lived experience and additional information available to users and moderators. In excerpt five, the author rallied other users to support one another while acknowledging support from strangers during the COVID-19 pandemic.

> Excerpt 5: I don't know how to handle the panicked thoughts, but sending you compassion and companionship in this, as we are all going through it together. I hope it helped you to vent and you have a calm day. (Extract from website forum during COVID-19).

> Excerpt 6: What everyone has gone through now has taught me who my real friends are, and I'm so grateful that even though I've never met anyone on here, I still know people will be there for each other here too! (Extract from website forum during COVID-19).

The discourse of social support portrays the assumptions of a sense of community and empowerment. It shows that people use mental health-related social media platforms to support others and as a space in which individuals can seek support. This facilitates a peer-to-peer support community. Support was mainly tailored towards sharing coping strategies, which were shared through comments and experiences. Most of these strategies were shared by lay individuals, such as patients and family members, due to lexical choices such as 'my wife,' 'when I cared for my

mother and my experience'. Testimonies were about individuals sharing experiences such as diagnosis, treatment, and management and sharing personal experiences with people with mental illness. Additionally, the discourse of social support portrayed an assumption of activism. This assumption was mainly oriented towards calls to change policies and the healthcare system, availability of treatment options, and user involvement in making decisions that affected them. The impact of social relationships on health status, behaviour and decision making has been well studied broadly and within mental health. The discourse of social support shows that social networks forged and maintained on these platforms facilitate reciprocity (giving and receiving) of support. The types of support included emotion (empathy), informational (suggestions, advice, and information to aid help-seeking elsewhere), and appraisal (affirmations). These types of support were embedded in each other and did not appear as separate constructs.

The discourse of social support showed how individuals oriented themselves towards seeking and providing help to manage or prevent mental illness. Everyday experiences including uncertainty pose challenges to mental wellbeing. In one way, experiences of uncertainty amplify the discourse of social support because such feelings tend to position individuals as vulnerable. On the other hand, vulnerability could lead to a taken-for-granted acceptance of the causes and effects of mental wellbeing, thereby amplifying the construction of mental illness as a way of life. Before I discuss the discourse of a way of life, I highlight the discourse of uncertainty.

5.1.4 Uncertainty

Individuals drew on the discourse of uncertainty through lexical choices such as 'might not know,' 'many reasons,' and 'financial instability'. This discourse included statements about fear of the unknown in terms of the outcome of acquiring the coronavirus disease, disrupted plans (including plans to access healthcare), insecurity, doubt, and general vagueness about life. For example, in excerpt seven, the author expressed concern about the risk of losing work or shelter, further mentioning the impact of economic instability on mental wellbeing. In excerpt eight, the author described the dangers posed by lockdowns, such as disrupting everyday activities and the effects on mental wellbeing.

> *Excerpt 7:* I often say to myself that we might not know where we'll be renting or working (if at all) in 6 months, but the crippling anxiety of it all is one certainty we all have (*Excerpt from Reddit during COVID-19).*

> Excerpt 8: I'm getting anxious about going into lockdown/quarantine. My taekwondo and poker games help keep me grounded. I don't really know what to do if I'm unable to do them. I need to get out and about as being couped up really affects my mental state. I totally understand why things like travel restrictions and lockdown/quarantine are needed and totally support it to keep the spread of coronavirus to a minimum. (*Excerpt from website forum during COVID-19*).

In the excerpts above, users made sense of social and economic risks as triggers or causes of mental illness. When drawing on the uncertainty discourse, individuals were concerned about their financial struggles contributing to mental illness. Individuals also mentioned other aspects of their social-economic status, which could exacerbate mental illness. Individuals discussed elements of the cost of healthcare which limited many people who experienced mental illness in accessing healthcare. Additionally, individuals noted that experiencing mental illness can put an economic strain on families as Medicare caters for only ten sessions with a psychologist. Users also noted a reduction in economic productivity resulting from a reduced income due to stay-at-home orders and days spent looking after a person with COVID-19. Although there were traces of uncertainty before the pandemic, this discourse was prominent during COVID-19. The discourse of uncertainty resonates with other research outcomes. For instance, Rossell et al. (2021) analysed mental health among Australians during the COVID-19 pandemic and found that the risks and uncertainties that individuals were concerned about included personal vulnerabilities, financial stresses, and the impacts of social distancing such as the duration, home-schooling and working from home. These findings relate to the way individuals represented mental health on the social media platforms analysed in this study.

The discourse of uncertainty was constituted by texts and practices that systematically brought fear into prominence. This discourse showed self-government techniques and the government of others, creating, and assigning responsibilities to manage these risks and uncertainties. Notably, throughout the period before and during the COVID-19 pandemic, this discourse was characterised by concerns about other crises and how these exacerbate mental illness. For example, the catastrophic bush fires from late 2019 to early 2020 were followed by floods. One discursive effect of situating mental health within a perspective of uncertainty means that mental health is governed in ways other than others, placing responsibility on some individuals to mitigate these risks or fear. This discourse portrayed a riskification ideological assumption. A riskification assumption shapes the work of governments and mental health practitioners, those with whom they

work, and the work settings to minimise risks and uncertainty. This section showed that individuals drew on the discourse of uncertainty through lexical choices such as 'might not know,' 'many reasons,' and 'financial instability' which exhibited a riskification ideological assumption. The discourse of uncertainty showed how day-to-day experiences are characterised by social, cultural, economic, and political influences that affect mental wellbeing. When drawing on this discourse, individuals portrayed the discourse of uncertainty as relating to things beyond their control. This could lead to a taken-for-granted acceptance of the effects of this discourse which could contribute to discourses that undermine the seriousness of mental illness while at the same time normalising mental illness to reduce stigma, for example as shown by the discourse of a way of life, which I explain in the next section.

5.1.5 A Way of Life

The discourse of mental illness as a way of life was evidenced through the dual existence of the normal/abnormal themes. Users drew on lexicons such as 'being human', 'typical', 'normal', and 'not having a disorder'. By drawing on this discourse, the authors of these texts implied that mental illness is abnormal. Users claimed that mental illness is typical and should not be taken as something that warrants attention by comparing mental illness with other illnesses. For instance, in excerpts nine and ten, the authors suggested that since many people were experiencing mental illness, it had become a common and everyday occurrence that people live with. This shifts away from categorising it as an illness. A discourse of a way of life works at two levels. On the one hand, such a discourse legitimises stigma by undermining the prevalence and severity of mental illness. On the other hand, such a discourse could destigmatise mental illness by opening the space for people to talk about mental illness.

> *Excerpt 9:* If every second person in their twenties claims to have anxiety, it's not a disorder anymore. It's just the way people are. *(Excerpt from Reddit Forums before COVID-19).*

> *Excerpt 10*: Try to see what usual things are still happening. The postie still delivers, the garbo empties the bins, and even Centrelink is still happening (just). Everyone is stressed. Today, I talked to my doctor and said I was still a bit paranoid, but everyone is, too, so that is normal now! *(Excerpt from Reddit Forums during COVID-19).*

This indicates a taken-for-granted normalisation ideological assumption. According to Foucault (1977), normalisation entails subjecting individuals to shame if they do not comply with socially acceptable norms. I use the term normalisation to refer to legitimacy or acceptance of norms or practices taken as part and parcel of the broader conduct in society. Notably, normalisation is achieved when individuals work on themselves (exhibiting technologies of the self) through controlling their desires, examining their habits and conduct, teaching each other to be normal, and taking the advice of professionals. Additionally, excerpts nine and ten show stigma and anti-stigma sentiments among social media users. For instance, in both excerpts, the authors portrayed mental illness as a normal experience, implying that those who associate with a mental illness position could be classified as abnormal and could be subjected to stigma. Cruwys and Gunaseelan (2016) found that mental illness stigma is a double-edged sword.

On the one hand, it enables people with mental illness to increase identification with others like them, on the other hand, stigma exposes people with mental illness to harmful pressure and social influences. Goffman (1963) notes that stigma is a personal attribute that severely discredits someone in their social context, resulting in them being rejected and losing connection with their society. The theorist further states that stigma is not a social identity but a feature that permeates society, resulting in individuals being rejected by others and banished from society. Relatedly, mental health stigma is reinforced through hierarchies and social structures that guide all social life from which differences in power originate. People who are stigmatised are undermined within social hierarchies, increasing the forms of discrimination. Additionally, mental illness stigma provokes undesirable emotional responses (such as blaming patients for the illness they experience, shock, and being judgemental) from those who do not have mental illnesses, leading to further social distancing and devaluing. The perpetuation and acceptance of the dichotomy of abnormality and normality give rise to a disempowering perspective. This is because abnormality accounts could describe one's behaviour as consistent or deviating from the norms. Foucault (1977) noted that the world order of the institutionalised practice of pathologizing unwanted or unproductive people created opportunities for individuals to police norms and discipline society members.

Negotiation of the discourse of mental illness as a way of life serves as a counter-discourse to the professional care discourse by illuminating a potential move to a society that views mental illness from a neurodiverse perspective. Neurodiversity implies that "neurological difference is best understood as an inherent and valuable part of the range of human variation, rather than a pathological form of difference" (Dyck & Russell 2020, p. 170). The authors further argue that the

neurodiversity perspective is closely related to the foundations of the mad pride movement that seeks to challenge categorising mental health into a system of shortfalls and illnesses that require medical interventions to fix, rather than looking to political action as a mechanism for creating a culture of acceptance. Neurodiversity awareness avoids diagnostic language's trappings that differentiate between unhealthy and healthy—relying on the language of neurodivergent and neurotypical supports an inclusive understanding of people's mental health states, consciousness, and, fundamentally, way of being. What is significant about the discourse of way of life is that it shows the dangers of not challenging discourses that circulate harmful ideological assumptions. A failure to challenge harmful information could set a precedence for other similar ideologies to emerge or to be sustained. In what follows I discuss the discourse of gender categorisations which also exhibited a harmful ideological assumption.

5.1.6 Gender Categorisation

The gender categorisation discourse was evidenced through lexicons such as women's issues and stigma. A gender categorisation discourse emerged from interactions on how perspectives on masculinity and femininity influence the way individuals deal with mental illness or the consequences of mental illness. By drawing on the gender discourse, users discussed how orienting themselves to a gender category increased their likelihood of experiencing mental illness, pointing out that women were more likely to experience mental illness. Individuals indicated that men were less likely to discuss their wellbeing challenges. Such is the case in excerpt eleven. The author indicated that mental illness is a women's issue because more women are experiencing mental illness. Excerpt twelve exemplifies the gender discourse from another perspective. The author stated that the stigma surrounding men's mental illness discourages men from seeking help. Several researchers (Courtenay 2000; Emslie et al. 2006; Lee & Owens 2002; Robertson et al. 2018; WHO 2011) argue that men tend to not talk about mental health or seek support because of ideological assumptions which suggest that men should display toughness and strength, avoiding emotional displays that could be deemed weak. Such assumptions contribute to reducing help-seeking by increasing denial and stigma.

> *Excerpt 11:* …a segment of the female population has become more anxious & paranoid than ever before; it seems that we really have an epidemic of female mental health problems. So, it is a women's issue after all. (Excerpt from Reddit Forums before COVID-19).

> *Excerpt 12:* More men would seek help if we weren't punished for seeking help. The stigma and consequences of being labelled with mental health problems and implications on your life, like being locked up against your will, discourage men from seeking help. (Excerpt from Reddit Forums before COVID-19).

The gender discourse did not emerge during the COVID-19 pandemic. This could be due to reports (Fisher et al. 2020; Newby et al. 2020; Rossell et al. 2021) suggesting a widespread increase in mental distress due to COVID-19 and the measures to manage it; thereby, individuals increasing a preference to talk about mental illness more generally. Pre-COVID, the gender discourse portrays a gender stereotype ideological assumption. Gender stereotypes impact assumptions about the differences between men and women (Boysen 2017). When people draw on gender stereotypes, they tend to view men as hostile, dispassionate, and independent; and view women as vulnerable, passionate, emotional, and social (Broverman et al. 1972; Prentice & Carranza 2002). Gendered beliefs about mental illness are worth discussing because of their impact on stigma. For example, in a study by Boysen (2014), the researchers found that when individuals evaluated their perceptions of disorders previously identified as masculine and feminine, the male-categorised disorders elicited significantly more blame, fear rage, and the desire to be alone. These categories also produced substantially less empathy and help. In relation to this study, it shows how gender stereotypes not only have the potential to exacerbate mental illness by driving individuals into isolation, but also have the potential to reduce help-seeking behaviour because of the stigma associated with males who speak openly about being mentally unwell and seeking mental health help. This can be seen particularly in the context of anorexia nervosa. Roberts, Ciao and Czopp (2018) found that anorexia nervosa was framed as a feminine disorder. Consequently, men with anorexia nervosa may face stigmatisation and go undiagnosed.

The gender stereotype identified in the social media posts increases stigma towards women and men alike with repercussions for overall wellbeing, help-seeking and mental illness prevention, and care practices. The discussion in this section illustrated the discourse of gender categorisation. The gender categorisation discourse was evidenced through lexicons such as ‘women’s issues’, showing how perspectives on masculinity and femininity shaped the mental health meaning-making processes. The discourses I have discussed so far show that individuals constructed mental health in terms of social, cultural economic, political, medical-therapeutic prevention and treatment practices and social support aspects. Technology is also an important theme in this study as the aim

was to gain a better understanding of mental health representation on social media platforms. Technology, and in this study social media platforms, are a point of convergence and divergence for the discourses I have discussed so far to emerge, circulate, and disappear through negotiating social media norms, rules, and affordances. I provide an exposition of discourse technology discourse next.

5.1.7 Technology

A discourse of technology was realised through individuals suggesting increasing reliance on technology while reducing other interactions. Some individuals indicated that technology and social media specifically could enhance mental wellbeing if utilised to their full potential. For instance, in extract thirteen, the author noted that social media provided an avenue to connect with others. Of note, individuals further foregrounded the observation that while social media could contribute to mental wellbeing, social media use could also jeopardise mental wellbeing, for example, through trolling. Individuals further shared practices to reduce the adverse effects of using social media on their mental wellbeing. For instance, in extract fourteen, the author shared how they managed settings within Facebook to limit their interactions.

> Excerpt 13: I'm trying to stay connected with some of them (friends and family) through social media and phone calls but finding it difficult. (*Excerpt from website forums during COVID-19*).

> Excerpt 14: Need to add don't reply on the media or Facebook for information as it's all just hype and there to sell advertising. (*Excerpt from website forums during COVID-19*).

During the COVID-19 pandemic, posts showed that some users noted that using technology for mental wellbeing gave them some sense of living a normal life because they continued to carry out some of the activities they were carrying out before COVID-19 restrictions. These activities included exercise and access to medical care. Other individuals noted that social media and television information exacerbated their mental illness because it made them feel more anxious. Some individuals noted that some of the information that circulated on these platforms was not truthful and simply contributed to fear-mongering, especially during COVID-19. However, I did not find any individuals suggesting directly or indirectly that the mental health information shared on these platforms was false. Studies show that social media contributes to mental wellbeing and

mental ill-health (Bashir & Bhat 2017; Berryman, Ferguson & Negy 2018; Coyne et al. 2020; De Choudhury 2013; De Choudhury et al. 2016; Naslund et al. 2020; O'Reilly et al. 2020; Schoultz et al. 2021). For instance, Schoultz et al. (2021) found that using social media during lockdown could negatively impact some individuals. The study that focused on documenting the challenges of using social media during the COVID-19 pandemic showed that the participants cited challenges such as information overload, misinformation, and difficulty in switching off.

On the other hand, the participants noted that they remained connected to friends and family by using social media. The discourse of technology portrays an ideological assumption I term socio-technologisation. I define this ideological assumption as the taken-for-granted acceptance of the benefits of using social media platforms, for instance, in shaping interaction and social relations, while ignoring deliberate actions towards addressing or minimising adverse effects of using these platforms. This ideological assumption is based on the way most individuals who drew upon this discourse acknowledged the benefits of using social media and the adverse effects but did not demonstrate steps taken to reduce or avoid these effects except in a few instances such as extract fourteen above, which calls for alternatives to social media platforms such as Facebook.

The discourses discussed in sections 5.1.1. to 5.1.7 represent different ways of talking about mental health on social media platforms, portraying a degree of contradiction, difference, commonality, and embeddedness. These discourses emerged through lexical choices and exhibited ideological assumptions that link the discussions on these platforms to broader societal matters. However, owing to Foucault's notion of a truth regime, not all discourses gain the same attention. As such, the discourses identified in this study can be categorised as dominant and alternative. I provide an account of the dominant and alternative discourses embedded within relations of power in the section that follows.

5.2 Power Relations, Dominant and Alternative Discourses

The discourses discussed above can be categorised broadly as dominant and alternative. I define dominant discourses as those that frequently appeared within the social media posts, as well as those that echo existing discourses. Alternative discourses occurred less often due to fewer occurrences of the words that characterised them. A discourse is dominant when the practices and texts draw on one another in well-grounded ways to construct broadly shared depictions and

explanations. The dominant discourse in this study was the professional care discourse, followed by the discourse of personal care. This was the same before and during the COVID-19 pandemic.

Nonetheless, the dominance of the professional care discourse was resisted by other discourses, as highlighted above. The professional care discourse emerged as dominant because users drew on well-grounded ways to construct broadly shared depictions and explanations about what being mentally ill looked like and who was designated to treat and manage it. Additionally, the lexicons used to describe this discourse appeared more frequently compared to other lexicons that depicted other discourses. As highlighted in section 5.1.1, this discourse produced specific assumptions but also depicted the various institutional apparatuses that determine the statements taken as true or false, such as government, general practitioners, and therapists.

Although the dominant discourse remained stable during and before the COVID-19 pandemic, there are some notable differences between these periods and how discourses emerged. Firstly, the analysis showed more posts on social media during the COVID-19 pandemic than before. This could be due to the high number of people who used these platforms (Bailey et al. 2022). Secondly, the individualising assumption was prominent during the COVID-19 pandemic, with views that mental illness is a self-management challenge, emphasising individual responsibility for mental wellbeing. Thirdly the personal care discourse was exceptionally salient during the COVID-19 pandemic although it did not surpass the professional care discourse. This could be due to the extensive calls for people to take care of their mental wellbeing through social media messages and other multimedia platforms by officials from the department of health and mental health organisations. As I have indicated earlier, such an approach that calls people to take care of themselves could also be viewed as empowerment of the population.

However, a Foucauldian reading could indicate the responsibilisation ideological assumption. The Government of Australia extended the burden of preventing and managing mental illness to the population to prepare for the COVID-19 pandemic by initiating a self-help website for people to access information about preventing and managing mental illness (Australian Government 2020). Furthermore, the discourses I have discussed do not present the only way mental health meanings can be produced and identified on social media; undoubtedly, other discourses may be identified by different research based on chosen frame of reference or guidance from other theoretical perspectives. Likewise, examining these discourses in this way is one of many analytical dimensions. As I discuss in the next chapter, I observed that it was difficult for

alternative meanings to emerge because of the various subject positions from which the rights to speak may be revoked, constraining knowledge production, circulation, consumption, and reproduction. The observed constructions may be specific to the social media platforms under investigation in this study and, therefore, cannot be generalised. The professional care discourse, which was dominant before and during the COVID-19 pandemic, was authorised to emerge and dominate through constant repetition by most people through the frequent occurrence of the lexicons that described it and the manifestation of digital and textual intertextuality (I discuss intertextuality in section 6.1.2). As highlighted in the sections above, mental health discourses mediate and reproduce ideological assumptions that legitimise existing relations of power. Van Dijk (1989) emphasises the significance of social interaction in power manifestations which occur in hierarchical dimensions of covert ways such as coercion and overt ways through consent (Fairclough 2013).

Power and knowledge relations were in constant tension and worked in various ways. For example, the discourses, ideological assumptions, and subject positions (which I discuss in the next section) show that power/knowledge allowed or restricted what was communicated and how it was communicated. For instance, allowing and limiting discourses was deployed by drawing on natural science and insistence on expertise. Individuals described sharing medical practices and guidelines, comparing medical care and self-management strategies and therapies. In addition, the ideological assumptions embedded in the discourses discussed above mutually constituted each other through remediation, referentiality and newness, thus contributing to some discourses emerging, disappearing, and being excluded or included. The prevailing mental health discourses were imbued by power relations and had substantial consequences because they privileged certain knowledge and positions over others, thereby providing specific ways of governing and making sense of mental health. The discourses made available certain subject positions that provided rights and responsibilities and shaped what could be said and done within a particular position. It can be argued that although these positions were renegotiated and contested, they gained stability due to the occurrence of truth regimes of needing medical professional support to manage mental health, for instance, through the medicalisation ideological assumption. Indeed, in the contests over mental health meaning-making on social media platforms, some meanings become dominant because they resonated more strongly with socio-cultural practices and existing dominant discourses, as I have demonstrated in the previous sections. In what follows, I discuss the subject positions that emerged from the social media posts.

5.3 Subject Positions

This study aimed to identify the subject positions portrayed in the discourses, genres, and metaphors. Examining subject positions focuses on how discourses are implicated in the exercise of social and power relations. The social media posts showed two broad subject positions: dominant and subjugated. I present the subject positions embedded in the discourses, metaphors, and genres. Individuals took up multilayered subject positions. These subject positions were offered, negotiated, accepted, and in some instances rejected using various discursive strategies like hedging, indirectness, and reframing. This highlights the tensions between structure and agency, between individuals and institutions, that underlie any discussion of subject formation imbued in power relations. By dominant subject positions, I mean positioning individuals with authority or power to make decisions and to exercise power over others. A reading of dominant subject positions shows that users took up various positions such as expert with lived experience (a person who is managing their mental illness experience or a person who is cured), experts, experts with training (counsellor, expert with training experience, nurse, psychologist), activists (who advocated for better mental healthcare) and allies (people who provided support and empathy).

Drawing on visual representation, dominant subject positions were realised through the inclusion and exclusion of visual elements. For instance, the images depicting people were mainly taken in the actual settings where activities occur, presumably involving people living with mental illness, carers, or supporters. The images were sharp, high-quality, and presented in bright, even lighting and are contextualised and decontextualised, with participants shot against a coloured, white or neutral background. However, some images indicated low modality because the people depicted appear to be models instead of actual people in a natural environment who audiences can relate to, for instance, in images three and four. Overall, framing suggested a connection to the broader community by including other people in the background and everyday scenes and nature.

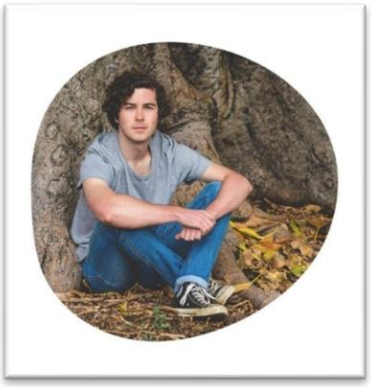
Accompanying text:

From scrolling the feed to finishing essays, your worries can sometimes make you restless and distracted. When we practice mindfulness, we become more aware of things happening around us. It can help us become more productive, calmer, and healthier. Check out our tips to help you become a master of mindfulness: bit.ly/2XLyVaA

(Excerpt and image from a Professionally Managed Facebook Page before the COVID-19 pandemic)

Image 3: Example of a Dominant Subject Position

(Retrieved on 21 August 2019)



Accompanying text:

It's normal to feel angry or frustrated in stressful situations. Although anger is built into our DNA, it's important to learn how to keep your cool, read our advice here: http://bit.ly/headspace_anger

(Excerpt and image from a Professionally Managed Facebook Page before the COVID-19 pandemic)

Image 4: Example of a Dominant Subject Position

(Retrieved on 21 August 2019)

Dominant and subjugated subject positions were further portrayed through textual representation. For instance, individuals accepted a patient subject position by drawing on the biomedical discourse. By taking up a patient subject position, people with mental illness could passively accept the medical diagnosis. Moreover, the healthcare professional-patient relationship is usually characterised by few decision-making opportunities by the patient, positioning them as subjugated. On the other hand, medical practitioners were constructed in power. Therefore, a power hierarchy and imbalance is evident where people living with mental illness occupy a disempowered position in relation to the empowered medical practitioners. Indeed, according to Potter, it is through the "medical discourse of examination, questioning, diagnosis, prescription ... [that the] doctor is produced as a subject with particular authority, knowledge, skills and so on" (1996, p. 86). At the

same time, by taking up discourses such as self-care, people with mental illness took up superior subject positions.

Furthermore, a lexical analysis indicates that individuals employed high modality, and in doing so, users appeared to show authority explicitly. Individuals identified with an expert subject position by claiming expertise in mental health through texts related to medical facts, their experiences, or experiences of people in their care or people they connect with. The expert position was enacted through healthcare professionals, people with lived experience, and carers of people with a mental illness. For instance, a carer/supporter subject position was claimed through discourses about caring for or supporting a person with a mental illness. Individuals resisted the passive patient role and instead portrayed themselves as active agents. Individuals drew on different modalities to enact or evade obscure authority, including hedging, modal verbs, and modal adjectives. Individuals presented information as factual by using modal verbs, demonstrating knowledge and authority. For example, in excerpts fifteen and sixteen, the authors conceal direct authority while at the same time strengthening their authority by using words such as 'I work at,' 'suggest,'. Indeed Fairclough (1995) notes that certain verbs, adverbs, and adjectives demonstrate subject positions, meaning that these acts of speech are not merely descriptive but also normative because they suggest actions that can be taken.

> *Excerpt 15:* Plenty have suggested GP, just adding your GP can give you an 'extended care plan' (EPC) referral which lets you see a psychologist or similar for free for a time. *(Excerpt from Reddit before COVID-19).*

> *Excerpt 16:* Greetings. I work at headspace, servicing young people with mental health issues. I suggest you see your GP get a 'mental healthcare plan', which entitles you to 10 bulk billed (sometimes you pay a gap) sessions with a psychologist or mental health OT/Nurse/Social Worker. Your GP will be able to direct you towards services in your area which accept these plans…I would also suggest finding a self-soothing strategy that works for you, e.g., yoga, meditation, and mindfulness (it can help dampen the nervous system's over-arousal, hence reducing anxiety/panic response). *(Excerpt from Reddit before COVID-19).*

Dominant subject positions were further actualised through turn-taking roles (the way users shared experiences and information one after another and in some instances simultaneously), which were distributed equally where users elected themselves as the subsequent contributors, but further exploration of the rules and norms on these platforms shows that on an ideological level, turn-

taking is not built on equal rights and obligations, but constant negotiation of social media affordances and norms as I show in chapter six. Additionally, individuals drew on the education genre to depict a dominant subject position. The education genre was characterised by commands and instructions typically expressed using the imperative mood, technical words, and varying degrees of technicality. The act of educating is to impart something in a learnable way. Education was directed at transferring and inculcating ideal and publicly accepted values. The education genre privileged expert knowledge. This shows technologies of power or domination at play. Indeed, the education and counselling genres suggest a normalisation discourse. This is because both genres highlight a form of social engineering that encourages conformity to expectations and values by showing, telling, or persuading people towards the ideal and acceptable way of behaving and consequences for those who defy the norms. By drawing on the education genre, individuals drew on their own experiences or experiences of other people in their care to foreground some information over other. Additionally, individuals informed and educated users on different mental illnesses, causes, effects, and consequences of mental illness as well as prevention, management, and treatment. For example, in excerpt seventeen, the author drew on the education genre and the dominant or expert subject position using the 'research shows' lexicon, highlighting their knowledge of the latest research trends. In excerpt eighteen, the author drew on expert knowledge by giving a detailed account of the various strategies for managing a mental illness.

> *Excerpt 17*: Research shows it can help, but 'true' on-demand relaxation takes practice, just like any other physiological skill or response (think musical instruments or public speaking skills). Think of it less as a wishy-washy tip and more of a skill you want to develop and can get good at. *(Excerpt from Reddit before COVID-19).*

> *Excerpt 18:* Medication should not be your first response. Suggestions to see GP (to get mental health plan) and Psychologists are great advice. I would caveat it all by saying managing anxiety (and depression) will also require you to help yourself external to those supports. Reading books on CBT and ACT (mindfulness) is vitally helpful...And I know things like "take deep breaths" seem like unhelpful advice at first, but if you commit yourself to focus only on your breathing and only on your breathing, you might find it pulls you away from the disturbing thoughts and moments you. You're obviously not there yet (which is fine), but I believe learning more is your way out. All the above is very scientifically sound, and you need to remind yourself you aren't an exception to science; we all have these problems, whether we admit it or not. Your anxiety sabotaging yourself is thinking there's no way out or no help available. *(Excerpt from Reddit before COVID-19).*

In another instance, users drew on a counselling/pastoral genre by seeking and providing support portraying dominant and subjugated subject positions. This genre was further characterised by users making confessions about their experiences, followed by responses from fellow users or moderators in comfort, support, and guidance. The counselling genre was characterised by building relationships to explore the individuals' challenges by resisting or accepting pastor/counsellor and follower positions. In some cases, especially on website forums, one's confession led to other confessions. For example, in excerpt nineteen, the author explained their experience with panic attacks, sharing how they struggled to cope with mental illness. This post elicited further confessions about the same topic and support, for example, in excerpt twenty.

Confession

> *Excerpt 19:* I know I'm not alone by any means…but somehow that knowledge does not help. Trust me, and I've read a lot, been to a lot of therapy, and made a lot of progress. But. That awful feeling of panic, then stupidity sets in, irrational behaviour kicks into high gear, breaths get difficult, speech becomes impossible, and then the chest pain and headaches set in. Despite wishing for the ground to open and swallow me, it does not. I must deal with my issues. *(Excerpt from website forum before COVID-19)*

Reply

> *Excerpt 20:* Like Mary, I am sorry to read that you are struggling and not knowing where to turn for help and assistance. Hopefully, reconnecting to the forum may provide you with some sense of assistance, care, and comfort while trying to locate the assistance and where you live. *(Excerpt from website forum before COVID-19)*

As evidenced by the quotes above, the counselling genre involved presenting challenges and, in most cases, personal challenges through asking questions, seeking help, and expressing doubt, followed by a contextual negotiation of possible solutions through replies from others. The posts show people seeking help from the professionals who manage the social media platforms and their peers. The counselling genre echoes Foucault's pastoral power. This power aims to guide followers towards spiritual salvation by sustaining good conduct (Foucault 1982b) exercised by early Christian church leaders. Taken into the context of mental health, the pastoral authority was characterised by a caring power technique that facilitates wellbeing, which is exercised through subtle guidance, distinguishing it from authoritative and coercive control. Moreover, this power individualises through pastoral guidance to impart to followers information and skills to care for themselves. As followers heed pastoral advice and adopt the skills and techniques of self-care, they become subjects of this indirect power. Additionally, through confession of their experience,

individuals are encouraged to examine themselves and reflect on their moral conduct (Foucault 1982b, pp. 783-784). Pastoral power brings effective regimes of governance through self-care and care of others. Notably, the execution of pastoral power relies on the knowledge of actions, minds, souls and the innermost secrets of individuals and groups, implying a knowledge of and ability to direct individuals (Foucault 1982b, p. 214).

Additionally, the activism genre depicted a dominant subject position. This genre showed how health activism constructs and is constructed by the meaning and experience of illness, health depictions in the media, health policies and provider-patient relationships (Zoller 2005). Users promoted their health and others through this genre by assuming health promoter, advocate, and activist subject positions. Individuals drew on the activism genre by referencing their lived experiences to call for change and, in a way, resist dominant discourses. For example, in excerpt twenty-one, the author called for more Medicare cover, hoping to increase access to services in society and improve mental healthcare. In excerpt twenty-two, the author calls for a non-judgmental approach to people with mental illness.

> *Excerpt 21:* We need to increase the Medicare cover of therapy (to 100% optimally) and allow patients to refer themselves directly to therapists for at least a pilot session with further consultation. I just hope the current generation of doctors has more mental health training and understanding. My local doctor's office is staffed entirely by doctors certainly near retirement. Who caused many problems for a close friend trying to get a referral? *(Excerpt from Reddit Before COVID-19).*

> *Excerpt 22:* I've had mental illness for years. I constantly work to get better, but I find it incredibly upsetting to see people who don't have mental health issues imply that it's as simple as "just getting help". If you're not medicated, you're either not sick enough or not trying hard enough. *(Excerpt from Reddit During COVID-19).*

By drawing on health activism, users attempted to challenge the status quo, such as policies, social norms, and practices, by questioning the existing social order and power relationships that undermine the attainment of mental wellbeing. It can be argued that the social media affordances, for example, aspects of visibility and association (see chapter six for a detailed discussion), facilitated this process in enabling users to share alternative views through comments and creating original posts. Through health activism, social media posts show efforts toward sharing alternative ideas to counter conventional standards and practices. As Zoller (2005) notes, health activism underscores the notion of subjectivity construction shaped by the context within which activism

takes place. By assuming an expert position, users took centre stage in changing social perceptions and calling for social support and change towards mental illness, shaped by the broader notion of common and shared identity. As Morris and Braine (2001) argued, activism links illness sufferers to power differences and structural inequalities through which they frame what inequalities mean and define us-them dichotomies.

In addition to discourses and genres, metaphors also depicted dominant subject positions. For example, the journey and battle metaphors depicted dominant subject positions. In the case of the journey metaphor, individuals presented mental illness as a potentially healing journey, arriving at a destination. Description of such feelings could reflect both an embodied experience and the work of dominant cultural values correlating mental illness and death with low/high status, moral adequacy/deficiency, and lack of/presence of power and individual agency. The journey metaphor transfers a conceptual template that implies that managing and living with mental illness has a beginning and a destination, choices as diverging pathways, and obstacles along the way. Mental illness as a journey is acceptance for personal improvement. It shows that the ill person sets out on an apparent undefined quest to achieve in their experience. For instance, in excerpt twenty-three, the author indicated the search for a happy outcome. In contrast, in excerpt twenty-four, the author demonstrated acceptance of mental illness, which involved taking steps toward personal improvement. Other authors drew on the journey metaphor to show that their experience with mental illness was out of control despite all efforts to manage it, revealing a subjugated subject position.

> *Excerpt 23:* I started my journey of understanding what was going on with me at university counselling, so that's a good recommendation! (*Excerpt from Reddit before COVID-19*).

> Excerpt 24: I find that getting outside helps with the fresh air. Remember all the self-help things you did before recovering and put them into practice again. It's just a new journey; this too shall pass, and you will be strong again. It's hard. I'm struggling too, but I take a breather, meditate, get outside in the yard, and listen to the birds. (*Excerpt from website forum during COVID-19*).

In excerpts twenty-three and twenty-four, the authors show that mental health is a journey, portraying mental illness as a straight road and as winding and narrow. On the one hand, the journey metaphor depicted an empowerment discourse and a dominant subject position. On the other hand, it shows an inferior subject position if one perceives the circumstances along the journey to be

beyond their control. For instance, in excerpt twenty-three, the author mentions that although they are optimistic about managing mental illness, they acknowledge the process is complicated. Furthermore, users drew on the metaphor of battle. The battle metaphor depicted mental illness as an adversary and people living with mental illness as courageous defence forces who can win but sometimes lose battles. The metaphor was not surprising as this is one of the most commonly used metaphors (Burnside 1983). In excerpt twenty-five, the author shows how exhausting it is to manage their mental wellbeing, just like soldiers' exhaustion on the battlefield. In excerpt twenty-six, the author extends the battle metaphor to mental illness and the other battles; a person experiencing mental illness has to fight and, in this case, their family's wellbeing. This illustrates the importance of considering socio-cultural factors in managing a mental illness.

> *Excerpt 25:* Yep, I have experienced this. My wife has been battling anxiety over the last year, and most GPs have no idea. We found a GP specialising in mental health about an hour's drive away, and he has been excellent. Finding someone who understood what she was going through was a huge relief. *(Excerpt from Reddit Forums before COVID-19).*

> *Excerpt 26*: I'm still going to keep seeing my psychologist, and Dr put me on meds too, but I am not sure if I should take them. I'm scared too... It's tough to get off once you are on [meds]; it's tough to get off? I'm scared because life has its ups and downs, and am I always bedridden and shaking at everything? I have four children and a beautiful husband I want to fight for. (*Excerpt from website forum before COVID-19*).

The excerpts above depicted the basic meaning of battle which deals with military confrontation between opposing armies. The word battle is used as a noun to refer to the challenging experience of living with mental illness. Additionally, the use of battle refers to other related words, such as expressions of a fight or struggle, indicating the conventionality and salience of this metaphor. The excerpts above show that the battle metaphor positions people with mental illness in superior subject positions through their continued strength to overcome mental illness.

Users were subjugated and took up the subordinate subject positions through a person with mental illness subject position, expressing limited control over managing mental illness or the outcome. Such a position constructed people with mental illness as malfunctioning and needing a remedy to remove the responsibility of mental illness from the individual. For instance, excerpt twenty-seven shows how the author accepted the inferior subject position so much so that they felt responsible for the depression they experienced. Likewise, the author of excerpts twenty-eight

seemed to accept that there is no end in sight to the mental illness they are experiencing but also expressed a desire to find a way to share their experience with others and to get help.

> *Excerpt 27:* I had been depressed since 15 (a decade ago) and remember as young as grade 4 being engulfed in anxiety (particularly around my masculinity). *(Excerpt from Reddit before COVID-19).*

> *Excerpt 28*: I just wish I could explain what it's like inside to my kids and parents. I have to hide so much because my reality is too heavy. Mostly making myself look like a lazy, flaky, sooky hypochondriac that does not do anything. There's so much to those labels. I'm a slave to what they don't understand. *(Excerpt from Facebook during COVID-19).*

Subjugated positions were also realised through images. Some images portrayed mental illness implicitly, thereby legitimising mental illness in society. This can be viewed as liberal and inclusive due to the limited images depicting people with mental illness as in need of pity. When carers were included in the image, they were shown beside a possibly mentally ill person. For example, image five shows a person who could be a carer or a mate supporting a presumably mentally distressed individual.

Accompanying text: Mental Health First Aid training is a great way to gain a better understanding of mental health issues. It can give you the tools and knowledge to support people who are going through a rough patch. Learn more about MHFA → http://bit.ly/headspace_mentalhealthfirstaid.

(Excerpt from a Professionally Managed Facebook Page before the COVID-19 pandemic)

Image 5: Example of an Inferior Subject Position

(Retrieved on 21 August 2019)

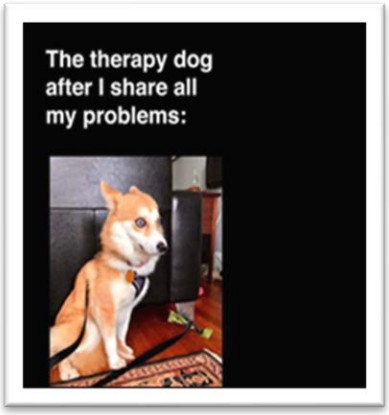


Image 6: Example of a Meme Depicting Mental Illness

(Retrieved on 21 August 2019)

Additionally, subjugated subject positions were depicted through seemingly humorous depictions of mental illness, for instance, in image six. Wahl (1995) notes that jokes about mental illness and people with mental illness could portray mental illness as humorous. Moreover, jokes about mental illness convey mental illness as a comical condition that involves minor and laughable idiosyncrasies. Memes could create this when attempting to use mental illness to produce humour. It is essential to recognise that such depictions could create mixed reactions, such as recognition of mental health as an illness that deserves attention and at the same time portraying mental illness in a way that does not earn attention. Additionally, the words that anchor images in the memes are often powerful, meaning that memes could be perceived as portraying people with mental illness as different at a subtle level; a case in point is image six. The image shows a confused therapy dog, and the caption indicates that this confusion is due to sharing mental health challenges. Such portrayals could limit people from seeking help, especially from peers, for fear of scaring or overwhelming them.

Wahl (1995) further observes that those who respond negatively to such humour are vulnerable to criticism that they do not have a sense of humour. On the other hand, it is essential to note that humour and irony could creatively disrupt dominant discourses (El Refaie 2014). Visual representation of mental illness on social media has not been studied extensively, with most studies focusing on the detection of mental illness (Dehshibi et al. 2019; Ramírez-Cifuentes et al. 2021), and few studies have focused on the representation of mental health or disease (Alderton 2018; Brookes, Putland & Harvey 2021; Feuston & Piper 2018; Harvey & Brookes 2019; Huetter

2019; Sile 2018; Thompson 2012; Thompson & Furman 2018). Insights from studies that have focused on other media platforms show that mental illness is mainly depicted using negative frames. For instance, some researchers have found that labels in some popular media trivialise and reinforce the negative meanings of these labels in society by depicting individuals with mental illness as unpleasant, antisocial, and prone to bizarre behaviour (Couloute 2021; Signorielli 1989; Wahl 1995; Wilson et al. 1999). On the other hand, other researchers (Caldwell, Falcus & Sako 2021; Church 2018) have found that a positive frame was emphasised. For instance, Church's (2018) analysis of female mental illness visual narratives in contemporary literature found that the literature did not position females with mental illness as other in terms of being frail and weak but depicted female characters as independent and resolute.

Furthermore, the metaphors users drew on overwhelmingly depicted users in subjugated subject positions. For example, users described mental illness as something evil controlling and attacking them. This signifies experiencing mental illness as becoming other or a non-human being, stripping people with mental illness of their subjective human identity. The metaphor of mental illness as an evil being gives mental illness an identity of something foreign to humans. For instance, excerpt twenty-nine defines alcohol as a demon for anxious people. This paints a picture that people who take alcohol and, in some ways, those who misuse alcohol, do it because of some supernatural being and thus have limited control over their actions. Similarly, in excerpt thirty, the author shows that the supernatural being that affects people with mental illness could determine their capacity to seek help, thus portraying them as subjugated.

> *Excerpt 29*: Alcohol is a demon for anxious people. *(Excerpt from Reddit before COVID-19).*

> *Excerpt 30*: Depression and anxiety are so obscenely pervasive amongst men and don't necessarily manifest themselves outwardly. It also doesn't discriminate. I can guarantee that everyone knows someone with one or the other. I'm not sure what the point of my post is, except to say that if you think someone is struggling with their demons, don't just tell them to get help. Help them. *(Excerpt from Reddit before COVID-19).*

The demon metaphor indicates that it has been used in conventional ways, which further shows that its use sustains existing discourses and subject positions regarding people with mental illness. This metaphor shows how spiritual beliefs shape the meanings of illness. For instance, there are adverse medical conditions where demons are mentioned in Christian gospels, while there is no

mention of a healthy person with a demon. This further shows how individuals subject themselves to pastoral power through religious teachings. Furthermore, users drew upon the metaphor of animals to frame mental illness as an ongoing connection with their environment. For example, in excerpt thirty-one, the author draws on the wrecked black dog, a conventional metaphor for mental illness generally and depression specifically.

Considering the background knowledge that individuals possess about animals, these metaphors manipulate and adjust the rhetorical aims of the authors. The nature of animals is not fully known to human beings, and Goatly (2007, p. 126) argues that "animals are perceived as aggressive, lacking reason and dangerous". Therefore, by drawing on these metaphors, the authors portray a particular trait while concealing another (Cunningham-Parmeter 2011). In this case, the author could represent a person with mental illness as dangerous. In excerpt thirty-two, the author shares an experience of being treated like an animal, presumably because of the mental illness they were experiencing.

> *Excerpt 31:* Sorry to learn that wrecked black dog has you by the throat. Your post does sound a bit more positive, and like Dools, I think it was good therapy to shred your notes. *(Excerpt from website forum during COVID-19).*

> *Excerpt 32:* I went shopping this morning, and for the first time since this happened, we were told precisely what to do at the checkout and then remember next time how to proceed as we made a mistake. For goodness' sake, we are not used to this. Give us a break. I felt like we were cattle being herded, not treated as people. *(Excerpt from Reddit before COVID-19).*

According to Lawrence (1993), "no other realm affords such vivid expressions of symbolic concepts; symbolizing through the use of animals is preeminent, widespread, and enduring" (p. 301). Such metaphors dehumanise people and reduce their status in society, as shown in excerpts thirty-one and thirty-two. The way people talk about illness shapes their experiences with it. If a person views illness as a battle, they may make sense of it differently than someone who sees illness as a journey. Semino (2008, p. 83, cited in Machin & Mayr 2012), notes that metaphors become problematic when they become a dominant way of thinking about a phenomenon. Throughout this chapter, I showed how there was a constant negotiation between expert and mental illness subject positions through discourses, genres and metaphors. As such, these negotiations offered users the opportunity to speak about their experiences with the capacity to challenge the dominant

representation of mental illness. These subject positions are hybrid in that people living with mental illness are represented in alternative ways, including experts and not only as people with mental illness.

Overview of Differences Across Reddit, Facebook, and Website Forums

Before and during the COVID-19 pandemic, the professional discourse was the most dominant across all platforms. The second most common discourse was personal care. The majority of the discourses emerged on website forums. In terms of the differences across social media platforms before the COVID-19 pandemic, this is how the discourses emerged listed in order of most frequent to least frequent. On Reddit the discourses emerged as professional care, personal care, gender categorisation, a way of life, uncertainty, and technology. On Facebook, the discourses appeared as professional care, social support, personal care, and uncertainty. On Website forums, the discourses emerged as professional care, personal care, social support, way of life, uncertainty, and technology. During the COVID-19 pandemic, the discourses emerged this way in order of the most frequent to the least frequent. On Reddit forums, the discourses emerged as professional care, personal care, uncertainty, and social support. On Facebook pages, discourses emerged as professional care, social support, personal care, uncertainty, and technology. On website forums, discourses emerged as personal care, professional care, a way of life, social support, uncertainty, and technology. The main conclusion from these differences is that although users drew on various discourses to represent mental health on social media platforms, some discourses were dominant.

5.4 Summary

This chapter showed the discourses, ideological assumptions, and subject positions that emerged from the posts on mental health-related subreddits, Facebook pages, and website forums. I showed that seven discourses emerged on these platforms: professional care, social support, a way of life, gender categorisation, uncertainty, personal care, and technology. Furthermore, I showed how discourses are imbued with ideological assumptions. These discourses' ideological assumptions include medicalisation, individualisation, community-centredness, the dual occurrence of stigma and anti-stigma, empowerment, responsibilisation, and gender stereotypes. Therefore, social media platforms provide a valuable indicator of the concerns of mental health discourse and how they change or are sustained over time. I discussed the subject positions made available in these

discourses, genres, and metaphors. The visual motifs which accompany texts expand the meaning of the text by illustrating and anchoring the meaning. The subject positions shown in this study suggest that traditional subject positions co-exist with new subject positions. Notably, the dominant discourses before the COVID-19 pandemic were reproduced during the pandemic.

Chapter Six: The Paradox of Social Media Affordances

‘Technology is neither good nor bad, nor is it neutral.’

(Kranzberg 1986, p. 545)

6.0 Introduction

The previous chapter showed the discourses, ideological assumptions, and subject positions embedded in the social media posts collected from Facebook pages, Reddit forums, and website forums. To better understand why discourses emerge the way they do, the context in which they arise should be examined. This chapter addresses the second research question that considers how users and moderators negotiated social media affordances and how this process shaped mental health discourses and social relations on mental health-related social media platforms. I draw on the notions of social media logic and social media affordances to explain the socio-techno elements and critical discourse analysis to explain the socio-cultural factors. I show the ways social media platforms mirror, magnify, and complicate the construction of mental health. Communication on social media platforms is shaped by various elements such as communication choices, social media affordances, institutional practices, user experiences, and culturally and socially specific norms on different social media platforms. To a great extent, negotiation of social media affordances sustained the dominant discourses discussed in chapter five and relations of power, thereby limiting what is shared and who can share. I articulate four social media affordances and show how they shape the construction of mental health on social media, pointing out that the process of negotiating affordances has both enabling and constraining effects and shows points of harmony and tension.

6.1 Affordances Actualised on Reddit, Facebook, and Website Forums

The social media platforms analysed in this study permit synchronous and asynchronous conversations. These formats afford real-time interaction (within the limits of the time that message composition and transmission require). However, at the same time, the one-to-many structure and features such as sharing, replying, and commenting encourage careful composition for impact and shareability. The information on these social media platforms is both interactional and archived. Furthermore, these platforms are multimodal, permitting images, audio, and video to be linked or embedded and displayed adjacent to the post, which could enhance the message depending on how the different modes complement each other. Despite the synchronous and asynchronous modality,

these social media platforms privilege a sense of recency. The timelines of these platforms appear in reverse chronological order, such that the most recent posts are displayed first whenever the platforms are accessed or refreshed. On Reddit and website forums, users can access all the previous posts, while on Facebook, relevance algorithms may present posts out of chronological order, showing the most relevant posts. Additionally, these platforms provide communication that is public and private. For instance, on Facebook pages, users are categorised as 'likes' and 'friends,' casting social media activities as public connections, relationships, or networks that users and moderators might be engaged in regardless of any personal relationship. However, these platforms also provide private spaces such as chatrooms or direct messaging.

Most studies analysing mental health communication and social media affordances have focused on the benefits of using social media (Coulson, Bullock & Rodham 2017; Lin & Kishore 2021; Merolli et al. 2015), with few directly analysing how technological and social norms shape information (Goldkind & Wolf 2021; Yeshua-Katz & Hård af Segerstad 2020; Yeshua-Katz et al. 2021; Zhang, N. Bazarova & Reddy 2021). This study demonstrates that mental health communication on social media is influenced by how the codes within these platforms are designed and used. Undoubtedly, social media affordances alone cannot fully explain how or why social media platforms are used for mental health communication. However, questioning a platform's opportunities for action may provide critical insights into the strategies used and the interests served. In the following sections, I present an analysis of how social media affordances shaped the production, circulation, and consumption of mental health information on social media platforms. I drew on the walkthrough method discussed in section 4.6.3 to explain how social media affordances enabled or constrained the representation of mental health. The walkthrough method entails examining and documenting social media features and activities, the platform's operation model, and the governance and regulatory processes. This was complemented by the principles of critical discourse analysis that I used to map the power/knowledge relations. The analysis is based on my observations. Some arguments that I make are illustrated with screenshots while some were not because it was not possible to generate screenshots for all the observations I made because the nature in which some affordances were negotiated was subtle and not direct. The screenshots illustrated the affordances, text, and images in action and showed how the social media features were operationalised by users and moderators. Throughout the following sections, I summarise the features that characterised each affordance, then I illustrate how users and moderators negotiated these features and, in the process, sustained or challenged mental health discourses. This chapter

follows from the previous chapter, in which I discussed the discourses, ideological assumptions and subject positions. It provides another layer of the representation of mental health by examining the relationship between producers and consumers of social media posts and social media affordances. Like in the previous chapter, I present the findings in three layers. First, I present a descriptive layer in which I discuss what constituted affordance, and then I provide an interpretative layer in which I discuss the implications for the production and consumption of discourses. At the explanatory level, I link the discussion to broader critical health communication, in particular, implications for mental health communicators. I also simultaneously illustrate the constituting and constitutive nature of the affordances. Table four on pages 136-137 summarises how the social media affordances played out and the implications for mental health communication. It shows the social media features that I used to analyse the manifestation of the four affordances discussed above and the ensuing discursive practices. Additionally, the table highlights four implications for mental health communicators.

Social Media Affordance	Features	Facebook	Website Forums	Reddit	Discursive Practices (Impact on discourse formation and social relations)	Implications for Mental Health Communication
Persistence	Displays past activity of individuals on-site	√	√	√	Sustaining the existing mental health discourses. Opening up discussions.	Demystify myths and misconceptions to minimise misinformation due to the viral nature of the information.
	Contributions are searchable in search engines	√	√	√		
	Ranking (e.g. liking, upvoting, downvoting) on entries	√	√	√		
	Recommender bots	√		√		
Editability	Revision of own content on-site permissible.	√		√	Selective information seeking and sharing.	Leverage this affordance to minimise harmful information.
	Content contributions of others on an individual's site can be deleted.	√	√	√		
	Asynchronous synchronous/ text-based entries.	√	√	√		
	Social norms	√	√	√		
	Human moderation	√	√	√		
	Automated moderation	√	√	√		
Association	Relations to others displayed (e.g., Friends)	√			Self-disclosure	Capitalise on the opportunity for crowdsourcing to give a
	Comments and opinions	√	√	√		

	Social media norms and rules	√	√	√	Social ties and support Organic role-taking	voice to marginalised voices and discourses by harnessing co-creativity and collective intelligence.
	Synchronicity and asynchronicity	√	√	√		
	Public	√				
	Private		√			
Visibility	Visible in search engines	√	√	√	Alternative information Sustaining the existing discourses Metaknowledge	Strategic optimisation (for example linguistically through selective word choices), frequency and timing of information development and distribution and use of various formats of information.
	Multiple threads		√	√		
	Personal profiles	√		√		
	Content publishing consists of text, video, or audio.	√	√	√		
	The reverse-chronological format provides a timeline of content	√	√	√		
	Live streaming	√				

Table 4: Summary of Social Media Affordances and Implications for Mental Health Communication

In terms of the symbols used in table six below √ indicates that the feature exists, and a blank space indicates that the feature does not exist.

6.1.1 Association

The first affordance that I discuss is association. "Associations are established connections between individuals, between individuals and content, or between an actor and a presentation" (Treem & Leonardi 2013, p. 21). The affordance of association enabled users to interact and connect with other users and moderators. This was attained through features of anonymity, semi-anonymity, pseudonymity, multidirectionality, synchronicity and asynchronicity. For instance, Reddit and website forums operate anonymously (although anonymity is reduced and geared towards semi-anonymous and pseudonymous due to the digital footprint left behind by users on these platforms (Ammari, Schoenebeck & Romero 2019; Kilgo et al. 2016; Van der Nagel 2013). For instance, I observed that some users confessed to using their legal names on some website forums, but moderators were quick to remind them to abide by the rules for example as shown in image seven. Conversely, on one website forum use of the first name is permitted. In terms of Facebook, since it is non-anonymous, users need to provide their legal names, although some users circumvent this requirement.

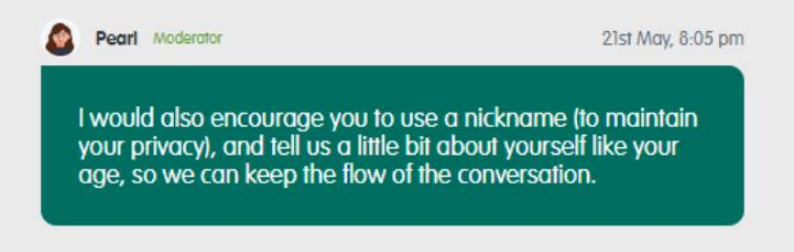


Image 7: Example of a Moderator Enforcing Anonymity on a website forum

(Retrieved on 27 May 2020)

Anonymity is actualised when communication is unspecified and indefinite. Through anonymity, users might not know exactly who they are interacting with, which could further facilitate depth of disclosure. Anonymity seemed to play a vital role in opening space for some discourses while silencing others by enabling users to remain invisible to others, thereby contributing to more self-disclosure. Self-disclosure refers to the voluntary sharing of information about oneself (Cozby 1973). Moreover, highly involved individuals tend to incorporate their thoughts, feelings, and experiences in an interaction. In contrast, those less engaged in an interaction tend to withdraw from the interaction (Cegala et al. 1982). For example, individuals disclosed mental health and illness experiences more on websites and Reddit forums than on Facebook pages. Notably, the lack of nonverbal social cues can create the potential for negative messages and make it difficult to

contact people for additional information, support, or develop long-term relationships beyond social media platforms (Wright & Bell 2003).

Anonymity could explain why anonymous platforms exhibited diverse discourses on subreddits and website forums while discourses on Facebook were mainly unchallenged. Suler (2004) notes that anonymity makes "users feel safe putting their message out there in the cyberspace where they can be left behind" (p. 323). Varying opinions emerged on Reddit and website forums, while Facebook pages exhibited fewer opinions, which could indicate that perhaps users were not comfortable sharing. The fewer options could also be due to the design of Facebook pages where the moderator of the page has the sole right of posting. At the same time, users share their opinions through comments which do not receive the same visibility as the post because these comments are stacked up. Additionally, people tend to make sensitive self-disclosures and share personal challenges on anonymous website forums (Barak & Gluck-Ofri 2007). This echoes previous research (De Choudhury & De 2014) where the authors found that besides promoting open discussions, anonymity facilitated more inclusive and emotionally engaging feedback.

On website forums, individuals mainly share information about their mental illness diagnosis, management, and treatment plans, with occasional updates on how their treatment/management plan has progressed. On Reddit, individuals mainly shared views of the mental healthcare system and mental health experiences. Van der Nagel (2017) suggests that "platforms encourage particular kinds of engagement through framing the identity information that people input in particular ways, while social contexts influence the kind of self-presentation desired" (p. 312). For instance, users discussed personal mental health, financial, and work-related challenges that might not be easily shared in person or via a non-anonymous platform. On the other hand, anonymity could be the reason behind the occasional negative and anti-social behaviour I noticed on Reddit forums, such as stigmatising posts such as excerpt seven on page 110 and image sixteen on page 156 about self-harm information. Researchers (Arendt, Scherr & Romer 2019; Lavis & Winter 2020) have argued that such negative information on social media platforms might normalise and glamorise offline harmful behaviours and negatively impact help-seeking.

The multi-directionality, synchronicity and asynchronicity aspects also allowed users to switch the agenda to different directions that emerged while remaining focused on the main issue being discussed; this allowed various views about the topic. Additionally, the synchronicity, asynchronicity, and multidirectional nature of subreddits, website discussion forums, and Facebook

facilitated diverse opinions and discussions. Asynchronous communication allowed users temporal and spatial independence by allowing access to information at their convenience regardless of time and location. This was evident in posts ranging across different timelines and dates. These platforms afford the information sharing process to remain continuous, as individuals engage in conversations as and when they are able. However, the downside is that the lack of immediacy could frustrate participants or delay access to mental health information and services when communicating with others, especially when an individual needs a direct response or follows up on advice. On the other hand, the multi-directional structure brings about the issue of context collapse, which could hinder participation and action. Context collapse refers to "how people, information, and norms from one context seep into the bounds of another" (Davis & Jurgenson 2014, p. 477). Context collapse, in this case, could result from interpretations of social media posts if they are consumed at different times or interpreting posts without background knowledge of the discussion.

Connecting with other individuals on Facebook pages, Reddit, and website forums was characterised by multiple power dynamics involving users, moderators, and social media corporations. These platforms were filled with paradoxical tensions, such as highly networked individuals who occupied different roles of user, producer, consumer, and moderator within culturally and socially contingent constraints through social media norms and rules. Individuals enacted patterned actions through organic (non-assigned) speaking positions and roles, including taking on roles to sustain the community and keep conversations productive. While some roles were prescribed, such as moderation, others were not but were taken up by individuals with the main aim of facilitating dialogue (organic/non-assigned).

Such individuals could steer the conversations to their needs while providing support to others. Participants argued, complained, and shared frustrations through these peer-to-peer and peer-moderator conversations. Users organically took up the responsibility to ensure that discussions did not stall. This highlights organic role-taking. Such roles were exemplified when individuals voluntarily stepped into a dialogue, offered a solution, followed up a comment, shared an update on their experience, or posed questions to other users. For instance, in one thread, I noticed that a user suggested the need to create another subreddit to broaden the discussion. When conversations stalled, moderators and other users took the initiative to reignite the conversations. Image eight summarises the various roles I observed played by users and moderators to ensure

information flow. The author acknowledges new users sharing mental wellbeing tips with multiple people.

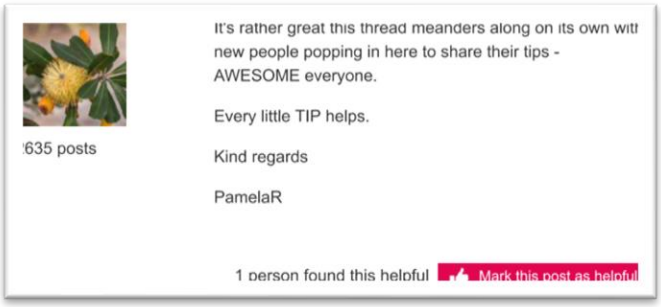


Image 8: Example of Role Taking on Website Forums
Retrieved on 6 September 2019

In this section, I discussed the affordance of association, which was exemplified through the features of anonymity, semi-anonymity, pseudonymity, multidirectional, synchronicity and asynchronicity. The affordance discourse showed how individuals made connections with others on these platforms and in the process depending on the platform features and social norms, these connections increased or minimised accessibility and viewability of information. To minimise the constraining effects of the association affordance discussed above, mental health communicators could capitalise on the opportunity of crowdsourcing to amplify alternative voices and discourses by harnessing co-creativity and collective intelligence. For instance, I noticed that some website forums had multiple threads discussing similar issues, which could explain why some discourses remained unchallenged even with various threads. Mental health communicators could conduct more targeted communication campaigns on Facebook and initiate threads on Reddit and website forums about issues not discussed but pertinent in disrupting dominant mental health discourses. In the next section, I expound on these aspects through the affordance of visibility.

6.1.2 Visibility

Visibility means that information can be located easily (Treem & Leonardi 2013). Information was available and accessible in various ways: recommender bots, multimodality, intertextuality, rating and subreddits for Reddit and various threads on website forums, and foregrounding some information while backgrounding other, in the process sustaining and challenging dominant mental health discourses as I illustrate through the features that facilitated the visibility affordance. Recommender bots play a part in the visibility and invisibility of information. For example, on a

user's profile page, one gets recommendations of threads they could engage in based on their past engagements and interests. Moreover, Massanari (2015) found that algorithms can restrain or emphasize certain types of information, increasing the visibility of some information/subreddits to be featured on the main page. Default pages have the potential to significantly shape the culture on Reddit (Centivany & Glushko 2016). This was limited to Facebook pages and Reddit forums. Users can follow these recommendations, or they can choose not to. For example, I accessed the Facebook pages and Reddit forums analysed in this study using my accounts on the respective platforms. I observed recommendations to view similar subreddits and Facebook pages whenever I accessed these platforms. Since I was focused on specific threads on these platforms for this study, I did not consider the recommended pages. However, I want to acknowledge that I would have followed these recommendations if viewing these pages to seek mental health information. However, this is not necessarily the case for other users, as I show how the users interviewed in this study navigated recommender bots.

In terms of multimodality, users engaged with text, links and videos and images. By utilising these different modes of communication, users and moderators drew on various discourses, although to a great extent these different modes worked to sustain existing mental health discourses. Multimodality allowed individuals to discuss a given topic from different angles with similar or other people (see appendix ten for the sample social media posts and how they show varying opinions). The threads I analysed were not necessarily about similar issues, but users discussed mental health and mental illness from different angles, contributing to diverse discourses. All three platforms supported text and images, but they placed different constraints on using the platform. One noticeable observation is that despite Reddit permitting multimedia posts, I did not find any photos or videos shared on the subreddits I analysed. However, I noticed multimedia posts in other subreddits unrelated to mental health.

Multimedia texts were rarely shared on website forums. When users and moderators shared images on website forums, they opted for memes. Additionally, social media affordances facilitated intertextuality and, in the process, contributed to sustaining existing discourses. The results show three types of intertextualities, namely, digital, visual, and textual, broadly categorised as vertical and horizontal intertextuality. Horizontal intertextuality deals with the circulation of meanings preserved in themes, metaphors, and genres over a historical timeframe (Kristeva 1986). Vertical intertextuality operates in a limited period but across several media and social contexts (Kristeva 1986). Figure six below illustrates the elements of intertextuality. The figure shows that vertical

intertextuality is characterised by the original text and the text that draws on the original text at different levels. Horizontal intertextuality is characterised by text that appears earlier (original text and text that draws on the original text) and text that is related to discourses, genres, and metaphors. These manifest as textual, visual, and digital intertextuality.

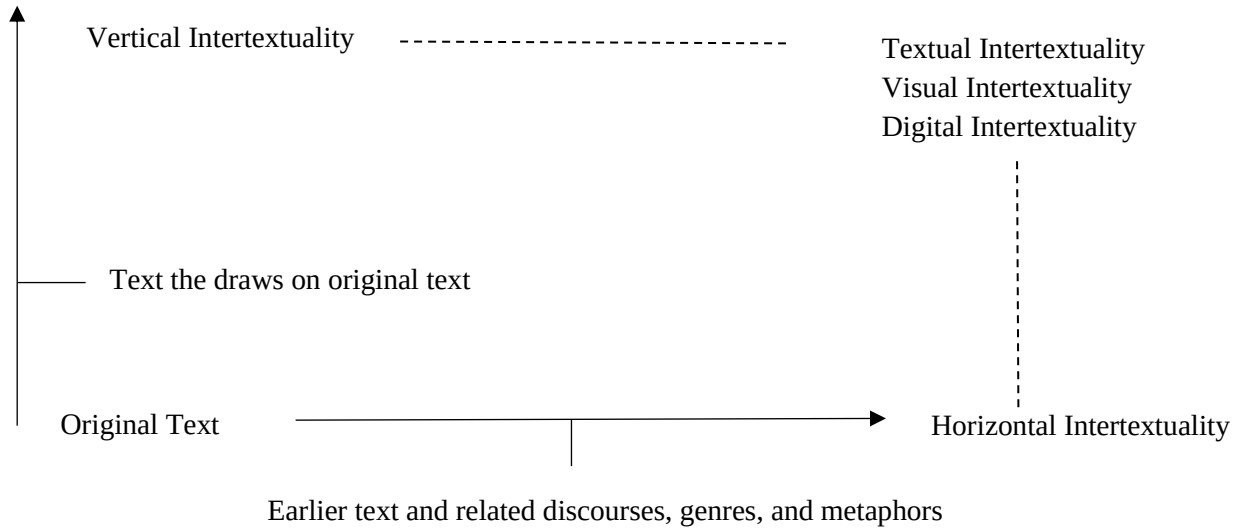


Figure 6: Modalities of Intertextuality Identified on Social Media Platforms

The researcher's illustration.

Intertextuality was epitomized in texts using various functions such as allusions, quotations, appropriating and transforming a prior text and referencing texts in other readings. Intertextuality in the text served to convince others to accept advice or opinions, prioritise or distance themselves from some discourses, and strategically emphasise subject positions they were offering and taking. Social media posts have varying meanings as authors draw on prior statements, perspectives, questions, and comments, thereby reconstructing existing debates and making new claims to knowledge. In the process, users take on or challenge specific positions in texts. Users imported numerous discourses into their social media posts. In the process, the discourses were recontextualised, removing or substituting them for intended and unintended communication purposes. Visual intertextuality was evidenced by using memes. Through memes, discourses were recontextualised by masking past discourses, thereby enabling, extending, and heightening prior texts and images for a humorous effect. Tannen, Hamilton and Schiffrin (2015) note that such

paraded recontextualisation can form a solid resistance to hegemonic practices and structures by diverting/subverting meaning.

The broader social meanings associated with phrases in memes were creatively evoked, creating a potentially powerful transformation of prior text and images. Individuals constantly attuned themselves to past discourses by entextualising, decontetextualising, and recontextualising them. In this way, the meaning is reframed and rekeyed. Users and institutions shape their social relations through a "shared repertoire of prior texts" (Becker 1997, p. 165). By drawing on a shared repertoire, users create common ground, forge relationships, and align or disagree with one another. Analysis of intertextual texts shows that such texts depict double-voiced discourses. Bakhtin (1981) argues that intertextuality serves two speakers simultaneously and expresses simultaneously two different intentions, the intention of the original author and the purpose of the secondary author. Intertextuality worked to convince others to comply with their requests, distance themselves from some discourses, and strategically emphasize subject positions they were offering and taking. The meaning potential of the images was further enhanced by semiotic elements imported from other domains, contexts, and cultures. Memes acted as mythical signifiers extending the semiotic metaphors and adding new layers of meaning to the original representation—through the mixing and embedding of discourses, genres, and metaphor strategies. For example, the meme in image nine shows a young woman who seems to be in a hospital based on her dress, which indicates that she could be sick. This is further anchored by the caption, which indicates mental illness. At the same time, the image shows the young woman holding a knife. This could mean a discourse of dangerousness. Yet, from a humorous perspective, this image depicts an empowering ideological assumption by positioning the young woman in charge of maintaining her mental wellbeing through depictions of attacking the mental illness.

Image ten shows a person supposedly surprising someone due to the facial expression. This was further anchored by the text, which indicates an unpleasant experience due to anxiety. Social media posts showed constitutive intertextuality by importing different discourses. Social media posts were heteroglossic as authors drew upon prior arguments, viewpoints, questions, comments, and explanations while sharing their opinions. In the process, users accepted or challenge specific positions embedded in texts, formulate arguments based on existing knowledge, and justify valid arguments. Discourses undergo recontextualisation, decontextualisation, and entextualisation, by which some aspects of social practice are replaced or deleted to serve the communicative purpose of the users. For example, excerpts one and two on page 102 show how the authors of these posts

highlighted the need for people experiencing mental illness to consult with their general practitioners or medical professionals.

Image 9: Example of a Meme
(Retrieved from a Facebook page on 21 August 2019)

Image 10: Example of a Meme
(Retrieved from a Facebook page on 21 August 2019)

Digital intertextuality was exemplified through the use of hyperlinks and how these social media platforms are connected to search engines. Analysing the connection between social media platforms and search engines is necessary because the users interviewed in this study mentioned that they relied on search engines as their initial step to access the website forums, subreddits, and Facebook pages. In this case, dominant search engines control the amount of information on social media platforms, and this shapes platform visibility in search engines. Although everyone can, to

a great extent, create and circulate information quickly because of the decentralised nature of internet communication, the information does not all attain the same attention as some information is more visible than the other. In terms of hyperlinks, these allowed users to navigate social media spaces by moving from one site to another by clicking on a related or more detailed text in the form of a signifier; usually, a word underlined and, in another font, colour and style. Hyperlinks were particularly prominent on Reddit and Facebook but rarely used on website forums. The use of hyperlinks on Facebook pages and website forums provided more information or supported the author's point by illustrating the arguments they were making. The use of hyperlinks on Reddit stands out because of the way Reddit operates. The use of hyperlinks on Reddit played a significant role in shaping what individuals discussed.

The subreddits I analysed were all focused on mental health-related news reports and did not seem to be unique issues identified by the authors who initiated the subreddits. Some of the headlines of the news stories that were shared on Reddit forums include, ‘Mental Health Services Terrible in Australia’, ‘What is COVID-19 Doing to our Mental Health’, ‘Why is the quality of Mental Health Poor’, ‘How to Protect your Mental Health in Uncertainty’, Australia’s Mental Health Services are Embarrassing’, ‘Anxiety is the Mental Health Problem of our Age’, ‘R U Ok Australia’, ‘Options for Managing Anxiety’. This shows how the dominance of the agenda-setting role of mainstream media is reproduced on social media. This could be one of the key explanations for why decade-old dominant mental health discourses were reproduced and maintained their dominance on these platforms. Images ten and eleven show examples of news-related links and personal perspectives on Reddit. I observed a fair balance of comments and upvotes for news-related posts and personal perspective posts. The difference I observed was that personal experiences of living with mental illness generated fewer comments and upvotes than experiences or discussions about the mental healthcare system in general.

From a critical discourse perspective, this shows that alternative discourses that could emerge from experiences of living with mental illness were marginalised because of fewer comments than those generated by a medicalisation discourse exemplified through discussions of the mental healthcare system. This can be seen in images ten and eleven. The discussion represented in image ten was about new funding for mental health to improve the mental healthcare system. At the time of downloading the thread for analysis, it had generated five hundred and seven upvotes. Compare this to the discussions represented in image eleven, which, although about the mental healthcare system, portrays it from a lived experience perspective or a personal perspective

and not a general mental healthcare system perspective, which would, in some instances, call for support in terms of coping and not simply demanding a better mental healthcare system. I did not observe a difference in website forums since fewer than five links (to resources and not news reports) were shared across all analysed threads. However, on Facebook, I noticed that the news-related links were mostly about lived experiences, such as stories of survival and coping, and not so much about the mental healthcare system. But when mental healthcare system-related articles were shared, they generated a high number of likes, comments, and shares. For instance, in image thirteen, the post generated three hundred and seventeen likes, one hundred and eighteen shares and forty-nine comments. The article was about the evidence presented before the Royal Commission on Victoria's mental health system.

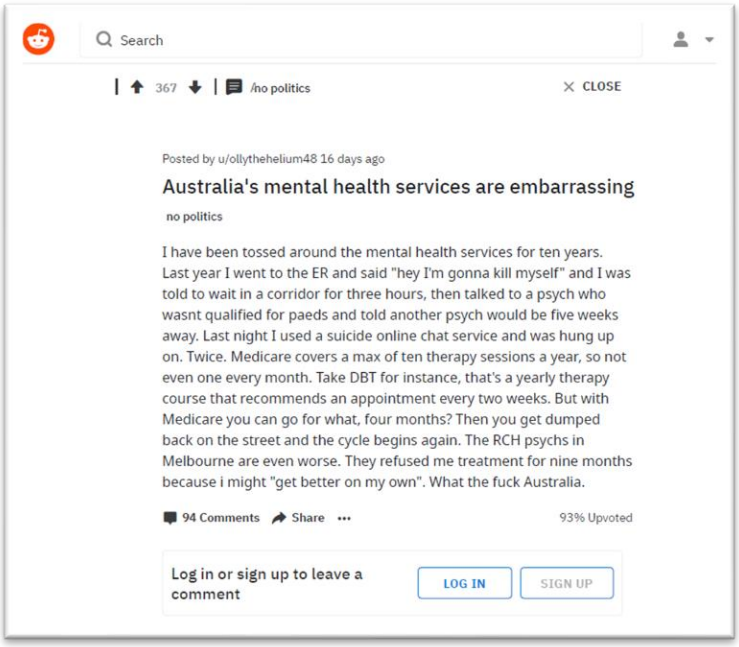


Image 11: Example of a Personal Perspective Thread on Reddit (Retrieved on 21 August 2019)

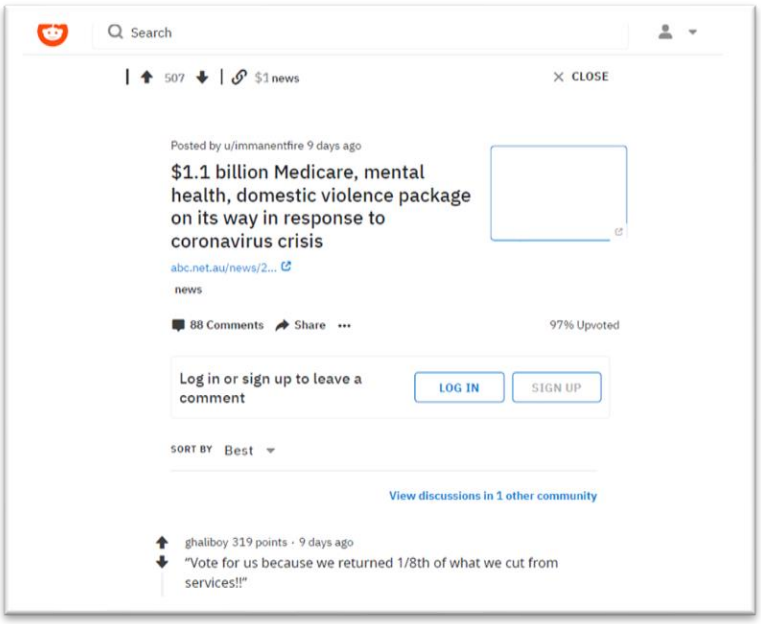


Image 12: Example of a News-related Thread on Reddit
(Retrieved on 21 August 2019)

The other feature through which visibility was demonstrated was rating. Rating such as upvoting and downvoting on Reddit, liking on Facebook and thumbs up on website forums contributed to sustaining existing mental health discourses (see images ten to thirteen for examples of how rating played out). Ranking in terms of likes, comments, upvotes, and thumbs up amplifies certain discourses, adding relevance, endorsement, legitimacy, and influence to the posts. In the process, other content is suppressed. Most of the posts on website forums were not rated. One reason for this is that most website forums did not include a rating feature in the design. The one that had a rating feature (a thumbs up function) rating feature had a few posts rated, and it appeared that the rating did not influence the placement of the post, but it could influence by appearing relevant because the rating could be interpreted as an endorsement. On Reddit forums, rating occurred when users voted on algorithmically ranked posts. On Reddit, the algorithms displayed the most-upvoted contributions at the top of the platform's page and obscured the most-downvoted ones at the bottom of the thread. Comments on Facebook were ranked algorithmically, and, in the process, some were prioritised over others by highlighting the most relevant comments rather than all comments. Rating on Facebook pages is different because users rate the organisation's content instead of user-generated content produced through comments.

As Bucher (2012) observed, the values and principles embedded into the algorithms on Facebook can increase the visibility of some information while rendering other information invisible if is not recognised or prioritised by algorithms. Indeed, I observed that users tended to align their contributions to what had already been shared, as implied in the social media norms and regulations on these platforms. Moreover, users are encouraged to focus their contribution on the topic of the thread or subreddit based on the social norms and rules directly stipulated on Facebook pages (general rules norms and not organisational set rules and norms), website forums and Reddit forums. Additionally, multiple threads could indicate varying information based on multiple perspectives because they enable users to nurture communities and converse about diverse topics of interest. However, numerous threads, especially on website forums, mostly sustained existing discourses discussed in the previous chapter because these discourses were reproduced in the various threads and subreddits and Facebook page posts and comments. This was more common on subreddits than on website forums. This could be because of the social norms that require users to maintain the topic of a thread within a thematic area, such as anxiety and depression.

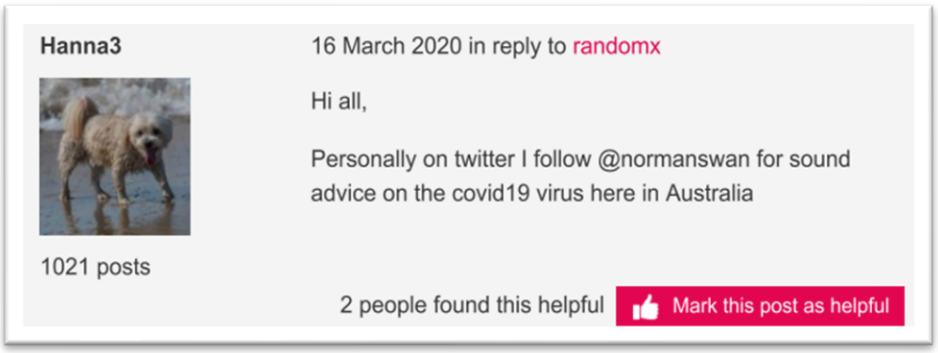


Image 13: Example of Rating on Website Forums
(Retrieved on 21 August 2019)

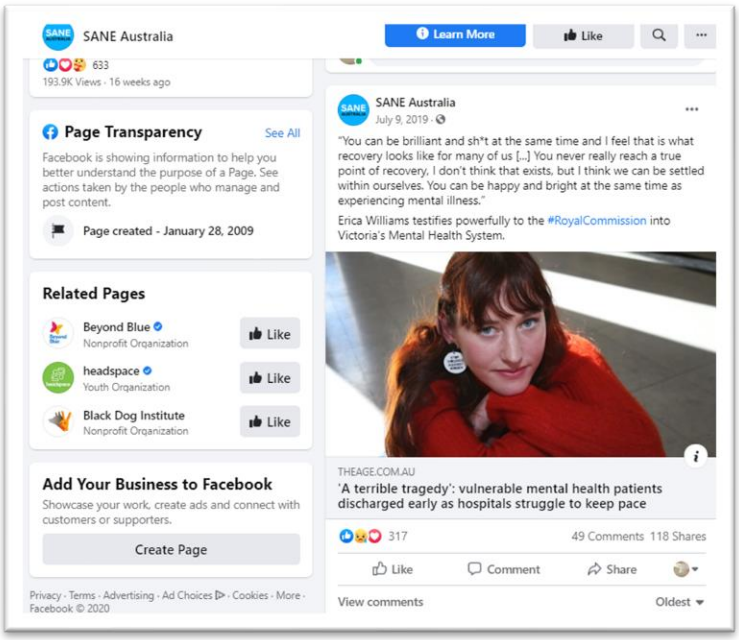


Image 14: Example of Rating on a Facebook Page
(Retrieved on 21 August 2019)

In terms of power relations, social media platforms, to an extent, extend power to users away from moderators by giving them opportunities to share their experiences. However, analysis of the affordances showed that profoundly, power rested within the confines of the moderators because the rules and relegations on these platforms point out that moderators have the right to remove information that contravenes the regulations. Visibility has challenged spatial and temporal boundaries on social media, thereby opening these platforms for more people to participate in discussions but this does not have absolute freedom of expression. Most people can easily produce, circulate, and consume information because these platforms support decentralised, many-to-many and one-to-many communication practices.

However, this user power to produce information is also constrained because not all information gains the same attention. Dominant actors such as social media corporations, governments, and mental health organisations control many resources and vested interests (money, influence, reputation, power) that give them advantages over users. It is much easier for them to accumulate and maintain visibility on the internet. Power by laypeople was exercised by challenging dominant discourses by commenting on original posts and changing topics within the same thread or creating new threads. Additionally, multidirectionality, synchronicity, and asynchronicity extend power to control the temporal and spatial aspects of producing, consuming,

and distributing mental health information. I observed that power relations were unstable, a combination of a direct or subtle shift in expert-based or top-down information production and dissemination and peer-led discussion. This was evident on Facebook pages on which the information was predominantly led by mental health organisations and on some website forums on which posts showed whether the author was a moderator or user. I showed in this section that the affordance of visibility was actualised through recommender bots, multimodality, intertextuality, rating across the three platforms and various subreddits for Reddit and various threads on website forums. The discussion has implications for mental health communicators. There is a great deal of information circulating on social media platforms, which competes for users' attention. Increasing accessibility of mental health information (especially alternative discourses) requires strategic optimisation (linguistically through selective word choices, frequency and timing of message development and use of various formats for message development).

The affordance of visibility enabled some discourses to emerge while constraining others by sustaining existing information. However, this affordance does not work in isolation. In addition to the affordance of visibility, the persistence affordance amplifies the effect of visibility. While all affordances work at different levels, with different effects on the production, circulation and reproduction of information and social relations, the affordance of persistence is significant because it deals directly with information and not simply the processes of producing or consuming it, moreover in a permanent form. The effect of permanent information is amplified by the visibility affordance which facilitates sharing such information among an individual's social media networks. The next section focuses on persistence affordance.

6.1.3 Persistence

Persistence can be thought of as permanence. "Communication is persistent if it remains accessible in the same form as the original display after the actor has finished his or her presentation" (Treem & Leonardi 2012, p. 18). Other scholars associate persistence with words such as recordability (Ellison, Gibbs & Weber 2015) and archivability (Tokunaga 2011). Information on all three social media platforms analysed in this study is archived; however, the archiving formats vary. The archived information shaped how users interacted with this information and how this information shapes mental health discourses that emerge. Archiving enabled information to remain accessible in the same form as the original display by the author. When information is persistent, it can be

reused for old and new purposes, refining it, or changing or deleting it and making it more valuable. One of the ways this was done was through intertextuality, as discussed in the previous section. There could be other ways such information may be used; however, this study aimed to analyse the ways affordances were actualised on these platforms during data collection.

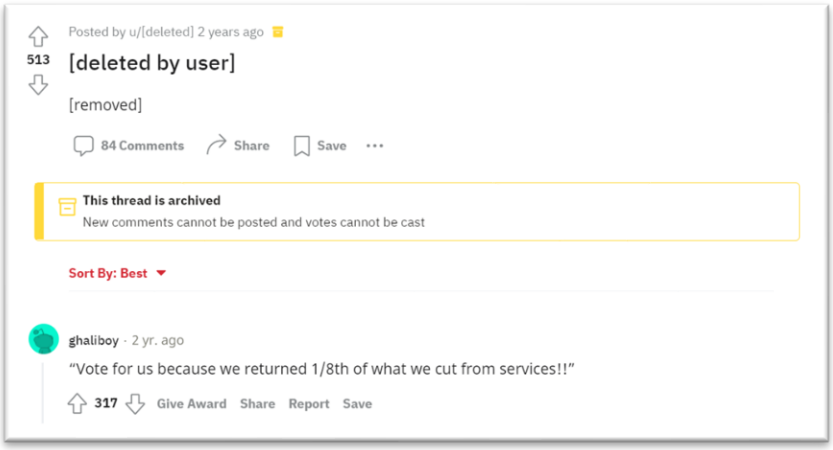


Image 15: Example of an Archived Reddit Forum
(Retrieved on January 2, 2022)

As Erickson and Kellogg (2000) noted, "persistence opens the door to a variety of new uses and practices" (p. 68). For instance, information on website forums and Reddit forums was archived by storing all posts dating back to the start of the thread. Similarly, Facebook data was archived dating back to when the page was launched. It is important to note that while archived forums are not open for comments, some posts can be deleted by the authors and moderators even if the posts are archived. For example, image fifteen shows the archived version of image eleven. What is noticeable about this archive is that the author not only deleted the post, but it seems like the author deleted their account. The original post's removal could contribute to the notion of context collapse I discussed in section 6.1.1 because people reading these messages will not have a complete context.

Moreover, the mode of archiving further sustained existing discourses. While the archived messages on Facebook pages and website forums are open for comments, the same is not possible on Reddit, closing the opportunity to challenge existing discourses within these threads. However, navigating Facebook historical posts is not straightforward as on website forums and subreddits. Therefore, challenging dominant discourses on Facebook might require unique strategies. Information can be easily accessed, primarily through the search widget on all the social media

genres and occasional use of hashtags on Facebook. For example, information is archived on subreddits after starting a thread for six months. Archived information enables other users to be part of discussions even after the original conversation has ended. This could also explain the occurrence of intertextuality and reproduction of discourses in other threads under the guise of continuity of conversations. Managing and engaging that information can still be helpful after the discussion has ended. For instance, analysing of the data used in this chapter on how users and moderators negotiate social media affordances took place on archived threads because data were collected after discussions had transpired. Information on social media is not bound in time and space but instead assumes a recordability, reviewability and permanence state. Information is available twenty-four hours a day and seven days a week, and the content will most likely be available for users whenever they want as long as they can access it.

Persistent discussions may be replayed, annotated, searched, browsed, restructured and recontextualised because of the features available on these platforms, such as search buttons. Thus, I argue that persistence on these platforms opens discourses to various new and old uses and practices. Additionally, the persistence of information on these platforms contributes to maintaining existing information circulating on the platforms because first-order posts/initial posts seemed to set a precedent for the discussions that followed. This was evidenced by the high levels of intertextuality and the newness versus oldness information ranking structure on all the three social media platforms. For example, entries, especially on website forums, appeared to follow a linear continuity and revolved around specific instances and moments and were organised with the newest post on top. On Facebook pages, there was minimal variation in the comments, with most comments aligning with the first comment and being organised with the oldest comment on top. Some Facebook page users can only access relevant comments as selected by the Facebook algorithms; however, I turned off that option to view all comments made on a post. These relevance algorithms shape what information is visible and persistent.

In terms of implications for mental health communicators, there is a need to demystify myths and misconceptions to minimise misinformation due to the viral nature of the information. Communication on social media platforms takes place in a highly opinionated format. Although tremendous efforts have been made toward reducing stigma and harmful information on topics such as suicidal thoughts, I argue that mental health communicators need to guard against misinformation by strengthening mechanisms of demystifying myths and misconceptions. This study did not aim to assess facts from myths, disinformation, and misinformation; however, the

current trends and concerns of disinformation (Al Khaja, AlKhaja & Sequeira 2018; Grimes 2020; Shu et al. 2020; Wang et al. 2019) call to attention more safeguards as more people take to social media to share experiences and coping strategies. Despite the significance and impact of the affordance of persistence in sustaining existing information, the editability affordance counteracts this effect by providing opportunities to alter and transform information, for example, in the instance of removing harmful information. However, depending on the amendments to the information, it could be altered to increase the effect of persistence. In what follows, I discuss the various elements of editability.

6.1.4 Editability

Editability was operationalised by editing information before and after publication and through moderation practices that enabled and constrained discussions. Editability allows for more focused communication to enhance message reliability and comprehension because users and moderators might have more time to include contextual detail and revise information to tailor ideas appropriately. It is possible that users can edit the information posted on Facebook pages and Reddit forums, and some website forums; however, I did not explore this in practice, but I observed some posts on Reddit indicating that the post had been edited. If this is the case, editing and moderation facilitate selective information sharing and create a safe space (if the focus of editing and moderation is to remove harmful information) for individuals to talk about mental health. It is worth noting that Facebook and Reddit provide numerous functions to edit content before publishing. As such the information on these platforms was generally polished and complex in terms of sentence construction and spelling. In some instances, information took the form of concise sentences that did not require editing. In contrast, website forums encouraged more basic information. Maybe this could explain why website forums generated more diverse discourses because the conversations mimicked face to face conversations. It appeared that users did not feel pressure to conform to grammatical and vocabulary standards, so they presented their views in a somewhat raw form. In my view, the information on website forums appeared more natural, based on the tone and voice used in the posts.

Moderation took four forms: automated, self, collective, and human/assigned moderation. Users are informed of the general moderation criteria when signing up to Facebook, website forums and Reddit. These rules and social norms subtly contribute to self-moderation and collective

moderation as users know beforehand what is allowable and what is not. In this regard, users practice self-discipline by subjecting themselves to the etiquette on these platforms and they are at the same time disciplined by other users and assigned moderators. I observed similar themes in the rules and norms across the three social media platforms. The main themes that categorize the social norms across the platforms are respect, safety, and support. For example, collective and self-moderation worked through upvoting and downvoting posts and comments and abiding by the rules and norms on these platforms. Social norms (see appendix twelve for a summary of the social norms) show a threat of exclusion if users do not abide by the set social media norms and rules.

The rules and norms on these platforms encourage people to publicise their thoughts, activities, and emotions within some boundaries. This inclusion and exclusion worked to privilege ways of representing mental health. Social media rules and norms (see appendix twelve for details)-were more explicit on Reddit (Reddit 2020), and website forums (Beyond Blue 2020; Headspace 2020; SANE Australia 2020), with more tips on how to uphold the norms than on Facebook (Facebook 2020). Facebook took a more general approach to what is and is not allowed. The written social media rules and norms had similar themes of safety, respect, harm reduction and support (see appendix twelve) across the three platforms In addition to those common themes, Reddit, and Facebook had extensive guidelines on advertising owing to the commercial model on which these platforms operate. These rules can be categorised broadly as restrictive (don't do this) and prescriptive (do this) to reflect the values of the platforms through which moderators create and enforce community standards. Moderators managed conversations across the three platforms following set standards. The rules detailed behaviour on relevance (nature of the posts), advertising (which was restricted), and safety (this regarded how information on self-harm should be shared and how to prevent causing harm to other individuals while sharing and seeking information). Moderators were either paid/professional or volunteer moderators. I discuss how moderators conducted their work in the next chapter to provide a deeper insight into how moderation practices worked extensively to contribute to sustaining existing discourses discussed in the previous chapter.

Automated moderation bots informed users that a message had been deleted for not following posting rules and norms. This was evident on the Reddit forum but not on website forums and Facebook pages. For instance, in image sixteen, the screenshot shows a post in which the author experiences self-harm. The automated moderation bot flagged the author, referring to contact a human moderator. Although automated moderation was not explicit on website forums, the

interviews with moderators (more details in the next chapter) showed that auto-moderation takes place behind the scenes on these platforms. In terms of power relations, through moderation, managers of these social media platforms retain/reclaim power by limiting what is said, how it is said, and by whom. I found that moderators who took up the assigned role of policing these platforms intervened to remove potentially harmful information such as suicidal ideation, and off-topic information. Moderators on website forums and Facebook pages demonstrated components of compassionate accountability (such as being identified as experts and using verbal rewards and offering support in the form of information and being sensitive and empathetic). For example, image eighteen shows a moderator following up on a user who signalled mental distress in the posts they shared. I observed occasional follow-ups like these on website forums and Facebook pages through comments but none on Reddit forums.

Image 16: Example of Automated Moderation on a Reddit Forum
(Retrieved on 21 August 2019)

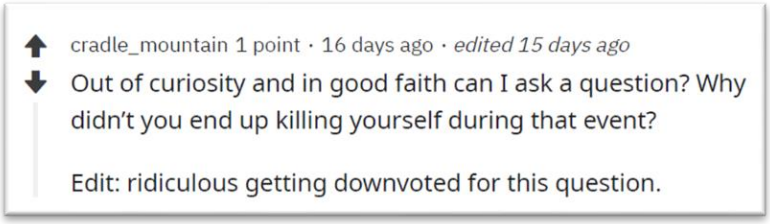


Image 17: Example of Human Moderator Edited Post on a Reddit Forum
(Retrieved on 21 August 2019)

Image 18: Example of a Human Moderator Providing Support on a Website Forum (Retrieved on 6 September 2019)

In terms of implications for mental health communicators, there is a need to leverage this affordance to minimise harmful information. Despite the efforts towards reducing harmful content, I found some harmful content, especially on Reddit, such as stigmatising information and suicidal ideation. I suggest that mental health communicators maximise social media tools to prevent such information from being shared, balance freedom of expression, and reduce harm by preventing access to such information by a vulnerable person. Mental health communicators and social media corporations need to take a solid stand to delete such information. In the sections above, I illustrated how the affordances of visibility, persistence, association and editability played out on Reddit, Facebook, and website forums.

In chapter three I discussed the social media logic which shows the "intricate dynamic between social media platforms, mass media, users, and social institutions" (Van Dijck & Poell 2013, p. 2). Figure seven below (the lines with arrows show co-existence, embeddedness and contradiction, the dotted lines show a low or indirect link and the full lines show a strong or direct link) further shows the relationship between the macro-level social media logic and the micro-level social media affordances and how this relationship shaped the emergence, disappearance, persistence and non-existence of mental health and illness discourses as well as sustaining and in some instances challenging dominant power relations.

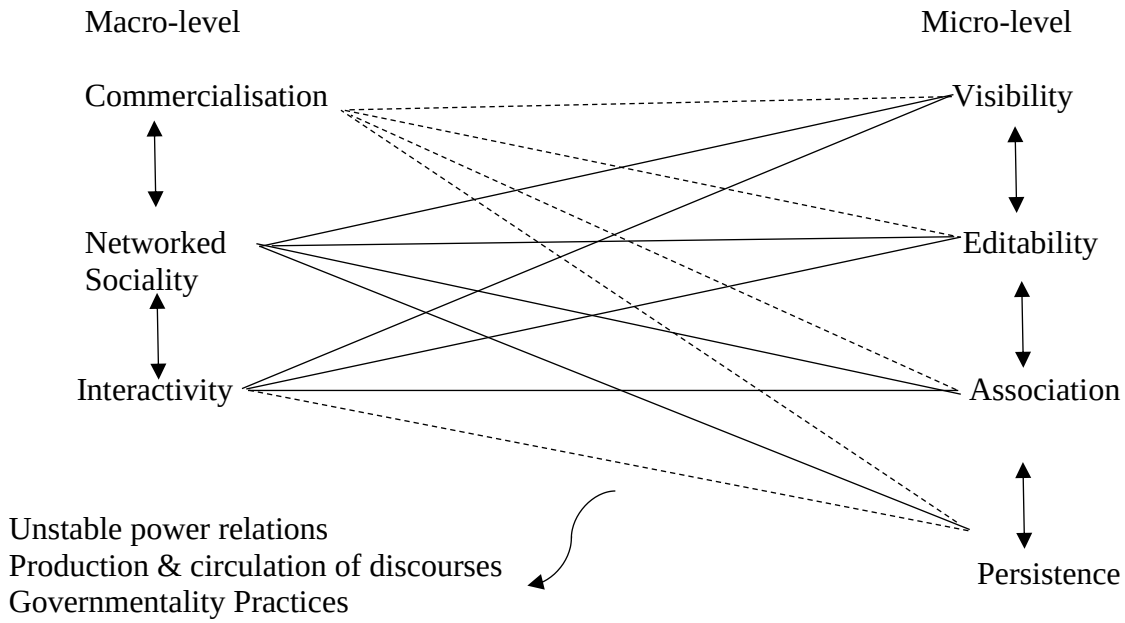


Figure 7: The Macro-Micro Interconnections of the Social Media Logic and Affordances

The researcher's illustration.

I showed in sections 6.1.1 to 6.1.4 how the affordances of visibility, editability, association and persistence constitute and contradict each other. I argue that although all the three social media logic elements shape the social media affordances, the networked sociality and interactivity logics were the most significant observable elements. Although I did not directly observe the manifestation of the commercialisation logic, I argue that this logic, which is typified by surveillance and data profiling, shapes the social media architecture in the back and front end of these platforms. This was evidenced through user interviews conducted as part of this study and available literature (Chester 2012; Lomborg & Bechmann 2014; Lupton 2021; Mitrou et al. 2014;

Mittelstadt & Floridi 2016). The networked sociality had the highest observable level of influence on the way social media affordances played out to shape the production and circulation of mental health discourses and power relations. Networked sociality is distinguished by social media architecture and social media norms and rules. Interactivity is exemplified by social media algorithms (codes, interfaces, and protocols) that shape the flow of conversations. Persistence was shaped through ranking information and information on these platforms being searchable. Editability was mostly shaped through moderation practices and social media features that enabled users to alter original information. Association was shaped through facilitating connections with other users and visibility was shaped through information being easily accessible.

6.2 Summary

I explored four affordances of social media that shaped mental health construction on social media platforms. From this exploration, I found that these affordances have a contradictory effect on productive conversations and information flow, constraining and enabling mental health information. I showed that social media affordances shape and are shaped by the practices and processes of production and consumption of mental health information through two main aspects: sustaining and challenging mental health discourses, in the process shaping power relations. I showed in this chapter that social media affordances shape social interactions and communications, but individuals (users and moderators) actively adopt social media affordances to reflect their own communication goals. At the same time, I showed that users are not passive but resist unequal power relations by circumventing some of the constraints. Each of the four affordances identifies how individuals can exert or resist the control of information flow. In the next chapter, I provide a deeper analysis of user and moderator experiences scaffolding the discussion within the manifestation of governmentality practices. This chapter shows the interconnected context of discourses, social media affordances, users' and institutional practices which provides another level of understanding of the representation of mental health on social media platforms.

Chapter Seven: Governmentality Practices-Users' and Moderator's Experiences

> To ask whether mediated communication is as good as unmediated interaction or whether online relationships are as good as mediated relationships is to miss the point. It is not a question of either/or, of one versus the other. It's a question of who's communicating, for what purposes, in what contexts, and what their expectations are.
>
> (Baym 2015, p. 153)

7.0 Introduction

The focus of this chapter is to respond to the third research question: How does governmentality manifest in the experiences of users and moderators of mental health-related Facebook pages, Reddit forums, and website forums? I argue that the meaning of mental health is shaped by the connection between social media platform technological and social norms, embedded within asymmetrical relations of power and taken-for-granted governmentality practices. This chapter provides a broad contextual and critical perspective but not a cause-and-effect explanation of why these discourses emerge by drawing on interviews with users' experiences of social media and moderators of professionally and non-professionally managed Facebook pages, Reddit, and website forums. Users' and moderators' experiences, as evidenced by governmentality practices, account for the production, circulation, consumption, and reproduction processes of information on these platforms. Through semi-structured interviews, I examined how social media corporations, moderators, and users enact and resist forms of governmentality, thereby shaping the construction of mental health on social media platforms. Social structures, power relations, and broader societal influences are elements that social media users and organisations are often unaware of but that shape their practices, affecting how meaning is produced.

Based on the nature of communication on social media platforms, which involves user generated information production and consumption as well as moderation of information, I found the governmentality concept the most relevant analytical tool. As discussed in chapter three, governmentality deals with how individuals govern themselves and how they are governed by others, through technologies of self and technologies of power. Governmentality views power as productive with the aim of fostering happiness, prosperity, longevity, and health among populations. This type of power is both accepted and contested, which alludes to the inherent relations of power-knowledge. Technologies of self are voluntary practices and reflections individuals take to improve their lives through personal conviction or the influence of power structures such as regulation. I discussed in chapter six how social media platforms afford various

experiences such as self-disclosure and social support that facilitate the process of self-care. Technologies of power on the other hand are practices that aim to shape the way people behave by maximising desired effects while limiting undesired ones through non-coercive approaches. In the case of this study, moderation can be viewed as a technology of power because it aims to fosters production and circulation of mental health information which enables people with mental illness or those who care for people with mental illness to govern and manage themselves positively. The aim of using the notion of governmentality was to understand how moderation practices and user experiences shaped mental health communication in order to show the opportunities and gaps for mental health promotion on social media platforms to contribute to a collective action approach as opposed to a principal agent approach that reinforces dominant medical and technological power relations.

In the sections that follow, I show how users' and moderators' experiences embodied these technologies. The discussion illustrates how technologies of power (characterised by professionalisation and accountability) and technologies of self (evidenced through social media surveillance and information seeking and sharing) shaped mental health information production, circulation, consumption, and reproduction. The interviews with moderators showed how the practices of accountability drew on a desire to use policies and guidelines to minimise information and practices that would be detrimental to mental wellbeing. The accountability practice showed that political (politicians), technological (social media corporation), individual (moderators and people with mental illness), organisational, and funder/donor loyalties are intertwined. The professionalisation highlighted how moderators navigated their roles through their reflections on moderation practices. In chapter six, I discussed that website forums, Facebook and Reddit have robust social media policies and regulations aimed to minimise mental distress, yet in chapter five, I showed how some information on these platforms could be detrimental to mental wellbeing because it reinforces stereotypes. The insights on moderation discussed in this chapter provide some explanation for the varied experiences across the social media platforms analysed in this study. Information seeking and sharing showed how users leveraged social media platforms to improve their mental wellbeing and that of others. This practice demonstrated the way technology of self was embodied as a result of users negotiating the different social media platform affordances to form relationships and express or conceal identity. Social media surveillance showed users' awareness and in some cases acceptance or resistance of the way algorithms embedded in social media platforms recommended information, users' reflections on the way information about their

social media practices or their social media footprint was used to profile them in order to customise their mental health self-care experience such as through targeted advertising.

Overall, the results from the interviews show that governmentality practices, namely accountability, professionalisation, social media surveillance, and information seeking and sharing, have become deeply ingrained in producing and consuming mental health-related information on social media platforms and shape the way users and moderators interact in this process. Although I analysed a significant volume of interview transcripts, I only included two excerpts because it was not possible to find a representative number of excerpts to illustrate my arguments. As such, the excerpts that I included demonstrate the typical but not the general portrayal of mental health communication on social media platforms through the lens of users and moderators with a governmentality stance.

7.1 Users' and Moderators' Experiences

This chapter presents an account of interview data, but the discussion also links the social media posts and negotiation of social media affordances since one of the theoretical perspectives that guided this study was Fairclough's three-dimensional approach. This theoretical approach postulates that textual depictions of an issue, and the processes of producing and consuming those depictions in the form of discourses and the socio-cultural context in which they exist, are interdependent. I interviewed seven users and five moderators. Users indicated that they used various platforms including Facebook, WhatsApp, website forums and Reddit forums. Users were aged between eighteen and thirty-four years, and they were all based in Australia. All users mentioned using social media platforms at least once every week. I interviewed three website forum moderators, one Reddit moderator, and one layperson Facebook page moderator.

During COVID-19, moderators noted that they strengthened their guidelines to ensure safety and increased resources because of the influx of new users and the concern for people who were already experiencing mental illness before the pandemic. On the other hand, users noted that they spent more time using social media platforms because of the increased mental distress due to the pandemic and more time due to isolation and stay-home orders. Accountability and professionalisation show the moderation practices, and social media surveillance and information seeking and sharing show user experiences. In the following sections, I discuss the governmentality practices that emerged from the interviews with users and moderators and show how these shaped

the meaning-making process by allowing some discourses to emerge over others. I begin with the practice of accountability, followed by professionalisation, then social media surveillance and lastly information seeking and sharing. I include only two excerpts from the dataset to illustrate the arguments for each discourse that I discuss in the sections below; see appendix eleven for more excerpts. The real names of the interviewees were concealed with a pseudonym to maintain privacy. Table five below summarises the governmentality practices, the features that characterise these practices and the ideological assumptions.

Governmentality Practices	Features	Ideological assumptions
Accountability	• Safety versus diversity of opinions	• Riskification • Responsibilisation
Professionalisation	• Negotiated roles • Human versus automated moderation • Hierarchies • Illegitimacy-legitimacy	• Medicalisation • Riskification • Individualisation
Social Media Surveillance	• Accepting/resisting social media surveillance	• Individualisation
Information seeking and sharing	• Connection-disconnection • Alternative and Impactful Information • Identity construction	• Responsibilisation

Table 5: Summary of the Manifestation of Governmentality Practice

7.1.1 Accountability

The accountability practice emphasises the provision of good service (Clark 2005). Drawing on the accountability practice, moderators represented the interests and values of the mental health organisations on whose behalf they are moderating. For instance, in excerpt thirty-two, Dorothy mentioned that one of the key principles of moderation is to enable users of mental health-related website forums to achieve positive outcomes. Additionally, moderators portrayed themselves as enablers of community growth by fostering participatory decision-making processes by drawing on standardised policies and procedures. For example, in excerpt thirty-two, Dorothy mentioned

that she moderated to create a sense of belonging by removing unacceptable information based on the rules and norms on the website forums. The mental health-related social media pages and forums examined in this study were moderated to maintain the value and trustworthiness of the information shared, balance diverse views and safety, provide supportive spaces for disclosure, ensure users' privacy, and maintain cultural sensitivity and overall safety.

However, moderators gave prominence to safety as opposed to diverse views. For example, in excerpt thirty-three, Hellen mentioned that they moderated these platforms to create safe spaces by guarding against information that is not in line with community regulations while maintaining balanced information sharing. Additionally, moderators noted that some social media practices and content such as self-harm and suicidal ideation might become additional triggers to an already sensitive and vulnerable population. Moderation within these platforms was not limited to guaranteeing content quality. It also included providing supportive spaces for disclosure, safeguarding individuals' privacy, and maintaining users' cultural sensitivity and overall safety. Indeed, mental health-related social media pages and forums require unique moderation goals-mitigating trolling behaviour, spam, harassment, and unhelpful content and extra caution given the sensitive nature of discussions. Therefore, moderators executed their work with a strong sense of obligation and liability.

Moderators constantly weighed the benefits of mental health information against infringing on freedom of expression and, in worse scenarios, censoring information that stigmatised and alienated already vulnerable users. For example, in excerpt thirty-three, Dorothy noted that moderation aimed to maintain morals and regulations. To a great extent, moderators worked to protect organisational values, observance of terms of use, organisational values, site regulations, and legal regimes such as law enforcement. Therefore, content moderators are integral in deciding what content will be available on a social media platform. Content moderation profoundly shapes what is said on social media platforms because it is an act of curation and passing along material created by others. In excerpt thirty-three, Dorothy, a website forum moderator noted that moderation enabled users to abide by the law in general terms and safety for other users to feel comfortable. Additionally, Hellen, a website forum moderator, observed that moderation aimed to mitigate risks as a priority, for example, limiting self-harm information or defamation but encouraging unbiased discussion at the same time.

> *Excerpt 33:* …we are looking out for individuals and have a duty of care over them. We also have a duty of care over the organisation that we are working for…so we moderate to

> protect the community from things that may be illegal or infringe on any morals or terms and regulations within our community or elsewhere. Moderation is done very intentionally. (Dorothy, website forums moderator).

> *Excerpt 34:* So, the guidelines are primarily on keeping community members safe. Safety is a big umbrella concept that comprises things such as immediate risk. Psychological and verbal harm can occur, often nuanced in text format. There are also legal issues such as defamation of character, where sometimes unknowingly, someone could defame someone or an organisation. On the other side of that was giving unbiased recommendations of services, so we would ask users to refrain from speaking negatively about a particular person and on the same token, we also ask that users not speak favourably of another person as there would be an imbalance if you stop or control talking about the negative experiences (Hellen, website forums moderator).

Accountability, as exemplified above, resonates with the ideological assumption of riskification, evidenced by implying that people with mental illness are at-risk and in need of protection and supervision. The interviews showed that users made meaning of mental health by drawing on mental illness risk factors in their environment, which serves to reinforce accountability. This was shown through mental health organisations capitalising on the environmental and individual risks of experiencing mental illness, living with mental illness, and social media practices involved in sharing personal experiences with mental illness on social media platforms.

Diversity of opinions on social media can enable users to access various opinions and beliefs (Kwon, Moon & Stefanone 2015), boost cultural and social inclusion (Huckfeldt, Johnson & Sprague 2002), and facilitate participation to contribute to the uptake of positive mental health practices. However, mental health organisations' role in this process needs to be brought to the forefront. Institutions and organisations shape reality, and thus, “our senses of self are inevitably fashioned in the context of organisational memberships and the multiple, even competing collective identities, they entail” (Ashcraft & Mumby 2004, p. 13). Holstein and Gubrium (2000b) explain that peoples’ lives are “continually mediated by the increasingly disciplined, institutionalised circumstances of contemporary life” (p. 153). Thus, organisations enable interactions about specific topics from a defined point of view, and their impact is most often exercised through the naturalisation of the recommended mental health practices, as seen in the excerpts above. Foucault (1984) asserts that discourses produce and sustain codes of morality that construct true, false right or wrong. For example, it appeared that mental health professionals were expected to direct users towards positive mental health outcomes. If users do not adopt these behaviours, this can be

regarded as a failure by a moderator, posing a potential threat to institutional and professional identity. This echoes Foucault (1991), who noted that "practices of the self are not invented by subjects themselves but rather are 'proposed, suggested, and imposed on them by one's culture, society, and social group" (p. 11). In this section, I discussed the practice of accountability which was characterised by moderators balancing creating a safe space for users while also maintaining the diversity of opinions. In the next section, I illustrate the professionalisation governmentality practice.

7.1.2 Professionalisation

The interviews with moderators also exhibited the governmentality practice of professionalisation. Professionalisation is the proliferation of professions to treat and manage the citizenry to create productive and disciplined citizens (Scheurich 1994). Freidson (1970) noted that professions possess three powerful interlocking arguments that they use to justify their privileged status. The first is the degree of skill and knowledge involved in professional work. The second is that professionals are accountable and maybe reliable efficiently without supervision. Thirdly, professionals argue that they may be reliable in carrying out the appropriate monitoring action when individuals do not perform their work proficiently. The proliferation of the professionalisation of governmentality practice was evidenced by how moderators negotiated their roles.

Moderators negotiated their roles in three ways: negotiating human-machine moderation, the impact of moderation on wellbeing, and hierarchies within moderation, as discussed below. One of the most predominant responsibilities included cleaning up trolls' and spam posts that were insulting and disparaging to users. These spam posts, such as posts relating to advertising and banned conversations on self-harm and irrelevant content, disrupted community norms and participation. In addition to removing such content, moderators cautioned users to abide by the social media norms and rules. The most commonly censored type of information was self-harm ideation. Moderators removed self-harm ideation content due to its consequences for other users and directly checked in with the users who shared such information through private chatrooms to provide further support. The interviews show that moderation is generally a complex role because it is resource/labour-intensive and continuous, and it requires making tough decisions.

It is important to note that moderators used more human moderation than automated moderation, and on Facebook pages, moderators relied on their expertise rather than automated moderation. Furthermore, while moderators found automated moderation helpful in some instances, such as improving efficiency for handling the workload, especially in triaging cases that need emergency care, other moderators had reservations about it. One moderator noted that automated moderation lacks the human touch and sensitivity that a human moderator brings to the moderation process. It is important to note that automated moderation requires those who code it to understand regularly used expressions. When moderators are unfamiliar with regular expressions, they can write too all-encompassing or broad rules. These rules end up removing appropriate content. The excerpts below show how the moderators negotiated automated moderation. For example, in excerpt thirty-five, Hellen notes that automated moderation enabled moderators to focus their attention on the flagged posts. On the other hand, in excerpt thirty-six, Martha highlighted the struggle between automated and human moderation. The governmentality practice of professionalism shows the intersection of social media's enabling and constraining nature. It shows how moderators take advantage of algorithms to limit discussions while at the same time prioritising their role as gatekeepers who police and maintain standards as well as censorship of some information.

> *Excerpt 35:* We have a technological feature where some posts would automatically go through pre-moderation based on word filters. There were some words, I guess, red words that automatically blocked the post from being published straight away, and so that would flag our attention to look at it straight away. Images were not allowed to be posted straight away, so there was some priority, some flagging system we could pick up on (Hellen, website forums moderator).

> *Excerpt 36:* I think automated moderation can be valuable for moderators. I guess to reduce demands on their time. Still, I would not ever recommend it as the sole source of restraint, particularly in an organisation at higher risk of dealing with suicide and other self-harm practices. The word filters are great, but all this stuff needs to be reviewed by a human. I do not think the technology will reach the point of sophistication where it can deal with everything, and there is no need for things to be double-checked. We have found that even when we update keyword filters, people's talk gets around it. The way people use language will never quite match with artificial intelligence (Martha, commercial moderator).

Moderation requires allowing appropriate discussions to ensure that one does not appear to be alienating users and it creates a space to share information freely as long as the information does not contradict the social media and organisational guidelines. Additionally, moderators mentioned that moderation of mental health-related Facebook pages, Reddit and website forums operated

within varying hierarchical structures. By hierarchy, I mean an implicit power imbalance amongst moderators. The interviews revealed three types of hierarchical structures: professionals, non-professionals/volunteers, and initiators of Reddit forums, as illustrated in the excerpts below. In extract thirty-seven, Jessica noted that these hierarchies contribute to a few people exercising power over moderation decisions among moderators. In another instance, in excerpt thirty-seven, Dorothy emphasised that moderation is a professional practice but acknowledged the value of non-professional moderators. It seems from these excerpts that professional moderators seemed to have an upper hand in moderating. On Reddit, initiators of Reddit forums seemed to have an upper hand over volunteer moderators as shown in excerpt thirty-eight.

> *Excerpt 37:* Sure, so moderation is a professional discipline that has been for a long time now. But it is still performed by lots of non-professionals. There is a natural hierarchy. So, you have volunteer moderators who just started an online community or help lead an online community for a shared interest or something they care about. They do not work for any money or any compensation. They are just doing it for the love of it might be a neighbourhood group or a fun forum. Then you have got your commercial content moderation mainly, which is contract-based and precarious labour (Dorothy, website forums moderator).

> *Excerpt 38:* Other challenges include fellow moderators, which can be abrasive and aggressive to others. Part of the issue with Reddit is that it is hierarchical, so someone who made a mod before another mod will always be able to "kick out" the later moderator, but not the reverse. It frequently leads to a cabal of "difficult" people at the top (Jessica, Reddit moderator).

As highlighted in excerpt thirty-seven, demonstrating and fulfilling these roles places users and moderators as the governed and the governor, respectively. For example, the process of going through the hierarchies to seek the opinion or approval of a superior moderator accords authority to some moderators over others. Moreover, the authority accorded to the moderators and how moderation occurred exhibited technologies of power over subordinate moderators and users. Yet finding the most appropriate way to manage controversial content is a constant struggle for moderators because this requires a precise balance between the interests of mental health organisations, social media corporations, and the users of these platforms. In essence, moderation requires a balance between enabling freedom of expression and minimising harm.

> *Excerpt 39:* If people want to identify themselves [as living with mental illness], it [moderation] is almost like reinforcing stigma. It is always assumed that people are not in a good state of mind to identify themselves. I think that can be quite disempowering …I

> guess there is space for medical perspectives. Still, just the authority and superiority of medical discourses stamp out other alternative discourses, which can be harmful. I found that we were always advocating for users to see health professionals. I thought this flaw was where peer support did not share the same authority as health professionals. So, I felt there is a contradiction in empowering people to have a voice. At the same time, it feels like they have to have a particular narrative to use that voice (Hellen, website forums moderator).

> *Excerpt 40:* The other thing is not having adequate tools or support in the job. Or being stuck on a platform that does not have the tools you need to moderate effectively happens quite a lot. I cannot do a good job with this too. The devices are not good enough and not up to best practice, but what do I have to try and hack those tools together in the way I described, or do I go and need to lobby my boss for more money or a different instrument? That adds stressors. Hence, adding that burden of risk and knowing that the devices aren't quite right, you know, is a part of that (Dorothy, website forum moderator).

The interviews with moderators showed that despite the known benefits of moderation, such as minimising harm, moderators expressed concern about the practice of moderating being illegitimate and in the process critiquing their role, as highlighted in excerpt thirty-nine. Hellen, a website forum moderator, noted that some moderation practices constrain users' voices, which is contrary to what the platforms are meant to provide and achieve. I found this reflection encouraging because it is a catalyst for facilitating alternative voices and potentially alternative discourses through a deliberate effort to give users more speaking rights. Such thoughts of the legitimacy and illegitimacy of moderation challenge the institutional practices that moderators take for granted, creating an opportunity to develop less dogmatic approaches and commit to giving users more voice. I acknowledge that social media platforms should be moderated in some form to protect users by removing offensive, disgusting, or unlawful information. Additionally, the interviews with moderators showed that moderation is a complex process that involves determining what is intolerable but balancing offence and importance, harmonizing opposing value systems, minimizing harm, and grappling with inequities. I argue that the professionalisation governmentality practice reproduces perceptions of viewing people with mental illness as frail, delicate, dependent and in need of help and moderators in positions of authority with the expertise to address this vulnerability because of a focus on following set standards of managing conversations on these platforms. This could explain the emergence of the medicalisation ideological assumption reiterated through the discourse of professional care. In the next section, I illustrate how users negotiated social media surveillance. In this section, I discussed the

governmentality practice of professionalisation which was exemplified through negotiated roles, human versus automated moderation, hierarchies within moderation, and feelings of illegitimacy-legitimacy of moderation.

7.1.3 Social Media Surveillance

Social media surveillance is the "deliberate monitoring of individuals often taking place in an adversarial and inquisitorial context, increasingly using technical means to gather and analyse data, and is used for social, environmental, economic, or political governance" (Brown 2015, p. 1). Users experienced social media surveillance through data mining and targeted advertising. Social media surveillance illustrates how social media affordances enable and constrain mental health self-care. For example, in excerpt forty-one, Mary described surveillance in the form of information related to things she had searched for showing up while using social media. Some users saw surveillance in ambiguous terms, while others viewed surveillance as a convenient practice (such as discovering information tailored to one's needs and meeting people who share similar experiences). Most participants described the inconveniences of surveillance as unavoidable costs in exchange for connecting with others. Although the users did not necessarily agree with the commercial strategies of the platforms they used, they all perceived surveillance as part of the regular operation of social media platforms. This illustrates how surveillance has become normalised and legitimised.

> *Excerpt 41*: When I click on something on Facebook, it usually takes me to a specific website or organisation. So, if it kept on popping up on Facebook, I would unsubscribe and deal with the organisation itself because that's where you find most of the information, not necessarily the ads (Mary).

> *Excerpt 42*: I do not mind those things because it is just the adverts; they listen to us, breaching our privacy. But so, what if they invade your privacy? It is not like they are coming to your house. So, it is just an algorithm that is doing it instead of a human. Also, it is not that we are someone important. Unless they start stealing our money, it is different (Felly).

Social media surveillance shows how processes of social media corporations work in subtle ways to shape what can and cannot be said on social media platforms to serve the interests of social media corporations. This further shows that although users were aware of surveillance, their use of social media platforms was still deeply inscribed in unequal power relations. As part of navigating

these power imbalances, users discussed how they circumvented surveillance. For example, excerpt forty-one shows that Mary unsubscribed from some social media platforms due to the inconvenience of surveillance through the algorithms recommending information and adverts relating to the mental health information they had searched. Although in some instances, surveillance was framed as a constraint to producing and consuming mental health information on social media, some users found it beneficial. For example, users discussed how surveillance and data profiling helped them to access tailored information. For example, in excerpt forty-two, Felly suggested that, while algorithms push adverts, she did not view them as evading privacy, so she did not mind it.

Users did not directly and actively resist surveillance but showed discomfort, as shown in the excerpts above (except for Mary, who unsubscribed from a social media platform). As such social media surveillance is further facilitated through the relationship between users and social media affordances. Lyon (2017) argues social media's design features that favour sharing, visibility, and exposure compel users into a 'surveillance culture' wherein "surveillance is becoming part of a whole way of life" (p. 825). These findings echo other research findings. For instance, Lupton (2020) found that although participants were mindful of algorithms such as those used for tailored advertising and data profiling, many did not feel at risk. Yet Roberts (2019) notes that although social media corporations portray themselves as user-centred, these technologies engineer and make available surveillance, control and vested commercial interests, actualised through data protocols.

Moreover, the way users experienced surveillance resonates with the argument by Lupton (2015) which states that surveillance is a means through which governmentality principles are propagated through monetising content production, circulation, consumption, and reproduction, masking the negative consequences such as exploiting the labour of users who do not get paid for the information they produce as they interact with each other. Instead, this information is sold to advertisers to contribute to sales. Indeed, 'the sharing subject seeks to recirculate content as part of their identity and participation in social networks and communities,' believing that it will 'impact their networks' (Lupton 2015, p. 30).

Surveillance raises critical questions about whether social media users are participating independently or in the interests of social media corporations. This is because the surveilling power of algorithms shapes advances and conveys agendas because of the values and biases embedded in

them. Indeed, it can be argued that algorithms ideologically structure social media environments because surveillance shapes power dynamics through institutional practices and social relations, thereby controlling participation in terms of who participates (as some people unsubscribe from these platforms), how individuals participate (as some circumvent surveillance) information disclosure and, ultimately, the information circulating on social media platforms. Surveillance reaffirms unequal power relations highlighting how social media users are socialised and engineered to accept a surveillance culture through hidden efforts to control the information on these platforms, identity connections, and social relations. However, this does not mean that power is not resisted.

There are instances of circumnavigating the constraints. Surveillance organises practices that affect power dynamics, institutional practice, and interpersonal relations. Surveillance shows a power struggle in the power relations between those surveilling and those surveilled. This affects who speaks and does not and the topics that appear or do not emerge on social media platforms. The way surveillance played out in this study resonates with previous studies that found a similar experience. For example, Van Dijck and Poell (2013) observed that some social media users liked the platform's service that linked them to like-minded people, favoured items, or tailored tastes; others disliked networked customisation suggesting it is a signal of infringed privacy or commercial misuse of user information. This section illustrated the practice of social media surveillance which was characterised by accepting/resisting social media surveillance. In the section that follows, I discuss the governmentality practice of information seeking and sharing which was characterised by feelings of connection-disconnection, alternative and Impactful Information, and identity construction.

7.1.4 Information Seeking and Sharing

The information seeking and sharing governmentality practice involved actively or passively sharing and seeking information on social media platforms. I argue that this governmentality practice exemplifies technologies of the self through users exhibiting self-care by using social media platforms to seek and share mental health information to prevent mental illness or to maintain mental wellbeing. The information seeking and sharing governmentality practice was actualised through identity construction, feelings of connections and disconnection, and the benefits and adverse experiences of using social media for mental wellbeing. Identity in relation to health and illness has been extensively studied (Elraz 2018; Hine, May bery & Goodyear 2019;

Kelly & Millward 2004; Klik, Williams & Reynolds 2019; Koch 2021). Identity construction on social media platforms results from continuous interaction that involves negotiating social media norms and rules, speaking rights and subject positions embedded in discourses, genres, and metaphors. The interviews with users provided evidence of how identity construction on social media platforms shaped how users engaged with mental health information and supported each other.

While some users indicated using social media platforms could enable them to claim, express and take up mental health identities as experts, others were not comfortable disclosing their mental health experiences to limit the negative implications of constructing such identities. The interviews further showed that users disclosed less on Facebook than on other platforms because it requires users to identify with legal names and more on forums that enable users to conceal their identity through pseudonyms and anonymity. This encouraged higher rates of disclosure and experience sharing and could provide therapeutic benefits. The possibility of being anonymous or pseudonymous can allow users to express themselves differently. In contrast, when users are required to use their legal name, they may be concerned about stigma and trolling. It is also true that anonymity and pseudonymity could contribute to stigma because the offenders hide behind concealed identities (Johnson & Miller 1998; Klempka & Stimson 2014). Some users expressed reservations about explicitly sharing information about their mental health challenges or information shared by their friends, particularly on Facebook. If they did, this was subject to considerations of identity management, for example, as Mary mentioned in excerpt forty-three.

> *Excerpt 43*: I am the same person the only thing that has changed on the platforms is my name. I used to have the same name as all my other social media with my Facebook name. Still, when I was Googling myself, I found that they do their investigation, especially like this at work or during a work interview. You know, all this stuff from Facebook like and things that were inadvertent to me, which my friends have done but I don't necessarily like or approve of, would come up. Hence, I created a different persona, and my Facebook name has an utterly different name from my full name. So, it's not the persona that's different. It's the name that is different (Mary).

> *Excerpt 44*: I do not have anonymity outside of social media concerning these experiences because I'm a public mental health service worker. When I was working on one of those mental health boards, I was aware as a staff member of the level of scrutiny of users of surveillance. Still, I got the sense that the people I was engaging with had forgotten, not consciously, just like you know you send a private message on these services, and you assume that's between the person and me, and you fail to click the consent button. ….. I

> guess what I'm saying is I don't think consent is offered enough for people to be aware of how much information they are giving over about this stuff (Ariana).

On the other hand, while some users had concerns about identity with some mental illness and health subject positions such as a subject position of mental illness which limited their participation, others used social media enthusiastically to enable them to consume content, such as sharing content the same way they would in offline circumstances. For example, in excerpt forty-three, Mary noted that they publicly consumed and published mental health information. While some users did not take up a different subject position while accessing and engaging with mental health content as those they claimed and expressed offline, some did. For instance, one user noted that their online subject position reflected their soft-spoken personality offline; thus, they did not often share on social media. Furthermore, the visibility affordance of social media platforms is a hindrance to the way users construct identities considering that users use social media platforms for other things such as work. As such, some users were concerned that they could be leaving behind a digital footprint on the platforms they use or the information they consumed. For example, Mary indicated a balance between taking a mental illness or mental health expert subject position. Another user noted that because they publicly talk about mental health offline, maintaining anonymity online was difficult. These experiences point to the subtle stigma ideological assumption because users did not openly mention that they negotiated their subject positions to minimise stigma, although they expressed discomfort with taking up mental illness subject positions.

The construction of identity is a core component in meaning-making through which communicators develop representations of themselves and others. The interviews with users showed that the construction of identity is context-specific in terms of the platform and the type of content. Also, identity is formed by drawing upon various discursive resources, including socio-cultural practices and navigating social media affordances. This is an essential aspect of this study because identities are construed subjectively because of power relations associated with structures of domination (Zhao, Grasmuck & Martin 2008). As such, identity construction is a delicate process for people with mental illness because mental illness experiences play a significant role in the identity taken up (Asbring 2001). Self-identity on social media platforms is facilitated by negotiation of social media affordances such as association and visibility through pre-existing networks offline and strangers connecting on wide-ranging issues. Users vary their self-identity

from platform to platform as they build and navigate social media communities and networks (boyd 2014; Lincoln & Robards 2017; Livingstone 2008). Social media naturally provides a platform where people can manage their identities to engage in conversations about a potentially stigmatising condition such as mental illness. Therefore, avoiding being observable, verifiable, and held responsible can lead people to act differently than they would do offline (Chester & O'Hara 2007). Additionally, identity influences the nature of self-expression on these social media platforms. Self-expression involves sharing personal experiences and states of being "as an expressive element of the substance of the illness as it plays out over time, as it affects the bodies, thoughts, events and relationships of individuals moving toward a state of full recovery or untimely death," (McCosker 2013, p. 131).

Another aspect that characterised the information seeking and sharing governmentality practice was the negotiation of benefits and challenges of using social media platforms. The interviews showed that users negotiated the benefits and challenges of using social media for mental wellbeing in accessing and sharing mental health information. For example, in excerpt forty-six, Paula noted that she used social media platforms to access mental health information since she experiences anxiety and depression, and this provided tips on managing her illness. Users highlighted mixed feelings towards social media platforms throughout the interviews. Most participants identified the advantages of social media platforms as convenience and ease of use, which enabled them to easily connect and chat with friends and get information or share resources. The platforms were considered essential in maintaining relationships and getting the latest information. For example, in extract forty-five, Mary noted that she used Facebook and Instagram to maintain connections and keep up to date with relevant information. Users noted that they accessed professionally produced and layperson information to increase their understanding and management of mental illness. Additionally, users were keen to know about other people's experiences to make decisions about their own experiences. Users described social media platforms in more general terms such as to connect, echoing the terminology used by social media corporations. This terminology implies that experiencing a sense of belonging and connectedness with a community mediates individuals' sense of identity and wellbeing, as previous studies have indicated.

> *Excerpt 45:* Social media platforms I mainly use Facebook, and I have used Instagram in the past…I use it to connect with them and catch up with him with also in terms of checking up on family putting out if I see anything that may be you will be interested in them whether

> it is like an article whether there is a job or something, I tend to post it on the family group chat, so I use it for various reasons (Mary).

> *Excerpt 46:* When I feel down, I follow some motivational pages. Like on YouTube, I follow a range of YouTube content. I occasionally watch information on Facebook. I suffer from depression and anxiety, and most of the influencers I follow tend to have that Illness. So, you tend to relate to them, and they become inspirational to me. I am open about my mental Illness [on social media]. However, it is taboo in our Malay culture because they see it as something to do with our religion. Hence, if you have this kind of Illness, you are not closer to God, but people talk about it more often because many people on social media are talking about it (Paula).

The excerpts above show that users connected on social media platforms in various ways, such as through sharing information that could be helpful to others—accessing information that enables them to cope with their mental illness and opportunities to keep their relationships more robust. The last element of the information sharing and seeking governmentality practice was the dual feeling of connection and disconnection. Despite feeling connected with friends, family, and strangers, users sometimes felt disconnected. For instance, some participants in the study expressed a desire to stop engaging with some social media platforms that they used (reference was made to Facebook). One had done so permanently on Instagram. Indeed, media suspension or disconnection practices or feelings of disconnection do not follow a simple contrast of using or not using social media platforms but are positioned within a multifaceted continuum of power relations and how social media affordances play out.

> *Excerpt 47:* The sense of social engagement is shallow and harmful because it is not a deep, authentic engagement with another person. It is structured to invite insecurity and wants you to return and do something new to get more validation. But then it is tricky because if we live in an increasingly online society, then there will be fewer opportunities for what would feel like a natural person to person engagement. Then maybe this illusion of connection is the best thing we will have (Ariana).

> *Excerpt 48:* The good thing about technology is that it reduces distance. For example, empathy or concern with your experience is brought to you, so reducing that distance gives a sense of community and connection. Still, ultimately, it is not a human connection. It is very close; it feels like it, but it is not. Social media is dehumanising while connecting socially with others is fundamentally humanising. It makes us aware of ourselves, and when we are using social media, we are kind of in a network we are removed from. It makes sense that there are rules on these platforms because you cannot have an entirely chaotic space for lots of reasons. Still, designing the rules for a forum is interesting because it creates

> acceptable expressions and inappropriate words. So, when you are in the intolerable batch, it can be saddening for you and invalidate your legitimacy as a person (Andrew).

The excerpts show that some feelings of disconnection were attributed to aspects of censorship or moderation of content and inauthentic interactions where users felt a loss of belonging because their views were invalidated, as shown in excerpt forty-eight by Andrew. Feelings of disconnection were also realised when some users mentioned that they stopped using social media platforms because using that specific social media platform exacerbated their mental illness. The findings echo the observation by Boardman (2010), who notes that digital technologies such as social media platforms such as online forums could exacerbate the feeling of exclusion rather than solve the challenge of social exclusion. The information seeking and sharing practice echoes the responsibilisation ideology.

Responsibilisation refers to "the process through which subjects are rendered individually responsible for a task that previously would have been the duty, usually a state agency or would not have been recognised as a responsibility at all" (Fleming & Wakefield 2009, p. 277). Responsibilisation is associated with a shift onto people minimising risks related to health due to them being seen as responsible, and not taking measures to prevent illness (Gray 2009). The hidden assumption of responsibilisation demands self-surveillance, which invites the individual "to enter the process of self-governance through continual methods of self-examination, care, and improvement" (Bunton & Petersen 1997, p. 194). Taken together, the governmentality practices discussed above can be viewed to discipline people with mental illness towards acceptance of the governmentality ideology of continual self-improvement, thus freeing the state from having to manage the mental wellbeing of its citizens beyond what it conceives as necessary. This chapter contributed to this study by examining how governmentality played out and shaped production and consumption processes on mental health-related social media platforms.

7.2 Summary

By drawing on user and moderator experiences, this chapter aimed to show how governmentality through the manifestation of technologies of power and self, played out on Facebook pages, Reddit forums and website forums and how these practices shaped the representation of mental health on social media. I showed that governance of mental health takes place in two layers: governance through social media affordances and norms, and user and moderator practices. I showed how users

and moderators actualised technologies of self and technologies of power in conscious and unconscious ways. These manifestations of governmentality present opportunities for creating spaces for alternative constructions, rationalities, and alternative solutions to challenge these dominant practices. The next chapter will present a critical discussion of the overall research findings, implications for practice, and possible future research directions.

Chapter Eight: Conclusion

> We do media and cultural studies to make a difference in the way we understand and think about the world, to bring about positive change.
>
> (Stokes 2012, p. 14)

8.0 Introduction

This study took a social constructionist perspective, demonstrating the many layers of the representation of mental health on social media platforms, the varying contexts in which mental health reality is communicated, and the position I occupied in co-constructing meaning alongside the experiences of others. The goal of this study was not to be replicable but rather to gain insights into the role of representation of mental health on social media platforms. However, by following a systematic and inductive approach, my analysis and arguments are empirically grounded and thus maintain their validity. Although I present my concluding remarks in this chapter, I hope my findings add a more profound and reflective dialogue to spotlight mental health. I began this study with a strong desire to bring about change in mental health communication on social media platforms by highlighting the taken-for-granted assumptions embedded in and facilitated by discourses, social media affordances and user and moderator experiences.

By adopting a critical health perspective, this study attempted to understand the representation of mental health across three commonly used social media platforms. Throughout chapters five, six and seven, I showed how communicating about mental health on these platforms is an intricate relationship between communication practices, that involves drawing on lexical choices imbued with hidden meanings and ideological assumptions, negotiating social media affordances, and navigating socio-cultural practices shaped by governmentality practices, all working through implicit and explicit relations of power. The study used Fairclough's three-dimensional approach, the Foucauldian approach, and the social media logic and affordance constructs. In this chapter, I summarise the overall findings of this study by building on chapters five, six and seven. The strengths and limitations related to the methods and contribution of the study will be discussed. Lastly, I conclude by providing suggestions for future research and some implications for mental health organisations, individuals, and social media corporations.

8.1 Conclusions of Key Findings

In chapter two, I showed a gap in the research literature concerned with limited research focusing on a critical perspective on the representation of mental health on social media platforms. To address this research gap, the study utilised an integrated critical discourse analytic framework that draws on the Foucauldian approach, the Faircloughian approach and the notions of social media logic and social media affordances. As I showed in chapters five, six and seven, the construal of mental health is imbued in power relations that circulate through linguistic devices such as lexical choices, genres, metaphors, and social media affordances. I showed how the discourses from social media posts (visual and textual), the subject positions, and the interrelated configurations of social media affordances and user-moderator experiences construct mental health. The study suggests that the mental health information is underrepresented due to unstable relations of power among social media corporations, individuals who use these platforms and the moderators who guide and police engagements. In the following sections, I present the study's key findings in relation to the research questions.

Research Question 1: What mental health discourses, ideological assumptions, and subject positions emerge from the social media posts?

The study aimed to enhance understanding of the representation of mental health on social media platforms and consider the consequences of such constructions. This part of the study explored the discourses, ideological assumptions and subject positions embedded in the social media posts (text and images). I drew on a data set comprising posts created before and during the COVID-19 pandemic. This study identified the ongoing exploration of meaning in mental health on social media platforms by examining mental health's meaningful and ideological constructions. In chapter seven, I presented the seven discourses that emerged, namely professional care discourse, which underscored the medicalisation ideological assumption of mental illness: framing mental illness as a medical-therapeutic condition. The discourse of a way of life portrayed mental illness as a dichotomy of normality and abnormality, which showed a stigmatising ideological assumption. Yet, at the same time, the context of some posts showed an assumption legitimising attention for mental illness since mental illness is widespread. The discourse of personal care portrayed an underlying empowerment assumption based on the lexicons of self-care, self-help, and self-management. Another discourse that emerged was the discourse of gender categorisation, which exhibited a gender stereotype ideological assumption evidenced through suggestions that mental

illness is a women's problem. Such claims also portrayed a stigmatising assumption among men who experience mental illness.

Additionally, the analysis of social media posts highlighted the discourse of socioeconomics of everyday care and everyday life, which exhibited a riskification assumption and showed the necessity to consider socio-cultural factors in communicating prevention, treatment and management of mental health and illness. The social media posts also showed a discourse of social support, which exhibited a sense of community and support. Lastly, the social media posts showed a discourse of technology, one of the long-standing concerns in mental wellbeing. Some discourses became regimes of truth, dominating alternative discourses and how communication practices such as metaphors, genres, intertextuality, and social media affordances enabled and constrained meanings and subject positions. The dataset included posts from Facebook pages, Reddit, and website forums. I demonstrated that overall, the discourse of professional care was the most dominant. This was characterised by preferences for medical care and, in some instances, resistance to this discourse. The second most dominant discourse was the discourse of personal care. This was illustrated by initiatives by individuals to maintain their mental wellbeing.

The discourses identified on social media platforms comprised professional and lay meanings of health, including different conceptualisation of mental health, strategies of prevention and management of mental health and distress, and commentary on experiences, situations and medical advice and recommendations. When representing mental distress in everyday language, social media users drew upon a contemporary understanding of mental distress but also challenge current meanings. These discourses show how subtle social and cultural ideas permeate the inner text of mental health and illness and become personal experiences shared with others. Metaphors were employed to describe behaviours, emotion, knowledge, and language. Paths, trajectories, journeys, battlefields, fighters, and travellers were significant in portraying dominant and subjugated subject positions. In addition to the metaphors, the authors of social media posts drew on genres including counselling and education genres. As indicated in chapter five, multiple readings of texts are always possible. The meaning-making process was dynamic, contested and involved comparing discourses and resistances to these discourses. As such, each discourse, to an extent, is resistant to another discourse. This study is itself an act of resistance by promoting an awareness of the possible resistance to existing mental health discourses. Notably, there were no significant differences in the discourses across the different platforms. This could be attributed to users' practices, for instance, using various platforms to seek and share mental health information.

It could also be linked to the networked sociality social media logic through which different social media platforms are interconnected through technological codes.

The analysis showed some silences but not necessarily omissions, such as discourses of dangerousness, neurodiversity, and false information. Additionally, in chapter five, I discussed the subject positions that emerged from the social media posts. These can be broadly categorised as dominant and subjugated positions. The analysis of the subject positions taken up, offered, and resisted depicts dualistic subjectivity with images portraying people living with mental distress ranging from dependent to active and self-sufficient. Subject positions legitimise rights and obligations for participation and actions. The subject positions "adopted and rejected vary from different situations and settings" (Wetherell 1999, p. 337). People with mental illness mainly took up subjugated positions, while healthcare providers mainly took up dominant subject positions.

In terms of implications for crisis mental health communication, digital technologies, particularly those analysed in this study (Facebook pages, Reddit, and website forums), demonstrated the breaking of barriers of time and space to facilitate sharing and provision of mental health information amid the measures put in place to contain the spread of the virus including quarantine, physical distancing and isolation Additionally, during the COVID-19 pandemic, much as individuals reproduced the discourse of professional care, the personal care discourse emerged more frequently than before the pandemic. This could show that, during a crisis, individuals have a deliberate interest in preventing and managing mental illness through self-help practices. However, as I discussed in chapter five, this could be due to the responsibilisation assumption that emerged during the COVID-19 pandemic, evidenced through government campaigns for individuals to use various resources as hospitals were being prepared for COVID-19 patients, thereby in some ways challenging the medicalisation discourse. There are possibilities for alternative representations to emerge during a health crisis and for individuals to take superior subject positions. This could contribute to the uptake of alternative mental health lifestyles.

This study attempted to compare the construction of mental health between a period before the COVID-19 pandemic and a period during the outbreak. Of note, there was no significant difference in the discourses that emerged during the COVID-19 period; however, what stood out was that the discourse of personal care appeared more frequently during this period, much as it appeared before the pandemic. That withstanding, the professional care discourse remained dominant before and during the COVID-19 pandemic. Overall, the discourses, ideological assumptions and subject positions show no consensus about what mental health means. The results

involve the intersection of what Treichler and Crimp (1988) call “multiple meanings, stories, and discourses” (Treichler & Crimp, p. 42).

I showed that individuals draw on different voices, including medical professionals, family, friends, voices of the sociocultural context, and voices from media channels when talking about health, including mental distress. Therefore, from a multiplicity of meaning perspective, mental health can be understood as a plurality of competing discourses traversing different fields, featuring other individuals who are likely to change over spatial and temporal contexts. This multiplicity of discourses further shows the paradoxes within and between discourses in determining what can be said and done and how some make statements seem rational beyond doubt even when such discourses are valid at a particular time and place and open to contestation and negotiation.

The struggles inherent in these discourses are “set within a moving discursive frame which articulates and constrains the possibilities and probabilities of interpretation and enactment’’ (Ball 1993, p. 15). The research results increase public awareness of the discursive production and consumption of mental health meaning and its implications for the prevention, treatment and management of mental health and illness. The main conclusion derived from addressing this question shows that although a distant reading showed that various meanings and discourses were attached to mental health because of the multiple voices facilitated by the affordances of these social media platforms, a close reading showed that the existing dominant discourses in society and other media platforms retained dominance on the social media platforms analysed in this study.

Research Question Two: How do users and moderators of mental health-related Facebook pages, Reddit forums and website forums negotiate platform affordances and how does this process shape mental health discourses and social relations?

In chapter six, I discussed how users and moderators negotiated social media affordances. In particular, I drew on the affordances by Treem and Leonardi (2013). I identified four affordances. The finding from the analysis of negotiating social media affordances is that, to a great extent, social media affordances of visibility, persistence, association, and editability sustained existing discourses through the ways that I summarise below. Firstly the affordance of association was characterised by asynchronicity, synchronicity, multidirectional conversations, anonymity, semi-anonymity, and pseudonymity. These features contributed to active participation, resulting in the emergence of the discourses discussed in chapter five. Additionally, although the affordance of association contributed to diverse views, possible reduction in stigma, and opening up social media

platforms to people who would otherwise not share their experiences, the feature of anonymity could also have contributed to stigma and trolling, as portrayed in some social media posts.

Secondly, visibility was characterised by the ease of finding information. Analysis of interactions on social media showed that information on mental health-related platforms that I analysed in this study was visible through various features and strategies. These included recommender bots, the multimodal nature of information where limitations of one mode of communication were mitigated by another and the notion of intertextuality through which information possessed original and recontextualised meanings, thereby sustaining existing knowledge while at the same time enabling new discourses to emerge. Recommender bots were operational on Reddit forums and Facebook pages. These bots provided information related to the topic one had viewed. Visibility was also actualised through ratings such as up-votes and down-votes on Reddit, thumbs up on some website forums and likes on Facebook. The high-ranking posts gained prominence in terms of positioning and placement and possibly psychologically by appearing as the most relevant or essential information.

Thirdly, persistence was characterised by information remaining in the original format produced by the author. This was realised through archiving. This contributed to the dominance of existing discourses because archived information can be searched, replayed, and browsed. Moreover, in the case of Reddit and website forums, users were required to focus on the topic of discussion, which limits the diversity of discourses. Lastly, the editability social media affordance facilitated the dominance of existing discourses by enabling the editing of information before and after it was published. This was characterised by the platform features that enabled users to modify their information. Additionally, this affordance was operationalised through moderation. Moderation took automated, human/assigned, self, and collective formats. Automated moderation worked through bots that flagged inappropriate information. Self and collective moderation was based on users abiding by the social media rules and norms, while human or assigned moderation involved volunteer or professional moderators who monitored interactions by removing harmful information such as suicide ideation.

Furthermore, I showed in chapter six that the power relations between individuals and sociotechnical systems in social media are volatile. This was activated through organic and assigned role-taking (moderation), enacted through patterned action, and taking on community management and engagement roles to maintain a productive dialogue and participation. In this regard, I argue that these social media platforms created opportunities for liberating and disciplining users. The analysis of the affordances also showed that social media affordances and

constraints represent moderators in positions of authority and control in a hierarchical power network in relation to users. Therefore, investigating the sociotechnical practices of providing and using mental health-related social media platforms has shown that social media affordances and constraints work in different ways to shape the construction of mental health with clear opportunities for improving the functional and relational aspects to ensure that these platforms work the way society needs them to work.

Research Question Three: What governmentality practices shape users' experiences and moderators of mental health-related social media platforms?

I interviewed five moderators and seven users to address the third research question and I drew on the governmental and power/knowledge constructs to analyse the interview transcripts. The aim was to gain a better understanding of the broader institutional and user practices and how these shaped the representation of mental health on social media platforms. The interviews showed four governmentality practices: accountability, professionalisation, social media surveillance, and information seeking and sharing. Moderators drew on the accountability practice by prioritising positive health outcomes by enforcing the rules and norms on these platforms. Moderators were keen to uphold institutional values while at the same time facilitating diverse views. Professionalisation was exemplified through moderators negotiating their roles which took place in three ways, namely navigating human-machine moderation, the impact of moderation on wellbeing and navigating hierarchies within the moderation structures.

Analysis showed that the central role of the moderators was to remove inappropriate information such as trolling, stigmatising, harm ideation and spam posts. The analysis also showed that moderation was mainly undertaken by human moderators who acknowledged that while automated moderation is beneficial, especially in reducing the workload, recommender bots did not contextualise moderation, resulting in false alerts and, in the process, wrongfully deleting appropriate information. The social media surveillance governmentality practice emerged from interviews with users who were aware of surveillance on social media, described as the sense of being monitored because of information recommendations based on previous communication behaviours; some users appreciated social media surveillance, citing that this enabled them to access tailored information while others found that it offended their right to privacy.

Lastly, the governmentality practice of information seeking, and sharing was shown through the benefits and challenges of using social media for mental wellbeing, identity construction and dualistic feelings of connection and disconnection. Users noted that social media platforms were beneficial in creating opportunities for users to obtain support from peers and information to manage the mental illnesses they were experiencing. Still, they were also concerned about stigma from their peers if they found out that they were accessing mental health information. In seeking and sharing information, users negotiated different identities; some users had no reservations about taking up identities of being mentally ill, while others did. Additionally, by sharing and seeking information, users noted feeling connected but also disconnected with engagement on these platforms, which was attributed to moderation practices because some users felt invalidated.

The study showed that the meaning-making of mental health is a site of power struggle. The governmentality practices indicated the intersection between technologies of power mainly exhibited by mental health organisations represented by moderators and social media corporations through social media affordances and technologies of the self-demonstrated by users. Mental health organisations demonstrated technologies of power by framing mental distress as a public health problem and communicating with people about how to take care of themselves; on the other hand, individuals exercised technologies of the self by sharing their experiences of pain, struggle, and recovery. To a great extent, power inequality was reinforced, such as drawing on various discourses, and lexicons that showed authority to legitimise a specific discourse. Top-down communication was characterised by those with medical and public health professional knowledge who perceived their roles as disseminating the ideal message to audiences for their wellbeing. The experts (those with lived experience and those who have been trained to provide healthcare) held the key to appropriate messaging strategies, as evidenced by the social norms on these platforms. Negotiating mental health-related platforms as a user and a moderator is not an objective application of knowledge but a complex process dependent on contextual factors. The analysis of users' and moderators' experiences of using mental health-related social media platforms showed how governmentality practices related to codes of conduct and self-discipline contributed to the dominance of the discourses of professional care and personal care while marginalising other discourses.

Governmentality practices limit authentic and meaningful mental health communication that enables users to embrace or choose how they make sense of their mental wellbeing. To defend effective mental health communication on social media, there is a need to reconstitute

governmentality practices to realise a new regime of truth. Interrupting and challenging one-sided language of behavioural outcomes with a language linked to user-centred and user-led values and practices that boldly embrace the interests and values of people who experience mental illness can challenge the governmentality practices. Undoubtedly, some form of governmentality discourse is necessary. However, to ensure authenticity, these discourses need to be sensitive to users' needs. Although moderators have compelling interests in ensuring the quality of interaction on mental health social media platforms, they should not be the sole custodians of these decisions. Instead, such authority should be shared with users in different capacities. Governmentality practices undermine and lower the participatory expectations of the populations due to the normative nature of these discourses due to becoming invisible and taken-for-granted.

Therefore, this study attempted to make governmentality practices visible on mental health-related Facebook pages, Reddit forums and website forums. Moreover, Foucault was adamant that 'resistance is present everywhere in power networks … there is a plurality of resistance … distributed irregularly, the swarm of points of resistance traverse social stratifications and individual unities' (Foucault 1981, p. 96). The analysis of interviews showed that although governmentality practices were not challenged often, as discussed in chapter seven, some were, such as the governmentality practice of social media surveillance. This example demonstrates how interrupting governmentality practices that constrain user participation/interests could allow users to claim expert roles such as expertise gained through lived experiences. Indeed these resistances to some governmentality practices echo the argument that whilst 'discourse transmits and produces power', this also 'reinforces, undermines and exposes it, renders it fragile and makes it possible to thwart' (Foucault 1998, p. 100).

Navigating Power Relations

To map the discursive constructions of mental health on different social media platforms and to highlight how power works to privilege some discursive practices over others and, in the process, normalise subjectivities, I used Foucault's power/knowledge perspectives and Fairclough's three-dimensional approach to reveal what is visible and sayable in the broader mental health and illness discourse and the principles that govern such utterances. By examining the voices of those in power and those at the capillaries of power, the study highlighted the taken-for-granted manifestations and consequences of power in terms of word choices, subject positions, communication choices

and organisational practices. By examining the different levels of affordances, from one platform to another, this study demonstrated that the affordance approach is highly relevant when examining digital health communication, from a user, organisation, and social media corporation perspective. Moreover, social media platforms analysed in this study exhibited varying power struggles that shape what is said and not said and who is involved in the communication process. Throughout chapters five, six and seven, drawing on Foucault, I have highlighted two types of power that emerge from the discourses, ideological assumptions, and subject positions. Power-knowledge relations emphasise how power is a central feature in human interaction.

There is a need for individuals to reflect on how they can resist subjectification since, as I showed through the analysis of lexical choices, genres, metaphors and the taken-for-granted acceptance of governmentality practices, power is exercised everywhere, including from below through the way individuals shape themselves through technologies of the self. Ultimately, power illuminates from and is exercised through multiple points. Notably, although power was volatile, unstable, and contested, it seemed to rest in the realms of social media corporations and mental health organisations more than in the realms of individuals. The aim of analysing power/knowledge relations was to highlight the risks, harms, and benefits and find out how individuals manage themselves and how they are managed, as well as the resistance to the effects of power. This study aimed not to eradicate the power relations that shape the representation of mental health on social media platforms, but it was to improve the position of individuals in the power relation between social media corporations and mental health organisations—bringing these power relations to bear opens opportunities for creating defences to the effects of power relations and opening possibilities for mental health lifestyles.

Foucault notes that a power/knowledge analysis is not valuable if it weighs risks, harms, and benefits. Instead, such analyses are helpful if the line of inquiry interrogates how people are managed and how resistance to power occurs. Of note, power relations are inescapable because they exist in all societal relations; however, there can be improvements in power relations and the effects of power; opening new possibilities for action and being. Interrogating the effects of power was crucial because taken-for-granted assumptions embodied in these social media platforms seemed to reproduce the status quo by focusing attention on the dominant structures of moderators and dominant mental health discourses.

Summary of the Key Findings

I summarise the discourses, ideological assumptions, subject positions, the enabling and constraining nature of social media affordances, and governmentality practices' impact on the construction of mental health on social media in figure eight below. The broken lines show the interconnection between the discourses, the subject positions that emerge from the discourses, the paradox of the enabling and constraining nature of social media and the socio-cultural context shaped by the user and moderator practices. The full lines show a direct relationship in terms of reproduction for the case of discourses and the socio-cultural context. I highlighted throughout the analysis chapters the unstable power relations that position users at the periphery rather than at the centre of mental health communication. I showed how this reproduced power inequalities and contributed to the disappearance and non-existence of discourses, making it difficult to challenge dominant discourses. In the centre of figure eight, I propose communication strategies that enhance alternative discourses while challenging dominant discourses.

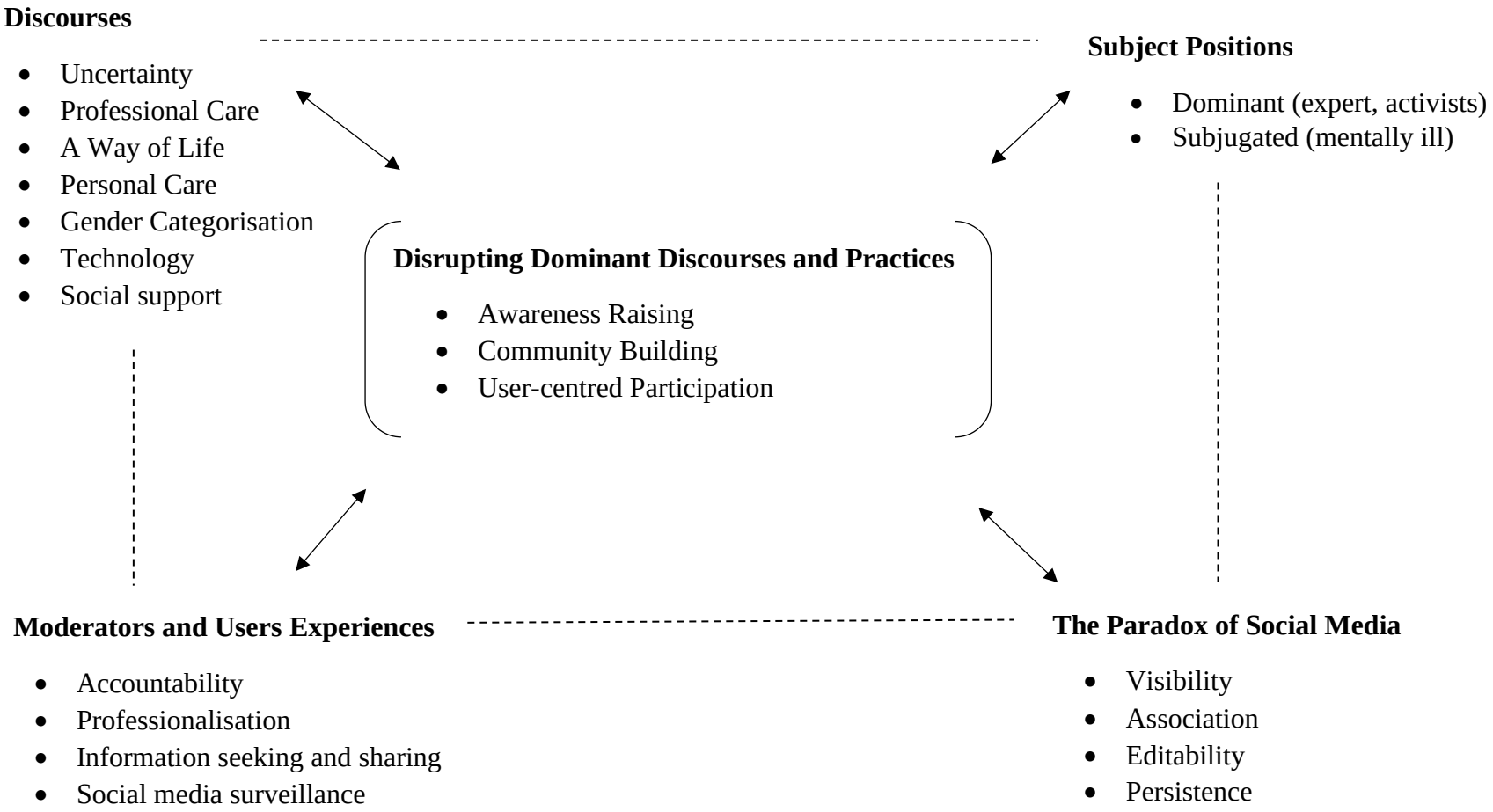


Figure 8: Summary of the Study Findings

8.2 Contributions and Implications of the Study

The contribution of the current research project is two-fold, namely, the theoretical contribution and the practical contribution. The theoretical contribution can be used for academic purposes, while the practical contribution could be used for industry implications. The empirical analysis and interpretation conducted in this study offer a nuanced dimension to critical approaches to mental health by including the assessment of social media affordances. It is recognised here that critical approaches to mental health communication are insufficient merely for being critical. The benefit of a critical approach to mental health communication, as maintained throughout, is that it allows vital debate on a contentious topic. This is particularly apt in an area such as mental health, where there are various definitions and classifications and varying research findings that social media platforms pose both benefits and challenges to mental wellbeing.

A significant contribution of this study lies in its attempt to study the construction of mental health on multiple social media platforms in a single study by using a multi-disciplinary theoretical and methodological framework. This study took a pioneering approach to examine mental health representation on social media platforms by analysing linguistic, socio-technological, and socio-cultural aspects in a single study within an integrated critical discourse analytic framework. This framework provides a robust theoretical lens for other critical health communication scholars. They could use it to understand how individuals engage with information on different social media platforms and how these interactions could contribute to other communication goals. This framework also provides opportunities for health communicators to reflect on their practice and how institutional practices shape communication processes and outcomes.

Health communication strategies aim to nudge and motivate people's knowledge, attitudes, and behaviours, such as increasing risk perception, reinforcing positive behaviours, influencing social norms, increasing the availability of products and services, and empowering individuals to change or improve their health conditions. Based on what I have discussed in previous chapters, it is evident that social media platforms play a crucial role in fostering mental health communication in unique ways compared to mainstream media. For example, analysis of social media affordances and the literature review shows that social media platforms facilitate interactive communication and connections, increase the reach of information and support by leveraging networks and increase timely dissemination of information. I have demonstrated how communication on mental health social media platforms creates, reproduces, and in a few cases, challenges dominant power relations. Notably, the discourses identified in this study are a possible wealth of readings given

the particularity of identifying the manifestation of power/knowledge relationships and the period in which they emerged, before and during the COVID-19 pandemic. Moreover, some mental health discourses within health promotion diverge from the vision of participatory and emancipatory health communication approaches to put individuals at the centre of their wellbeing. To confront these opaque discourses, I revealed how these discourses, when viewed from within the health communication practice and from the social media logic and affordances, seem to be neutral and common sense but, when analysed through a critical theoretical lens, they position social media users at the periphery and imbue moderators and social media corporations with authority. Additionally, to resist the unequal power relations that emerge through negotiation of social media affordances and those that appear through taken-for-granted governmentality practices, health communicators broadly and moderators of mental-health-related social media platforms especially, may need to work reflexively with the individuals who use their platforms.

As Zoller and Kline (2008) explain, "critical theorizing involves deconstructing dominant, taken-for-granted assumptions about health, often with the hope of introducing possibilities for alternative, more inclusive meaning systems" (p. 271). Additionally, the multidisciplinary nature of health communication creates opportunities for critical health communication scholars to advance health interventions through their continued commitment to praxis. Drawing on my commitment to theory, praxis, and a keen desire to add value to social media-based mental health interventions, and based on the discourses, ideological assumptions, subject positions, the manifestation of governmentality discourses, and the way users and moderators negotiated social media affordances discussed in chapters five, six and seven, I highlight three key health communication strategies, namely, community building, awareness and engagement that could foster more equal power relations to reap the benefits of social media for mental health communication and, promoting alternative mental health meanings.

After extensive analysis of textual and visual properties, users' and moderators' experiences and the social media affordances, I identified the communication strategies. The criteria for scoring the level of strategies were based on the diversity of discourses that emerged. In proposing these communication approaches and activities, I focused on the process of producing and consuming information and how participants transfer information to one another in a communication setting. Thus, the communication approaches I propose are process related than reflecting characteristics of the medium. I framed these strategies within a term I suggest, platformed mental health communication. The term refers to communication practices shaped by

mental health experiences, the culture, design, affordances, and the business model of social media platforms and mental health organisations. This term encapsulates the taken-for-granted ways in which the socio-technical structures and practices of users and moderators shape the representation of mental health. In what follows, I provide a detailed account of the communication strategies, creating awareness, community-building, and user-centred participation.

Creating Awareness

New media technologies, including social media platforms, enable individuals (and not solely gatekeepers or professional content producers) to consume, produce, and share information. Creating awareness of existing and emerging health threats is crucial in facilitating meaningful and beneficial conversations and ultimately increasing the attention given to mental health. The analysis suggests maximising opportunities for information and experience sharing. Information dissemination plays a key role in creating awareness, which is beneficial in the early detection and prevention of mental illness. Increased awareness of mental wellbeing among the public can significantly impact the trajectory of the mental illness burden in society. Low awareness contributes to the delay in resolving or managing a mental illness. Efforts to raise public awareness of mental health face formidable communication. These include a mismatch between the target audience, human attribution biases, prominent ideologies circulating in society such as individualisation, responsibilisation, medicalisation, medium characteristics and norms and mental health organisations' norms and practices. An ideological assumption of individual responsibility shifts attention to individual behaviours and healthcare decisions as the main factors of health. A reading of some social media posts and norms and practices portrayed in the interviews with moderators showed a tendency of mental health organisations to focus on individual rather than socio-cultural factors as the source of mental health and illness disparities. Posts, especially on Facebook, drew more on frames describing specific events than societal frames placing discussions in a broader context. Such representations positions individuals as responsible for mental illness, ignoring societal challenges.

Community Building

Community building is another critical aspect that could encourage alternative discourses to emerge. Community building facilitates information sharing and support networks through shared understanding, advice, encouragement, and solidarity. A sense of community and belonging is a

strong pillar in information sharing. This entails explicit social media norms to allow individuals to feel a sense of belonging, which could, in turn, facilitate support and disclosure. Users are experts based on their experiences, while health professionals can be seen as experts based on technical skills. Community building is mutually beneficial in that it enables health professionals/moderators of mental health-related social media platforms to learn more about unique experiences. On the other hand, community building empowers communities to take ownership over their health experiences and outcomes. The role of these communities seems to be to fill needs that mental health organisations do not adequately address. In any case, mental health organisations can only do what the resources, such as monetary resources allow since many are donor-funded. Additionally, at times these organisations do not have the expertise or time. Yet by fostering community, individuals will not only feel a sense of belonging but could potentially explore unique ways of making sense of mental health collectively to address their unique needs. Social media thus contributes to informed decision making and, ultimately, to user-centred approaches, which could contribute to alternative voices and discourses. Communities could link individuals and organisations around a common centre of interest at a broader level. These activities would facilitate communication and participation in a truly interactive manner, where organisations play the role of facilitators in enabling rather than dictating conversations.

User-Centred Participation

Social media platforms allow users to generate their content and select and articulate network connections with other users at different levels. This in a way disrupts the gatekeeping role of professionals and positions individuals as co-creators of information. We cannot simply assume that social media are inherently social. Instead, we constantly seek to improve interactivity, especially in the absence of verbal and contextual cues (such as facial expression, tone, or body language). The absence of body cues could explain why some users felt a sense of disconnection when using mental health-related social media platforms. Unlike information that is not interactive, which seeks a specific response after which the discussion end, interactive information facilitates the continuation of discussions. I argue that user-centred participation is a key component in disrupting dominant discourses and practices. The analysis showed that dominant discourses were challenged very little as some alternative discourses emerged. I argue then that critical mental health communicators should strive for active participation by remaining aware of the factors that sustain existing discourses, such as intertextuality and the social norms on these platforms, as well

as the dynamics of self-disclosure in the public space. For example, there are instances where individuals with minority views restrain their communication in favour of what is popular and trending. Such instances need to be disrupted. See table six below for a more detailed analysis of the communication strategies and tactics I propose. These communication strategies and tactics can facilitate meaningful and productive mental health communication on social media platforms while remaining responsive to changing and competing according to the socio-cultural context. Any application to other social media platforms different from those analysed in this study should be undertaken with caution. Certain communication strategies work differently for different demographic groups. Therefore, the strategies I have proposed are best suited for people aged eighteen to twenty-four years since this is the age group I interviewed who are frequent users of these platforms.

Strategies	Website Forums	Facebook Pages	Reddit	Tactics for Achieving the Strategies
(Level of manifestation of the strategies from the results)				
Raising Awareness	High	High	Medium	• A balance between user/lived experiences or stories and facts. • Negative vs Positive, Emotional vs Factual (Humour/Fear appeals)
Community Building	High	Medium	Low	• Mutually beneficial social media norms • Transparent moderation practices • Warm vs Authoritative brand voice • Choice over anonymity and non-anonymity • Moderators with lived experience
User-centred Participation	Medium	Low-Medium	Low-Medium	• Social media literacy • Multimodal content (videos, images, podcasts, emojis, memes**)

Table 6: Social Media Mental Health Communication Strategies and Tactics

**Use appropriately and sparingly so as not to sustain harmful discourses.

8.3 Limitations of the Study, Future Research Directions and Recommendations

This study took a qualitative approach to advance knowledge to deepen understanding of how social, cultural, and technological processes shape the construction of mental health on social media platforms. The goal of this study was not replicability, and my position as a researcher could have influenced the salient aspects of the analysis and interpretation; however, with a systematic approach, my observations are grounded in the empirical data and thus are trustworthy. Although this study aimed to provide a context of the construction of mental health within an Australian geographical scope, it should be noted that the discourses, the governmentality practices and how users and moderators negotiated social media affordances are influenced by the cross-cultural nature of communication on social media, which is no longer country-specific but is built on global interactions. This study was limited in terms of the sample size. This is because the sample was based on selecting social media platforms targeting people in Australia. Additionally, the study was limited to online meaning-making processes because of a focus on social media posts, experiences, and affordances.

These limitations withstanding, this study has raised several issues that require further research. The robustness of my findings could be tested by analysing more social media platforms over time. As my study findings suggest, there are correlations between discourse and the socio-cultural context. Moreover, future studies could analyse meaning-making strategies in other communication channels such as print and broadcast media to compare the representation of mental health. Future research could also apply a longitudinal approach; such an approach can provide valuable insights into how institutional practices change and how social media affordances evolve. More research is required to pay attention to differences across different geographical locations. Furthermore, a broader dataset could reveal a more nuanced analysis and various aspects of the construction of mental health on social media platforms. Future research could be undertaken in the form of a follow-up on these social media platforms, including follow-up interviews with users and moderators to understand further how constructions of mental health and social-cultural practices evolve. Additionally, the method used in this study could be expanded to take a form of a comparative study, say, for example, with other countries that share similar demographics and characteristics with Australia. There are many opportunities for further research to understand the mental wellbeing policies of social media corporations to assess how these are implemented on different social media platforms and the impact they have on the construction of mental wellbeing.

I make recommendations for the individuals using social media, mental health organisations and social media corporations. There is evidence of participants actively subjugating themselves within the practices of mental health organisations and social media corporations. For example, the taken-for-granted acceptance of surveillance and the reproduction of the dominant ideologies of medicalisation and responsibilisation. I recommend that individuals familiarise themselves with the operations of social media platforms in a bid to customise their experiences by tapping into preference settings as a first step to resisting unequal power dynamics. Social media technological codes and social norms overwhelmingly facilitated the reproduction of dominant discourses and institutional practices. I recommend that social media corporations proactively reduce barriers that limit free flow of information with a delicate balance of a push-pull information flow. The social media corporation analysed in this study relied heavily on the push method both directly through algorithms and indirectly through intertextuality. Pull information flow puts the individuals using these platforms at the centre of the information they want to view or produce. This could go far in facilitating opportunities that challenge dominant mental health discourses. Additionally, governmentality practices shape the moderator and user practices so that users are positioned at the periphery. In addition to the detailed communication strategies and tactics I presented earlier in this chapter, moderators should adopt a reflective approach to moderation. Constant reflection on their work could bring awareness of the interest served by the moderators' decisions and open opportunities for more alternative mental health discourses to emerge.

8.4 Concluding Remarks

The contribution of a Foucauldian approach, Faircloughian approach, social media logic and affordance concepts have been valuable concepts when representing mental health on social media platforms. Although current research has explored the potential of social media platforms in mental health promotion, there is limited knowledge about the complexities and power dynamics of social media platforms as sites for engagement with health-related content and critical mental health. Using critical discourse analysis enabled the investigation of the complexity of constructing mental health on social media platforms and its intimate relation to interactional, social, and historical contexts. Additionally, this approach emphasises how communication is limited to language or images and is built into our ways of life and shapes our actions and why we make them. Not only does critical discourse analysis bridge the individual-social divide, but it also shows how the two

are inseparable and intricately intertwined. Additionally, it can be noted that social media platforms are a complex socio-technical phenomenon. Social media usage depends on technological affordance and logic and the social and socio-cultural practices involved in using social media.

The main implication lies in making visible the complex nature of social media. This urges users and managers of mental health-related social media platforms to reconsider the technological functionality, the user base of the individual social medium, the broader consequences related to the culture of social media, the users' expectations of social media, and the complexity of engaging users deliberately. The contribution of this work was to offer an empirical analysis of and critical debate on the construction of mental health on social media platforms to consider the limits and opportunities for the representation of mental health. Such a debate is relevant and topical in the broader and growing use of social media platforms for mental wellbeing. The primary function of the critical discourse analytic approach used in this study was to highlight the historically dependent socially and technologically constructed nature of both layperson and professional mental health knowledge. I showed that mental health information is not objective but dependent on specific socio-techno-historical conditions. The evidence illustrated in this study provides critical information about the relationship between users, organisations, and social media platforms. The social media logic, affordances and constraints are not immutable and normative and need to be interpreted within a given cultural context. These elements are subject to rapid and transformative change. I also showed that some of those effects position mental health communication on social media platforms contrary to the overall goals of health communication, although the potential opportunities for utilising social media to promote health, information and interventions are well noted.

My critical discourse analysis experience was like going through a country town with various fork roads and choosing the one that will likely lead to the most advantageous experience. This meant that the journey was exceptionally satisfying because of the thrill of going on a journey to an unknown end. At the same time, it was frustrating because I did not know the outcome of this journey until the end, let alone if it was worthwhile. I am now convinced that this was a worthwhile journey for people with mental illness and me as a health communicator, as I demonstrate in the following chapters. I began this study with many assumptions. The fundamental assumption was to identify many alternative discourses and disruptions to traditional medical professional roles. As shown in the preceding chapters, my assumptions were not confirmed.

Taking a critical discourse perspective enabled me to question my taken-for-granted acceptance of dominant discourses and institutional practices. This is a meaningful outcome because the motivation of this study was a genuine reflection on my role as a health communicator.

I assumed a privileged position by adopting the emancipatory assertions of critical discourse analysis as the researcher. Claiming emancipatory and educational purposes implicitly implied that I am in the best place to uncover hidden and naturalised meanings. Indeed, this study has made a significant contribution to understanding the construction of mental health on social media platforms. However, I acknowledge that the analysis I have presented is one of many. I further acknowledge that being part of the society I studied; I was socially constructed by the discourses I sought to deconstruct. I make my study available to the public to remedy any biases posited by critical discourse principles, call to action the key recommendations I make, and open the debate for further interpretation. I would also like to note that a lot changed within my life as I worked on this study, as I read the words of and listened to participants. I have come to a different understanding of the topic and digital health communication broadly.

As I commenced the project, I purposefully sought to better understand mental health by questioning the effects of power and highlighting alternative ways of meaning-making through the generous participation of all those involved in this study. Like many people, amid the uncertainties of the COVID-19 pandemic, I gained personal experiences of the feelings held by social media users. I valued the experience of managing and maintaining a healthy mental health state. The interconnection of the broad socio-cultural, user and organisational practices and the functional and relational social media affordances are limitless opportunities to collaborate with users and social media corporations to disrupt inequalities and frame transformative experiences. Therefore, I cannot hesitate to argue that the mental health communication agenda needs to be grounded in critical awareness.

Appendix 1: Ethics Approval

THE UNIVERSITY of ADELAIDE

RESEARCH SERVICES
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND INTEGRITY
THE UNIVERSITY OF ADELAIDE

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EMAIL hrec@adelaide.edu.au

CRICOS Provider Number 00123M

Our reference 33774

13 July 2020

Dr Sal Humphreys
School of Humanities

Dear Dr Humphreys

ETHICS APPROVAL No: H-2019-149
PROJECT TITLE: A critical assessment of social media-based mental health promotion

Thank you for your amended ethics application submitted on the 5th of June 2020. Your request to collect an additional data-set has been approved.

The ethics amendment for the above project has been reviewed by the Human Research Ethics Committee and is deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research 2007 (Updated 2018)*.

You are authorised to commence your research on: 14/08/2019
The ethics expiry date for this project is: 31/08/2022

NAMED INVESTIGATORS:

Student - Postgraduate Doctorate by Research (PhD):	Mrs Anne Nattembo
Chief Investigator:	Dr Sal Humphreys
Associate Investigator:	Dr Aaron Scott Humphrey

CONDITIONS OF APPROVAL: Thank you for your responses to the matters raised. The revised ethics application provided on the 14th of August 2019 has been approved.

Ethics approval is granted for three years and is subject to satisfactory annual reporting. The form titled Annual Report on Project Status is to be used when reporting annual progress and project completion and can be downloaded at http://www.adelaide.edu.au/research-services/oreci/human/reporting/. Prior to expiry, ethics approval may be extended for a further period.

Participants in the study are to be given a copy of the information sheet and the signed consent form to retain. It is also a condition of approval that you immediately report anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants,
- previously unforeseen events which might affect continued ethical acceptability of the project,
- proposed changes to the protocol or project investigators; and

- the project is discontinued before the expected date of completion.

Yours sincerely,

Professor Paul Delfabbro
Convenor

The University of Adelaide

Appendix 2: Participant Information Sheet

PARTICIPANT INFORMATION SHEET

PROJECT TITLE: A Critical Assessment of Social Media Based Mental Health Promotion
HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2019-149
PRINCIPAL INVESTIGATOR: Dr Sal Humphreys
STUDENT RESEARCHER: Anne Nattembo
STUDENT'S DEGREE: PhD

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?
This research project aims to gain an in-depth understanding of the promotion of mental health on social media platforms that target people in Australia. This will be achieved through an analysis of social media posts and an investigation into the experiences of mental health-related social media platform users. As such the project is not about investigating your mental health, it is about your engagement with social media around mental health – how you use it and why.

Who is undertaking the project?
This project is being conducted by Anne Nattembo and it will form the basis for a PhD in the School of Humanities at the University of Adelaide.

Why am I being invited to participate?
You are being invited as you are an adult who uses mental health-related social media platforms.

What am I being invited to do?
During the online or face-to-face conversational style interview, the researcher will ask you to share your experiences with using mental health-related social media platforms.

How much time will my involvement in the project take?
You are being invited to participate in a 20-30 minutes-long audio-recorded interview. The interview will be transcribed into text and a copy of this transcription will be made available to you for review.

Are there any risks associated with participating in this project?
The risks to you are anticipated to be low. The researcher will ensure that the interview takes place at a time convenient for you and in a public place for face-to-face interviews. Before and during the interview, the researcher will make sure you feel comfortable with the topics. The interview will be conversational. If you become ill the researcher will immediately stop the interview and help you access care.

What are the potential benefits of the research project?

By sharing your experience, the research may contribute to a better understanding of how social media is being used for mental health promotion which may contribute to enhanced social media-based mental health promotion.

Can I withdraw from the project?
Yes. Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time. In case you withdraw from the study, your data may be withdrawn only up until the submission of the study.

What will happen to my information?
Confidentiality and privacy: The researcher will protect your privacy and confidentiality by replacing your personal identifiers (name and age) with pseudonyms and codes respectively at the time of data collection. After the project, the data that identifies you individually will be securely destroyed.

Storage: All information and project records will be stored on a password-protected University of Adelaide server accessible to the researcher and the researcher's supervisors only. After submission of the study, the de-identified data will be stored for a minimum of five years.

Publishing: The information you share will be reported and publicised in form of a PhD study and may also be publicised in journal articles and presented at conferences. You will not be identified in any of these publications.

Sharing: The researcher will share the interview transcript for your review after the interview to ensure that your account is accurately recorded. The final research de-identified data and primary materials will be stored on a secure University of Adelaide server and shared by the data custodian with researchers who have been granted ethics approvals once they present proof of approval.

Your information will only be used as described in this participant information sheet and it will only be disclosed according to the consent provided, except as required by law.

Who do I contact if I have questions about the project?
Primary Contact:
Dr Sal Humphreys
Media Discipline Adjunct Senior Lecturer and Principal Student Supervisor
School of Humanities
University of Adelaide 5005, North Terrace
sal.humphreys@adelaide.edu.au

Secondary Contacts:
Dr Aaron Scott Humphrey
Media & Digital Humanities Lecturer and Student Co-supervisor
School of Humanities
907 Napier Building
University of Adelaide 5005, North Terrace
Phone: 83130600
aaron.humphrey@adelaide.edu.au

Anne Nattembo
Media Discipline PhD student
School of Humanities
925 Napier Building
University of Adelaide 5005, North Terrace
anne.nattembo@adelaide.edu.au

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). If you have questions or problems associated with the practical aspects of your participation in the project or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant, please contact the Human Research Ethics Committee's Secretariat on:
Phone: +61 8 8313 6028
Email: hrec@adelaide.edu.au
Post: Level 4, Rundle Mall Plaza, 50 Rundle Mall, ADELAIDE SA 5000
Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?

Email Anne Nattembo via anne.nattembo@adelaide.edu.au and she will contact you to schedule a convenient time and place. She will also provide a consent form for you to sign either electronically or in person immediately before the interview commences.

Yours sincerely,
Dr Sal Humphreys
Media Discipline Adjunct Senior Lecturer and Principal Student Supervisor
University of Adelaide 5005, North Terrace

Dr Aaron Scott Humphrey
Media & Digital Humanities Lecturer and Student Co-supervisor
University of Adelaide 5005, North Terrace

Anne Nattembo
Media Discipline PhD student
University of Adelaide 5005, North Terrace

Appendix 3: Consent Form

CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Representation of Mental Health on Social Media Platforms
Ethics Approval Number:	H-2019-149

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.

3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

4. Although I understand the purpose of the research project, it has also been explained that my involvement may not be of any benefit to me.

5. I agree to participate in the activities outlined in the participant information sheet.

6. I agree to be:
   Audio recorded ☐ Yes ☐ No

7. I understand that I can withdraw any time up until the submission of the study.

8. I have been informed that the information gained in the project may be published in a book/journal article/study/news article and conference presentations.

9. I have been informed that in the published materials I am not identified, and my personal results will not be divulged.

10. I agree to my de-identified information being used for future research purposes as follows:

Any research undertaken by any researcher(s) Yes ☐ No ☐

11. I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.

12. I am aware that I should keep a copy of this Consent Form when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date:_____

Researcher/Witness to complete:

I have described the nature of the research to _____
(print name of participant)

and in my opinion, she/he understood the explanation.

Signature: _____ Position: _____ Date:_____

Appendix 4: Recruitment Flyer (Social media users)

Call for Social Media-Based Mental Health Promotion Study Participants

Ethics Approval Number:	H-2019-149

Greetings!
I am looking for volunteers to participate in a study of social media-based mental health promotions in Australia. I particularly would like to talk to users about their experiences with mental health-related social media platforms.

If you decide to participate, I invite you for an individual online or a face-to-face interview to get a deeper understanding of your experiences. Participation in this study is entirely voluntary. All the information you will share will be kept securely. Participation will involve an audio-recorded interview of approximately 20-30 minutes.

If you are aged 18 years and above and you use mental health-related social media platforms, you are invited to participate.

If you are interested in participating, please contact me via anne.nattembo@adelaide.edu.au and I share further details of the study.

I look forward to hearing from you. Thank you.

Contact for further information:

Anne Nattembo,

anne.nattembo@adelaide.edu.au

Appendix 5 : Recruitment Letter (Social media managers)

Date

Dear….

My name is Anne Nattembo, and I am a PhD student in the School of Humanities at the University of Adelaide.

I am conducting a project that seeks to assess social media-based mental health promotion. I would like to talk to social media managers of mental health-related social media platforms about how they use social media for mental health promotion and the strategies and structures that influence the way social media is used.

I would like to invite you to participate in a one-on-one face-to-face or online (via Skype or Google Hangouts) interview to gather information on your experiences as a social media manager and the impact this has had on your Organisations' mental health promotion and communication goals.

The interview will take around 20-30 minutes. The interview will be audio-recorded, and a transcript will be made available to you for review. You will not be identified in any way in the reporting of the data. The research data will be securely stored for a minimum of five years at the University of Adelaide. You would be free to withdraw from the research project at any time up until the submission of the study.

Please find attached the information sheet for further information about the project and contact details. The consent form is also enclosed for you to sign if you agree to participate, or it will be provided before the interview commences. I look forward to your response on whether you are willing to take part and, if so, to discuss the possible date and time for the interview.

Please contact me in case you have any questions about the project. I look forward to hearing from you.

Thank you.

Yours Sincerely,

Anne Nattembo

Appendix 6: Interview Protocol with Social Media Users

Introduction

Thank you for joining me. Our meeting today will focus on discussing your opinions, experiences, and feelings about using mental health-related social media platforms. My interest is in your opinions and experiences so there are no right or wrong answers to the questions we are going to discuss. This conversation is confidential, and any information generated will not identify you in any way.

Explain the Interview Process

So, the process today will involve me asking short questions after which we can have a conversation to discuss your opinions, experiences, and feelings about mental health-related social media platforms. The complete process will take approximately 20-30 minutes. I would like to audio record our discussion to be able to transcribe it for analysis. You will have the opportunity to review the interview transcript after transcription. Remember that you are free to stop your participation up until the submission of the study.

The University of Adelaide requires that you complete the consent form to be able to participate. This document outlines that the research team will respect your confidentiality and that any information discussed today will not be used to personally identify you neither directly nor indirectly in any publications or conference presentations. (*Provide a consent form*)

Do you have any questions before we start? (*Respond to any*). Great. I start the interview now and turn on the recorder. *(Start audio recording).*

Open the Interview

(Record demographic data)

Demographics
Pseudonym
Occupation
Age category 18-25, 26-30, over 30

Interview Questions
Section 1: Social Media Use
Aim: To gain an understanding of mental health-related social media consumption behaviours.

1. Thank you again for your time. Please tell me about the social media platforms you use concerning mental wellbeing.
   (Probe)
   a) Which platforms do you use most and least? Why? (explore affordances and constraints of each? – both technological and social) (Also exploring whether the platform used for mental health is the same as the platforms used for socializing)
   b) How often do you use these platforms?
   c) What other communication platforms do you use for mental health communication?

Section 2: Motivation

Aim: To identify the reasons behind mental health-related social media consumption behaviours.

2. You have told me about all these media platforms you use please tell me what motivates you to use them?
   (Probe)
   a) What about social media is important?

Section 3: Gratifications

Aim: To identify the fulfilments and limitations experienced on mental health-related social media platforms.

3. Please tell me the impact these social media platforms have had on your life.
   (Probe)
   a) Has your participation on social media influenced your perceptions towards a) mental health as a topic b) people with mental health in any way? If so, how?

4. What is your opinion about the information on these platforms?
5. What is your opinion about the way these platforms are set up and operated?
6. How do you feel when you use these platforms?
   (*Probe)*
   a. *Do you feel engaged or not engaged?*
   b. *What makes you feel engaged or not engaged?*

7. What barriers/limitations do you experience if any?

Section 4: Identity

Aim: To identify how users identify themselves and how this influences their experience.

8. In terms of self-presentation, do you present yourself as the same person on social media as you are -offline?

   (Probe)
   a) If identities are similar why? If not, why
   b) How do these identities (similar or different) make you feel?
   c) How do these identities influence the way you interact on social media?

Social media use during the COVID-19 Crisis

1. Describe how you used social media during the COVID-19 crisis?
2. Tell me about the impact of using social media during the crisis has had on your life?
3. What would you change about your experience with using social media during the crisis?

Section 5: Recommendations

Aim: To provide an opportunity for users to advocate for a better social media experience.

4. Is there anything you that would make your experience with using social media platforms for mental health purposes better?

Close the Interview

Is there anything else you would like to add to our discussion or raise any other points?

Thank you for your contribution to this project and for your time. (End audio recording).

Appendix 7: Interview Protocol with Social Media Managers

Open the Interview

Demographics *(Record demographic data)*
Pseudonym

Section 1: Social Media Use

Aim: To find out the social media platforms used, how they are used and why they are used for mental health promotion and communication.

1. Please tell me about the social media platforms your organisation uses and why?
   Probe: Which platform is the most used and which one is the least used?

2. Are there other social media platforms that you plan to use in the future? Why?

3. Please tell me how you develop your social media content?
   Probe: What influences the content and the way it is presented?

4. Tell me about the techniques your organisation uses to reach/engage with social media users?

5. Tell me about any benefits your organisation has gained from using social media platforms?

6. Are there any challenges your organisation has faced using social media platforms?

7. In your opinion, how can the challenges you have mentioned be addressed?

Section 2: Strategies and Structures

Aim: To gain a deeper understanding of the strategies and structures used to manage social media platforms.

8. Does your organisation have a social media strategy for mental health promotion and communication? If yes, can you please describe what your strategy entails? If not, how are decisions about the management of social media platforms made?

9. Has the social media strategy changed in any way since it was developed? If so, how?

10. Have resources been set aside specifically for social media management? If so, what resources?

Social media use during the COVID-19 crisis

11. Describe how your organisation used social media during the COVID-19 crisis?

Probe

a. Tell me about the social media platforms your organisation used.

b. What were the useful aspects of using social media during this crisis?
c. What were the challenging aspects of using social media during this crisis?

12. What would you change about your organisation's use of social media platforms during the crisis?

Close the Interview

Is there anything else you would like to add to our discussion or raise any other points?
Thank you for your contribution to this project and for your time.

Appendix 8: Adverse Effects Protocol

Part A: The following steps will be taken to minimise and manage illness among interview participants:

1. Throughout the interview, the researcher will check in with the participant to ensure that they are ok. If a participant is ok then the interview will proceed, if not, then the interview will be terminated
2. The interview will be terminated immediately if a participant is visibly ill such as tearing, agitated etc.
3. Ask the participant to contact their GP or mental health provider and contact other people the participant might want to get help from such as a family member, relative, friend, psychologist, or counsellor. In case of a crisis, contact mental health emergency
4. Inform HREC immediately
5. Follow up with participants with a courtesy call or email.

Below are the contacts the researcher will use to refer participants for further support in addition to asking them to talk to their GP/mental health provider:

Emergency: 000

Mental Health Crisis Numbers (24/7) per State

ACT: Mental health Triage Service 1800 629 354 or 02 6205 1065
NSW : 1800 011 511
NT : 1800 682 288
QLD : 1300 642 255
SA : 13 14 65
TAS : 1800 322 388
VIC: 1300 651 251
WA: 1300 555 788 or 1800 676 822 or 1800 552 002

Beyond Blue: 1300 224 636 and www.beyoundblue.org.au
Headspace: 1800 650 890 and https://www.headspace.org
National Suicide Call Back Service: 1300 659 467
Lifeline: 13 11 14
University of Adelaide Counselling Support: 83135663

Part B: The following steps will be taken to minimise and manage illness to the researcher:

- Conduct interviews in a public place while maintaining privacy and confidentiality to minimise harm in case a participant becomes harmful.
- Contact University of Adelaide Counselling Support as the first point of contact.
- Organise debrief meetings with the supervisor in case of emotionally challenging interviews.

Appendix: 9 Analytic Framework

Research Questions	**Devices**	**Analytic Questions**
Research Question 1: What discourses emerge from these representations of mental health, and what subject positions are enacted in the discourses drawn upon to represent mental health?	Lexical choices Metaphors Genres	What word choices, genres, and metaphors are drawn on, and what cultural and ideological assumptions do these linguistic devices portray? What subjectivities are made available?
Research Question 2: How do the constraints and affordances of social media platforms impact mental health and illness representation?	Social norms and technological, social media features	What social norms and technological features characterise social media, and how do they shape the process of production, consumption, and reproduction?
Research Question 3: How do users and managers view their experiences of using mental health-related social media platforms?	Lexical choices	What are the theoretical, cultural, and ideological significations of the lexical items used?
For all the questions		How are power relations negotiated?

Questions to Guide Critical Discourse Analysis of Facebook Pages and Website discussion forums. Adapted from Fairclough (1992, 1995, 2010), Foucault (1972), Machin & Mayr (2012), and Herring (2004).

Appendix 10: Sample Social Media Posts Highlighting Discourses

Professional Care

It is 100% the right thing to do. Go see your GP, and they will point you in the right direction. (Excerpt from Reddit Forums before COVID-19)

You need to see a GP first for a referral if you want an actual therapist. Go to the GP first to rule out any physiological issues. Then ask for a referral. Also, enter any appointments in good faith; therapists can't help you if you are unwilling to let them. The best bets will be breathing focus, exercising to calm and a mix of self-cognitive behavioural analysis and may be some positive mental imagery. The latter never worked for me, but the cognitive-behavioural analysis is sound. (Excerpt from Reddit Forums before COVID-19).

Yep, I have experienced this. My wife has been battling anxiety over the last year, and most GPs have no idea. We found a GP specialising in mental health about an hour's drive away, and he has been amazing. Finding someone who understood what she was going through was a huge relief. (Excerpt from Reddit Forums before COVID-19).

At outpatient, I got minimal if any help, a lot of judgment, a lot of drugs with terrible side effects, and a lot of medical paternalism in the form of threats of hospitalisation or control orders if I wasn't compliant with what they demanded. It's worth noting I am compliant; I dared to ask why they were pushing Seroquel so hard and to ask for information so that I could make choices about my treatment. (Excerpt from website forums during COVID-19).

I hope you can get some more guidance on how to manage when you tell your psych. Panic attacks are so horrible to experience, but the good news is that you can reduce the frequency and severity! (Excerpt from website forum during COVID-19).

A Way of Life

Anxiety is a catch-all term, and the root cause is different for everyone. Sometimes hypervigilance which came about in childhood as a survival skill due to adverse conditions, can continue into adulthood and look like anxiety (because the person is looking out for threats). Sometimes it's based on a harsh superego (like a harsh inner parent) and sometimes based on perfectionism. Lots of causes. But it's super common and a normal part of the human condition, but super uncomfortable when the volume gets turned up. (Excerpt from Reddit Forums before COVID-19).

But yeah, everyone’s anxious, so it’s not really a disorder, and they're making it up… (Excerpt from Reddit Forums before COVID-19).

If every second person in their 20’s claims to have anxiety, it’s not a disorder anymore. It’s just the way people are. (Excerpt from Reddit Forums before COVID-19).

Everyone is stressed. today, I talked to my doctor and said I was still a bit paranoid, but everyone is too, so that is normal now! (Excerpt from Reddit Forums during COVID-19).

Uncertainty

I often say to myself that we might not know where we’ll be renting or working (if at all) in 6 months but the crippling anxiety of it all is one certainty we all have (Excerpt from Reddit during COVID-19).

I wonder how much of that anxiety comes down to financial instability, and how many of our lives problems and issues stem from the difficulty in earning good money for work that feels rewarding (or pays so good that work doesn't need to be your passion). (Excerpt from Reddit before COVID-19).

Kellie, there are many reasons why women AND men are depressed, anxious, and suicidal - talking about one issue doesn't discount or minimise all the others... Also, many people do commit suicide over money and the related stress - met any farmers lately? (Excerpt from Reddit before COVID-19).

It has to be our use of technology and being indoors so much. I'm not going to say a walk-in nature will fix anyone's mental illness, but if we even compare my grocery shopping trip as a child to my children's, it's worlds apart. (Excerpt from Reddit forums).

"It’s important to note that cyberbullying can come in many different forms. Sometimes cyberbullying can be as simple as an unwanted social media tag in upsetting ‘memes’, negative comments or constant angry reactions to your posts." - Mike Anderson. To read more about Mike's experience with cyberbullying: http://bit.ly/headspace_mikesstory

I'm getting a bit anxious about going into lockdown/quarantine. My taekwondo and poker games help keep me grounded. I don't really know what to do if I’m unable to do them. I need to get out and about as being couped up really affects my mental state. I totally understand why things like

travel restrictions and lockdown/quarantine are needed and totally support it to keep the spread of coronavirus to a minimum. (Excerpt from website forum during COVID-19).

Personal Care

To take care of myself, I am trying to eat well but still enjoying some treats now and then and by making sure I spend some time outside, whether in the garden or on a walk. I am also checking in on my friends and family to see if they need anything or someone to talk to. (Excerpt from website forum during COVID-19).

Love this! The Covid-19 pandemic has brought with it a lot of uncertainties and related stress. Instead of focusing on many factors beyond our control, we should try to follow an expert guide to control what we can—practice self-care for coping with stress. Besides following best hygiene practices, here are some helpful tips: Cook healthy & nutritious meals; get restorative sleep; stay physically active; call or chat online with good friends; unwind & meditate & more importantly, enhance your cognitive health. Take this opportunity to empower yourself & take charge to boost your brain health. Please take care of yourselves and stay safe. (Excerpt from website forum during COVID-19).

You have to go into the psychologists with a completely different attitude. They won't "fix" your anxiety, and they'll give you the tools to fix it on your own. (Excerpt from website forum before COVID-19).

Technology

It must be our use of technology and being indoors so much. I'm not going to say a walk-in nature will fix anyone's mental illness. But if we even compare my grocery shopping trip as a child to my children's, it's worlds apart. We parked outside and walked along changing surfaces, in and out of the elements. We said hello and had a chat with the butcher and greengrocer we knew. Carried the bags. *(Extract from Reddit Forums).*

Tracking your healthy habits are a great way to build them up. Nowadays, technology can help you track behaviours from movement to sleep and even mood. *(Extract from Facebook).*

It’s important to note that cyberbullying can come in many different forms. Sometimes cyberbullying can be as simple as an unwanted social media tag in upsetting ‘memes’, negative comments, or constant angry reactions to your posts." *(Extract from Reddit Forums).*

I need to add "don't rely on the media or Facebook for information as it's all just hype and there to sell advertising “, ...but I guess that's covered by "get the facts". The media are the ones to blame for people feeling frightened currently. *(Extract from Facebook).*

The best way to cope is don't read the clickbait news pages and rely on the official government sites. Don't read the lies people post on Facebook and listen to facts. *(Extract from website forum).*

I'm trying to stay off social media because I know it makes me feel worse, but I struggle. Does anyone have any suggestions on how they're may be staying off things like FB currently? *(Extract from website forum).*

Education Genre

Research shows it can help, but 'true' on-demand relaxation takes practice to achieve just like any other physiological skill or response (think musical instruments or public speaking skills). Think of it less as a wishy-washy tip and more of a skill you want to develop and can get good at. (Extract from Reddit). b4c

Learning to control your breathing through mindfulness techniques can be brain-changing over time but needs to be learned and practised, e.g. ‘diaphragmatic breathing’ https://www.health.harvard.edu/lung-health-and-disease/learning-diaphragmatic-breathing level 2 (Extract from Reddit before the COVID-19 pandemic).

Can vouch for exercise. When I used to get destructive anxiety attacks, I made some lifestyle adjustments (stopped smoking and drinking) and started doing outdoor fitness boot camps. The attacks subsided after a few months; I went from 3-4 a week to only a couple per year. I'm thankful my GP wanted me to assess my life and pay attention to what triggered my anxiety rather than put me on meds Extract from Reddit). b4c

Here's the neurology behind the deep breaths if you're interested. Breathe in (4 counts) Hold (2 counts) Breathe out (6 counts). When a threat is detected by the amygdala (real or perceived) rather than the regular route (hippocampus for filing/processing/memory then prefrontal cortex to apply logic), it gets sent to the brain stem. The layman’s version is this: Consider the brain stem the home of your autonomic nervous system - this controls all your bodies automatic functions like blood pressure, heartbeat, respiratory rate, digestion etc. It has two divisions: parasympathetic nervous system (PSNS), rest, and standard digest mode. It slows the heart rate and allows for digestion etc. Extract from Reddit before COVID 19)

Sometimes it can be hard to have faith and believe in yourself when you’re in a bad headspace. But trust that you’ve got this and believe in yourself. You are strong enough to get through anything, and together we will help each other through. Never hesitate to reach out to us if you need to talk to someone, or you can call Lifeline on 13 11 44. Much love and keep fighting the good fight Erin

#mentalhealthawareness #mentalhealth #3words #mentalillness #inspiring #samehere 3 Words Mental Health Awareness

I'm sharing this because it speaks so many words to me. Self-care isn't always about making sure you don't go off and staying sane. Self-care is about a lot of different things. I like to be in my own space a lot, so I can simply recharge. Especially lately. Do what you must do for yourself. Put YOU first and recharge. It's ok to be selfish at times and put yourself first. Keep smiling and fighting the good fight. (Extract from Layperson managed Facebook page).

It's men's health week this week! What are all the guys doing to take care of themselves, physically and mentally? We'd love to know!

Counselling Genre

Confession
Extract: I know I'm not alone (Thank you Beyond Blue), but somehow that knowledge does not help. Trust me; I've read a lot, been to a lot of therapy, made a lot of progress. But. That awful feeling of panic, then stupidity sets in, irrational behaviour kicks into high gear, breaths get difficult, speech becomes impossible, and then the chest pain and headaches set in. Despite wishing for the ground to open up and swallow me, it does not. I must deal with my issues.

Reply
Extract: Oh, the panic and breathless feeling. I have the same thing, and it is so debilitating! Is there anything you have tried that has helped you with these symptoms?
Extract: Like Mary, I am sorry to read that you are struggling and not knowing where to turn for help and assistance. Hopefully, reconnecting to the forum may provide you with some sense of aid, care, and comfort while trying to locate a service and where you live.
Extract: Sorry to hear that you are having a rough time; I hope you feel some ease soon; there are support services at a minimal cost. Counselling Helpline Melbourne is a phone counselling service that is 100% Medicare bulk billed. All counsellors are registered with Medicare, so it will not set you back financially.
Extract: So sorry you have been going through a rough time. I wondered why we had not heard from you for a while, but I have not been posting for a while because I was unwell. Thanks for your good wishes.
Extract: Can you practice what to do in these situations? Going through the steps helps you retain the knowledge, leading to your automatic coping reaction. It does work in the same way as learning to drive. One day you suddenly find you are not overwhelmed by the deluge of emotion and can manage the situation. Can you stop calling yourself names? It is false to say that you are stupid and need to run away from others.

Confession
Extract: I saw a Dr yesterday who said that because I had an ultrasound in September last year, I don't need another one for another year because I'm under 40. Because there is no lump, I assumed it had to be one of them…she looked me dead in the eye and said, why don't you trust me. I'm a professional and have seen so many women.

Reply
Extract: That was so kind of that, Dr, and I hope you feel some relief now wonderful that you have had the scan, and it is clear. I think it is a good idea to keep seeing the psychologist, and they can help with continuing to feel calmer about your health (mine helps for sure) AND whether to take the meds or not, but I can say not to worry about getting off the. They (Drs) will taper you off. Don't worry about that! It's often a juggling act finding the right does and waiting for them to be effective, so seeing the Dr who prescribed them while you get there, and psych will help with all that.

Confession
Extract: I feel like I am having a silent fight with my dad. My mum and dad split up, and it's pretty bad. Now I don't talk to my dad, but I often see him when he sees my younger siblings. I don't like the way he behaves…basically, he is a dick. But I don't want always to feel like there is a conflict between us either. (Extract from Headspace before COVID).

Reply
Extract: That sounds like a difficult situation to be in; I'm so sorry you've had that experience with your dad. There is nothing more disappointing than when a parent lets us down, and it sounds like your dad has made it difficult for you to have (and want) a relationship with him. It's tough when we get older because we begin to see flaws in our parents that we didn't notice so much when we were younger, and as you said, see when they're being a dick! …Remember that your dad's behaviour has nothing to do with you, Vic, and that if he doesn't acknowledge how great you are, he is the one that was missing out. Hopefully, he will be opened to changing his ways, but he isn't worthy of a relationship with you if he isn't. Unfortunately, we can't pick our family – but that doesn't mean we can't protect ourselves.

Confession
Extract: Struggling with this as I have infection. Focused OCD that seems to flare up with stress. Still, working as an essential worker in childcare makes this terrifying, and I feel so overwhelmed every day. Is anyone else in this situation? How do you cope with being necessary for high-risk environments that don't include people, and what strategies can you use to get through? SANE during COVID

Reply
Extract: A BIG thank you for continuing to work and help the next generation. Working with children can be vastly underrated by some people, but most recognise the importance of what you do every day and how the flow-on effects of your work make it easier for others. OCD is not my primary diagnosis, but I say this: you lose no points for checking certain things repeatedly. Essential items like hand washing, making sure the stove is turned off etc. These sorts of reminders are good and are there for reasons you can pass on to the children in your care. You're doing a great job; keep it up!

Journey Metaphor

It's just a new journey; this too shall pass, and you will be strong again (Extract from website forum during COVID-19).

I started my journey of understanding what was going on with me at university counselling, so that's a good recommendation! (Extract from Reddit before COVID-19).

I find that getting outside helps with the fresh air. Remember all the self-help things you did before recovering and put them into practice again. It's just a new journey; this too shall pass, and you will be strong again. It's hard. I'm struggling too, but I take a breather, meditate, get outside in the yard, and listen to the birds. (Extract from website forum during COVID-19).

My anxiety has skyrocketed—feelings of derealisation. Things do not feel real. I have PTSD and am at home a lot, not working this past year. The thing that scares me is seeing stable society features or functions crumble..... I already feel unsafe in my mind and body. (*Extract from website forums during COVID-19*).

But you are right. Grounding I to this moment is so important. What can I do right now? And taking it hour by hour. This is how I have survived the last year. I think my anxiety has gone off like a rocket. *(Extract from website forum during COVID-19).*

Battle Metaphor

I am slowly but surely losing my grip on this thing, and I don't know how long I can fight it. Reddit. *(Extract from Reddit Forums before COVID-19).*

Yep, I have experienced this. My wife has been battling anxiety over the last year, and most GPs have no idea. We found a GP specialising in mental health about an hour's drive away, and he has been amazing. Finding someone who understood what she was going through was a huge relief. *(Extract from Reddit Forums before COVID-19).*

I have battled through the horrible feeling when there seems no way I can stop. It does take time to get away from the awful sense of panic and distress. (*Extract from website forum before COVID-19).*

Although I know it is for the best, going into lockdown absolutely terrifies me, and I am filled with anxiety every time someone talks about it. My depression and OCD are getting worse, and I am fighting to keep them at bay. It is exhausting. *(Extract from websites before COVID-19).*

I'm still going to keep seeing my psychologist, and Dr put me on meds too, but I am not sure if I should take them. I'm scared too... It's tough to get off once you are on [meds], it's tough to get off? I'm scared because life has its ups and downs, and am I always bedridden and shaking at everything? I have four children and a beautiful husband I want to fight for. (*Extract from website forum before COVID-19*).

In short, at 19, I was diagnosed with Schizophrenia and have battled since with depression, PTSD, anxiety and, to some degree, bipolar. I am now in my early 40's with a family. Healthy family. I have been institutionalised eight times but with an outstanding psychologist, the right attitudes and obedience with medications. *(Extract from websites before COVID-19).*

Appendix 11: Sample Excerpts from Interviews

Accountability

…we are looking out for individuals and have a duty of care over them. We also have a duty of care over the organisation that we are working for…so we moderate to protect the community from things that may not be illegal or infringe on any morals or terms and regulations within our community or elsewhere. Still, they may be necessary for the social health of space and all its participants. Moderation is done very intentionally (Dorothy, website forums moderator).

So, the guidelines are primarily based on keeping community members safe. Safety is a big umbrella concept that comprises things such as immediate risk. Psychological and verbal harm can occur, often nuanced in text format that misses a lot of body language. There are also legal issues such as defamation of character, where sometimes unknowingly, someone could defame someone or an organisation. On the flip side of that was giving unbiased recommendations of services so we would ask users to refrain from speaking negatively about a particular person and on the same token, we also ask that users not speak favorably of another person as there would be an imbalance if you stop or control talking about the negative experiences (Hellen, website forums moderator).

Creating engagement would influence our decisions; making sense of community was vital, and we wanted to encourage the members to generate their knowledge of lived experience. Therefore, if users had posted something not in line with the guidelines, we would give them an opportunity to publish their content. We would not edit it, so it would always be their own. Generally speaking, if there were a post, we would also always give us the benefit of the doubt as well, so if we notice that there was a post that was inappropriate, we would take it down or remove it and place it back into the queue and then we would work with the user via email and say your post has been released for the time being the reason for this being is because then we talk about the guidelines. We give them suggestions…that aligns with the community guidelines. So, we tried and empowered users to edit it to see befitting the guidelines (Hellen, website forums moderator).

I sometimes reply directly to a well-intentioned and well-informed commenter who happens to have used a banned term. I suggest users edit their comment so it can avoid removal (for example, if they have put a lot of work into providing links and lengthy explanations as to why a previous commenter is factually wrong, but then also call them a "retard", which constitutes a personal attack and thus requires removal – if they remove that term, the comment can stay). I do not do this often, but I feel reaching out where possible keeps a "friendly face" on the moderation team (Jessica, Reddit Moderator).

Most of what guides our moderation strategies is what we call positive risk-taking. We know that there is an element of people discussing their mental health. We do not want to stifle that

conversation because we know that having those conversations online can lead to excellent outcomes for the individuals and the observers who see people opening about their mental health. When we moderate, we do not want to shut down conversations, but we need to be sensitive to discussions, for example, triggering language. We work because we do not allow people to discuss specific methods of suicide or self-harm. When people talk about feeling suicidal but mention what they plan to do, we have to remove those conversations (Martha, commercial moderator).

I did not have to worry too much about the content I would like to share. I want to create this stuff that resonates with me, and I hope to resonate with one other person. I guess coming from an individual as opposed to a business or a charity. I do not post every single day. If it resonates with me, I could post four times a day (Manager, Layperson Facebook page).

There are structures, apparent artefacts, policy documents. They can be pretty informal, and it depends on the organisation. Sometimes you know things need to be done consistently to be effective. Still, there is a lot of a grey area and a lot of wriggle room where you know that to do what is in the best interest of the individual and the community, you may need to slightly deviate from a standardised procedure in some way (Dorothy, website forums moderator).

We use pretty broad guidelines, and the way they are interpreted and implemented is vague (Hellen, website forums).

Professionalisation

We have a technological feature where some posts would automatically go through pre-moderation based on word filters. There were some words, I guess, red words that automatically blocked the post from being published straight away, and so that would flag our attention to look at it straight away. Images were not allowed to be posted straight away, so there was some priority, some flagging system we could pick up on, but with that (Hellen, website forums moderator).

I think automated moderation can be a useful tool that moderators can use. I guess to reduce demands on their time. Still, I would not ever recommend it as the sole source of moderation, particularly in an organisation at higher risk of dealing with suicide and other self-harm practices. The word filters are great, but all this stuff needs to be reviewed by a human. I do not think the technology will reach the point of sophistication where it can deal with everything, and there is no need for things to be double-checked. We have found that even when we update keyword filters, people's talk gets around it. The way people use language will never quite match with artificial intelligence (Martha, commercial moderator).

Long term users always found their ways around it, so many banned words were often concerning. This is unique within mental health forums because you have to think about at-risk users. The people that talk about suicide sometimes would find their strategies and tactics to circumvent us being aware immediately. Good community management suggests that you need community managers to nurture growth. I think nurturing cannot be automated, and community management needs that promoting because they can pick up on nuances and develop relationships. At the heart of the community, management is developing good relationships between moderators and between community members. I am not sure that can be done with automated systems (Hellen, website forums moderator).

We still need the human at the centre to inform the AI (artificial intelligence) …I believe that AI tools have the power to support moderators in a few credible critical ways …for example, something like a spam filter is already doing most of that. AI can also really support different triggers around user accounts; it can change perceptions, change what they can do in the community, and notify a moderator. So, AI has a critical role (Dorothy, website forums moderator).

Moderating a large community is a team effort that relies on many tools to automate inappropriate content detection and its removal. We have an auto-moderation where a bot flags specific comments based on a list of keywords updated by moderators (Reddit Moderator).

The biggest challenge is taking too much because it is effortless to do without realising. You can go through one post, and that is all it takes. I'm not particularly eager to post anything that does not resonate with me because I know it is like taking too much. It is all about making sure that the content is real. It was making sure that people realise that it is from a natural person instead of somebody with an agenda that needs to get a certain number of posts up a day (Steven, Layperson Facebook page Manager).

It [moderation] is emotional labour, so resilience and burnout are significant issues whether you are a professional or a volunteer or anything in between. Even more so if you are a volunteer because sometimes your work is not necessarily recognised…So, if you see disturbing or distressing material, day in and day out, it wears on you even if you have done it a long time. Being a professional, you know what you are doing, so you have to develop practices to manage resilience, self-care, and guard against burnout (Dorothy, website forums).

...post moderation does create some difficulties because if it is busy and there are multiple people, moderating conversations can get quite disjointed. You do not understand the context of the post. I think the increased business increased complexity. With increased complexity, there are safety issues and always ensuring that we are always doing best practice and evolving and changing staffing needs (Hellen, website forums moderator).

On a personal level, it was quite draining, and I found I needed to take some time away from it, so I stepped back for a few weeks (Jessica, Reddit moderator).

One of the challenges of being a moderator and community manager is that it can be hard to do this workday today and not invest too much of yourself in it. You are often among people who are at some of the worst times of their lives, and you are around that constantly; you come to care for your community members, you come to worry about them. It can be very consuming if you do not enforce your boundaries and do not have support from your organisation to make sure that you can switch off at the end of the day and not take a lot of that on board yourself (Martha, commercial moderator).

Sure, so moderation is a professional discipline that has been for a long time now. But it is still performed by many non-professionals obviously and in the world of moderation. I give you a little bit of context. There is a natural hierarchy, and you know, so you have got your volunteer moderators who just started an online community or help lead an online community for a shared interest or something they care about. They do not work for any money or any compensation. They are just doing it for the love of it might be a neighbourhood group or a fun forum. Then you have got your commercial content moderation which is contract-based mainly, and it's precarious labour (Dorothy, website forums moderator).

Other challenges include fellow mods, which can be abrasive and aggressive. Part of the issue with Reddit is that it is hierarchical, so someone who made a mod before another mod will always be able to "kick out" the later mod, but not the reverse. It frequently leads to a cabal of "difficult" people at the top (Reddit moderator).

Social Media Surveillance

When you like click on something, then Facebook will be very excessive … and that is a risk because let's say somebody is using my computer and they accidentally go into one of my social media pages, they will immediately know that this person is interested in this stuff… but I don't know if that's the way it is intended to be (Mary)

Sometimes I get surprised when an advert shows me how you can solve your mental issues or google any other information I get on Facebook and an advert comes up related to the thing I searched. That makes me uneasy, and I am like these guys are keeping a tag on everything that I do, and I see a similar advert on YouTube whenever I am watching YouTube. All this gives you a sense that you are being followed or I am being tracked. I think that is not right. They should let privacy be privacy people do not want to be tracked (Charlie)

Users also talked about the ways they circumvent surveillance. For example, the Excerpt below shows that Mary unsubscribed from some social media channels due to the inconvenience of the algorithms.

By the time I have clicked on something on Facebook, it's normally taking me to a specific website, or it's taking me to a particular organisation. So, if it kept on popping up on Facebook, I would unsubscribe and deal with the organisation itself because that's where you find most of the information, not necessarily the ads (Mary).

I know that there is a lot that is wrong with the way that social media platforms group you in terms of a typecast, but there's also something supportive in that in that you don't need to try to find the spaces where you can have the kinds of conversations that you want to. They are provided for you (Ariana).

You are kind of invited into the echo chamber (Andrew).

I do not mind those things because it is just the adverts; of course, they are listening to us right now, and they are breaching our privacy. But so, what if they invade your privacy? It is not like they are coming to your house. So, it is just an algorithm that is doing it instead of a human. Also, it is not that we someone important. Unless they start stealing our money, it is different (Paula).

Right now, it does not affect me so much because I do not have much to lose at the back of my mind. If they tracked me, what would they get? I am just a simple person. It is useless to follow me anyway. However, I cannot say that I always be like this. If I am in a sensitive position, I would not want that. Right now, it [surveillance] is annoying, but I do not mind so much about it, but I would want something to be done about it (Charlie)

Community

I am the same person the only thing that has changed on the platforms is my name. I used to have the same name as all my other social media with my Facebook name. Still, when I was Googling myself, I found, you know, they do their investigation, especially like this at work or a work interview. Hence, they're Google; you know, you know all this stuff from Facebook like and things that were inadvertent to me which my friends have done but I don't necessarily like or approve of would come up. Hence, I created a different persona, and my Facebook name has an utterly different name to my full name. So, it's not the persona that's different. It's the name that is different (Mary).

I be 90 per cent of myself and the 10 per cent I keep to myself so that I do not scare people away. My friends say that you should never be your true self on social media because it can be dangerous because people can use that to their advantage (Paula).

I rarely speak out about things that hurt me so much. I usually handle it in silence. That also reflects on my social media (Charlie).

I do not have anonymity outside of social media concerning these experiences because I'm a public mental health service worker. When I was working on one of those mental health boards, I was aware as a staff member of the level of scrutiny of users of surveillance. Still, I got the sense that the people I was engaging with had forgotten not consciously, just like you know you send a private message on these services, and you assume that's between the person and me, and you fail to click the consent button. ….. I guess what I'm saying is I don't think consent is offered enough for people to be aware of how much information they are giving over about this stuff (Ariana).

Information seeking and sharing

I have accessed informative and educative [mental health] information. Information is very accessible, but I think I am a little bit addicted to social media. It's not that there is something very important for me. But you just go and scroll. You feel like you do not want to miss something but there is nothing there. So, it is just that addiction where you feel like I will just scroll. I am not okay with this addiction, so I am trying to work through it (Jane).

Appendix 12: Social Media Rules and Norms

Reddiquette

Please do

- Remember the human. When you communicate online, all you see is a computer screen. When talking to someone you might want to ask yourself "Would I say it to the person's face?"
- Adhere to the same standards of behaviour online that you follow in real life.
- Read the rules of a community before making a submission. These are usually found in the sidebar.
- Use proper grammar and spelling. Intelligent discourse requires a standard system of communication. Be open for gentle corrections.
- Keep your submission titles factual and opinion free. If it is an outrageous topic, share your crazy outrage in the comment section.
- Look for the original source of content and submit that.
- Post to the most appropriate community possible. Also, consider cross posting if the contents fit more communities.
- Vote. If you think something contributes to conversation, up-vote it. If you think it does not contribute to the subreddit it is posted in or is off-topic in a particular community, down-vote it.
- Search for duplicates before posting. Feel free to post something again if you feel that the earlier posting didn't get the attention it deserved, and you think you can do better.
- Consider posting constructive criticism / an explanation when you down-vote something and do so carefully and tactfully.
- Report any spam you find.
- Feel free to post links to your own content (within reason). But if that's all you ever post, or it always seems to get voted down, take a good hard look in the mirror — you just might be a spammer.
- Posts containing explicit material such as nudity, horrible injury etc, add NSFW (Not Safe For Work) for nudity, and tag.
- State your reason for any editing of posts. Edited submissions are marked by an asterisk (*) at the end of the timestamp after three minutes. For example: a simple "Edit: spelling" will help explain.
- Use an "Innocent until proven guilty" mentality. Unless there is obvious proof that a submission is fake, or is whoring karma, please don't say it is. It ruins the experience for not only you, but the millions of people that browse reddit every day.
- Read over your submission for mistakes before submitting, especially the title of the submission.

Please don't

- Engage in illegal activity.
- Post someone's personal information, or post links to personal information.
- Repost deleted/removed information. Remember that comment someone just deleted because it had personal information in it or was a picture of gore?
- Be (intentionally) rude at all. By choosing not to be rude, you increase the overall civility of the community and make it better for all of us.
- Follow those who are rabble rousing against another Redditor without first investigating both sides of the issue that's being presented.
- Ask people to Troll others on reddit, in real life, or on other blogs/sites. We aren't your personal army.
- Conduct personal attacks on other commenters. Ad hominem and other distracting attacks do not add anything to the conversation.
- Start a flame war. Just report and "walk away".
- Insult others. Insults do not contribute to a rational discussion. Constructive Criticism, however, is appropriate and encouraged.
- Troll. Trolling does not contribute to the conversation.
- Take moderation positions in a community where your profession, employment, or biases could pose a direct conflict of interest to the neutral and user driven nature of reddit.
- Moderate a story based on your opinion of its source. Quality of content is more important than who created it.
- Up-vote or down-vote based just on the person that posted it. Don't up-vote or down-vote comments and posts just because the poster's username is familiar to you. Make your vote based on the content.
- Hint at asking for votes. ("Show me some love!", "Is this front page worthy?", "Vote This Up to Spread the Word!".
- Post hoaxes. If snopes.com has already declared something false, you probably shouldn't be submitting it to reddit.
- Editorialize or sensationalize your submission title.
- Link jack stories: linking to stories via blog posts that add nothing extra.
- Make comments that lack content. Phrases such as "this", "lol", and "I came here to say this" are not witty, original, or funny, and do not add anything to the discussion.

Reddit Australia Community Rules r/Australia

Novelty, troll, or bot account: No novelty accounts, accounts used for trolling, toxic accounts, accounts used for ban evasion, accounts which mimic other users or famous individuals, or bots

User editorialised headline: Submissions with user editorialised or sensationalised headlines. Political submissions must use the title of the article, they may not be altered via a twit. Unless there is a compelling reason to change it - use the article title!

Meme/image macro: No image macros, memes, upside down jokes, low quality tweets and other low content submissions and images.

Unrelated to Australia/Australians: Submissions must contain content that is specifically about Australia or Australians.

Subreddit drama: Submissions and comments made for the purpose of creating subreddit drama or harassing other users.

Low quality political submission: Self posts about politics, political speculation, political questions (etc) must meet the quality standards

Paywall, duplicate or unnecessarily low quality: No paywalled articles, twits linking to paywalled articles, empty self-posts, duplicate or substantially similar submissions, submissions made via URL shorteners or twits linking to one of the aforementioned.

Brigading: Brigading within, to, or from this subreddit, will result in a ban.

Abuse, threats, racism, and bigotry: Threats, personal insults/abuse, ad hominem attacks, aimed at other Reddit users or offensive comments including bigotry, racism and homophobia are not welcome.

Single-focus or disinformation account: Accounts that only post about a single topic (politics, men's rights, NBN, etc), spread scientific disinformation or pose bad-faith questions based upon disinformation.

Spam and self-promotion: Posts/comments made for the purposes of promoting products, SEO, promoting other social-media channels and other subreddits.

Facebook Community Standards

Violence and Criminal Behaviour

- Violence and Incitement: While we understand that people commonly express disdain or disagreement by threatening or calling for violence in non-serious ways, we remove language that incites or facilitates serious violence. We remove content, disable accounts and work with law enforcement when we believe that there is a genuine risk of physical harm or direct threats to public safety.
- Dangerous Individuals and Organisations: We do not allow organisations or individuals that proclaim a violent mission or are engaged in violence to have a presence on Facebook.
- Coordinating harm and promoting crime: We prohibit people from facilitating, organising, promoting, or admitting to certain criminal or harmful activities targeted at people, businesses, property, or animals. We allow people to debate and advocate for the legality of criminal and harmful activities, as well as draw attention to harmful or criminal activity that they may witness or experience if they do not advocate for or coordinate harm.
- Restricted good and services: We prohibit attempts by individuals, manufacturers, and retailers to purchase, sell or trade non-medical drugs, pharmaceutical drugs and marijuana, the purchase, sale, gifting, exchange, and transfer of firearms, including firearm parts or ammunition, between private individuals on Facebook.
- Fraud and Deception: We remove content that purposefully deceives, willfully misrepresents, or otherwise defrauds or exploits others for money or property. This includes content that seeks to coordinate or promote these activities using our services.

Safety

- Suicide and Self Injury: While we don't allow people to intentionally or unintentionally celebrate or promote suicide or self-injury, we do allow people to discuss these topics because we want Facebook to be a space where people can share their experiences, raise awareness about these issues and seek support from one another.
- Child sexual exploitation, abuse, and nudity: We do not allow content that sexually exploits or endangers children.

- Adult sexual exploitation: We recognise the importance of Facebook as a place to discuss and draw attention to sexual violence and exploitation. To create space for this conversation and promote a safe environment, we allow victims to share their experiences, but remove content that depicts, threatens, or promotes sexual violence, sexual assault, or sexual exploitation.
- Bullying and harassment: Bullying and harassment happen in many places and come in many different forms, from making threats and releasing personally identifiable information to sending threatening messages and making unwanted malicious contact.
- Human exploitation: To disrupt and prevent harm, we remove content that facilitates or coordinates the exploitation of humans, including human trafficking.

- Privacy violations: We remove content that shares, offers, or solicits personally identifiable information or other private information that could lead to physical or financial harm, including financial, residential, and medical information, as well as private information obtained from illegal sources.

Objectionable Content

- Hate Speech: That is why we don't allow hate speech on Facebook. It creates an environment of intimidation and exclusion, and in some cases may promote offline violence.
- Violent and graphic content: We remove content that glorifies violence or celebrates the suffering or humiliation of others because it may create an environment that discourages participation. We allow graphic content (with some limitations) to help people raise awareness about issues.
- Adult nudity and sexual activity: We restrict the display of nudity or sexual activity because some people in our community may be sensitive to this type of content. Additionally, we default to removing sexual imagery to prevent the sharing of non-consensual or underage content.
- Sexual solicitation: We also allow for the discussion of sex worker rights advocacy and sex work regulation. We draw the line, however, when content facilitates, encourages, or coordinates sexual encounters or commercial sexual services between adults.

Integrity and Authenticity

- Account integrity and authentic identity: To maintain a safe environment and empower free expression, we also remove accounts that are harmful to the community, including those that compromise the security of other accounts and our services.
- Spam: We work hard to limit the spread of spam because we do not want to allow content that is designed to deceive, or that attempts to mislead users to increase viewership.
- Cybersecurity: we do not allow attempts to gather sensitive user information or engage in unauthorized access through the abuse of our platform, products, or services.
- Inauthentic behavior: we don't allow people to misrepresent themselves on Facebook, use fake accounts, artificially boost the popularity of content, or engage in behaviours designed to enable other violations under our Community Standards.
- Misinformation: we focus on slowing the spread of hoaxes and viral misinformation and directing users to authoritative information.
- Memorialisation: To support the bereaved, in some instances we may remove or change certain content when the legacy contact or family members request it.

Respecting Intellectual Property: We ask that you respect other people's copyrights, trademarks, and other legal rights.

Website Forum Norms

Beyond Blue

We rely on all members to help keep these discussion forums a safe place for people to share and view information. We have developed five community values that should underpin all your interactions and help guide your posts:

Supportive: We encourage our members to give and receive support, sharing their stories and experiences in times of distress and wellness.

Respectful: We respect where members are on their recovery journey and listen without judgment. Appreciate that others may have an opinion different from yours. If you see abuse, report it to us using the 'report post' button on the forums.

Empowering: We empower our members to make decisions that support good mental health and wellbeing. Don't hold back in sharing your knowledge – it's likely someone will find it useful or interesting. When you give information, provide your sources.

Safe: We support our members to talk openly about difficult subjects in a safe manner. Remember that the forums are public. Don't post personal information that you would not be comfortable sharing with a stranger.

Friendly: We approach all our discussions with kindness, warmth and always assume the best intentions. Welcome new members, share your tips or show them how to use the website. If you are a new member, make sure to introduce yourself – our community is waiting for you.

It will also be helpful if you: Stay on topic. When creating a new discussion thread, give a clear topic title and put your post in the appropriate category. When contributing to an existing discussion, try to stay 'on topic'. If something new comes up within a topic that you would like to discuss, start a new thread.

We maintain the right to remove posts and threads. We need to make sure that material posted in the discussion forums is not potentially harmful. For this reason, we may edit or choose not to publish any post, avatar or display name that: contains disrespectful or derogatory remarks about any other member contains advice or content that we believe is damaging, unhelpful or distressing to others contains links contains swearing or offensive language is nonsensical and/or irrelevant promotes personal beliefs in a way that is disrespectful of the choices of others infringes the privacy of individuals or service providers is racist, sexist, homophobic, sexually explicit or suggestive, abusive or otherwise discriminatory or objectionable advertises products, services, events, or research makes any reference to specific prescription medication names and/or dosages or seeks medical advice includes personal information such as images clearly displaying your face, full names, phone numbers, locations, postal or email addresses; or encourages the sharing of such details puts overt pressure on other members to respond, including 'goodbye' messages makes attempt to facilitate personal offline contact with other members describes or encourages violence, suicide or other activity which could endanger the safety or wellbeing of others contains methods or detail of suicide, self-harm or sexual abuse is a copy of another post or contains the same, or

similar, message posted multiple times elsewhere contains references to edits or moderation is more than 2,500 characters in length or submitted in multiple parts to avoid the character limit is made from duplicate accounts.

Moderation: A team of moderators have been entrusted with the ability to intervene when these Community Rules have been breached. However, due to the dynamic nature and the sheer volume of posts, we can't immediately read everything written – therefore much of the responsibility for maintaining our friendly environment lies with you.

SANE

- Anonymity: The SANE Forums are anonymous to help members feel they can share personal experiences without worrying about being identified. Your SANE Forums member name must be different to your own name and different to member names you have on other social media. You may have only one SANE Forums member account.
- Do not publish: your name, your addresses - postal or email, your member names on other social media services, the name of your workplace, uni or school, any other information by which you could be identified in real life.

- Privacy: SANE treats your privacy very seriously. For more on what information we collect and what we do and don't do with it, read our Privacy policy. The Forums are viewable by the public. Your Forums member name and posts may appear in search engine results.

- Respect: We want to ensure everyone who comes to the SANE Forums feels welcome and respected. So please do not publish any content that: is obscene or offensive, is malicious, personally attacking or hostile, directly talking about or alluding to another member, Moderator or Community Manager that could be perceived as disrespectful or not inclusive may incite hatred or be seen as discriminatory, could be seen to be serving yours or somebody else's commercial interests, could be interpreted as professional advice such as legal, medical, or financial advice, is a duplicate of another post or make multiple posts with the same or similar content (cross-posting)
- Everyone has different beliefs and values. It is okay to share your own, but it's not acceptable to criticise other's beliefs or pressure anyone to follow your beliefs and values.

- All statements outside your personal experience - for example, about statistics, data, studies, or medicine - should have trustworthy sources. Please include a link or reference to the source of the data within your post.

- Our moderators may remove any content that is unsourced or could be considered harmful or triggering. If this happens to you, a moderator will be in touch to help work things out.

- Safety: As language can be triggering or elicit a trauma response, out of respect for people with a lived experience and survivors, please do not publish content that contains graphic or specific details, or any descriptive account, of: your or anyone else's medication or dosages, eating disorder behaviours (recommending diets, descriptive weight loss/gain strategies or any numbers relating to weight, BMI, clothing size, calories or exercise), self-harm methods, suicide methods, sexual or physical abuse, or any other content that others may find distressing or be harmful in any way.

- Avoid posting an active/imminent plan of suicide or harm to another. The forums are not a crisis service - instead we encourage you to reach out to the services linked below. An active/imminent plan for suicide will be removed to ensure other forum members do not become distressed; and duty of care protocols followed to ensure your safety (this may include escalating to emergency services such as the Police). There is a list of crises support services available here
- Avoid remarks that could be considered defamatory or that might break the law in any way

- Avoid posting ongoing / repetitive criticism of a service offering.
- Post information that is true and correct to your best knowledge
- Report posts you think are inappropriate or breach these guidelines
- Report posts if you're worried about the immediate safety of the poster.
- During your time on the Forums please share helpful content, focussed on wellbeing, recovery and help seeking behaviours, from time to time this may include discussion of difficulty seeking help but please keep the conversation away from anything that includes graphic detail, defamatory or private info; focused on your own experience; and for the purpose of gaining support from peers.

Headspace

We cannot provide ongoing clinical support, if you require a higher level of support than we can provide we may redirect you to a more appropriate service and place a ban on your account to keep you and our community safe.

Be friendly and welcoming: it takes courage to post your story, so it is important to welcome anyone to spaces and provide support

Respect people's boundaries, beliefs, and ideas

Never post details of self-harm, suicide methods, methods to lose weight, abuse, or medication: Whilst it is important to talk about suicide and self-harm, it is important to do this safely and respectfully.

Keep identifying information such as email address, full name, photos of yourself or someone you know private: it is important for you to maintain your anonymity for your safety

Remember that all advice and support is given by your peers: This means that we encourage you to remember this if you decide to follow any advice given. If you would like professional support you can contact eheadspace

Limit how many messages you post in a row so the discussion can flow: Spamming the chat can lead to a pause or ban on your account, it is important to allow everyone to speak freely.

Swearing is permitted, however swearing at another person is not permitted

Do not avoid the 'auto-flag' feature: using other letters or numbers in a flagged word to avoid our auto-flag moderation tool may result in your account being banned. The auto-flag is there to make sure messages are safe to be viewed by participants in our community chats.

Keep your messages age appropriate: eheadspace is a service for young people aged 12- 25, explicit sexual material or graphic depictions of abuse are not permitted

When providing a useful resource, ensure it is appropriate for our age range (12-25)

Ensure you are not encouraging illegal behaviour: You may receive a message from one of our moderators. This may be to check in after a concerning post, or to discuss the content from your post. Please respond to our message as we are doing our best to make sure you are safe. We want you to be able to express yourself on Spaces, however, if you have clearly broken our community guidelines, your post will not be posted, and your account may be reviewed. Continuous disclosure of self-harm and suicidal ideation.

Appendix 13: Characteristics of the Interviewees

Moderator	Characteristics	Date of Interview
Jessica	Jessica is a volunteer moderator on Reddit Australia community. She did not have any formal training in moderation at the time of the interview but was motivated to moderate these platforms because of her passion for mental health. She has moderated Reddit forums for three years. Gender: Female Ethnicity/Nationality: Australian Age: Over 30	September 16, 2020
Dorothy	Dorothy a moderator has formal training in moderating digital platforms and has moderated mental health website forums for over 30 years working with various mental health organisations. At the time of the interview, she was conducting a PhD in automated moderation. Gender: Female Ethnicity/Nationality: Australian Age: Over 30	December 04, 2020
Martha	Martha is a commercial moderator. She works in a moderating firm that is hired by mental health organisations. She moderates various platforms including Facebook pages, website forums and trains other moderators. She has been moderating these platforms for over five years. Gender: Female Ethnicity/Nationality: Australian Age: Over 30	January 03, 2021

Hellen	At the time of the interview, Hellen a moderator had recently ceased moderating mental health website forums, a role she had been involved in moderation for close to five years. Gender: Female Ethnicity/Nationality: Australian Age: Over 30	December 14, 2020
Steve	A manager of a layperson Facebook page that aims to bring people who experience mental health together. Steve described himself as a peer educator with mental health lived experience. Steve manages the page with other volunteers. Gender: Male Ethnicity/Nationality: Australian Age: Over 30	January 14, 2021

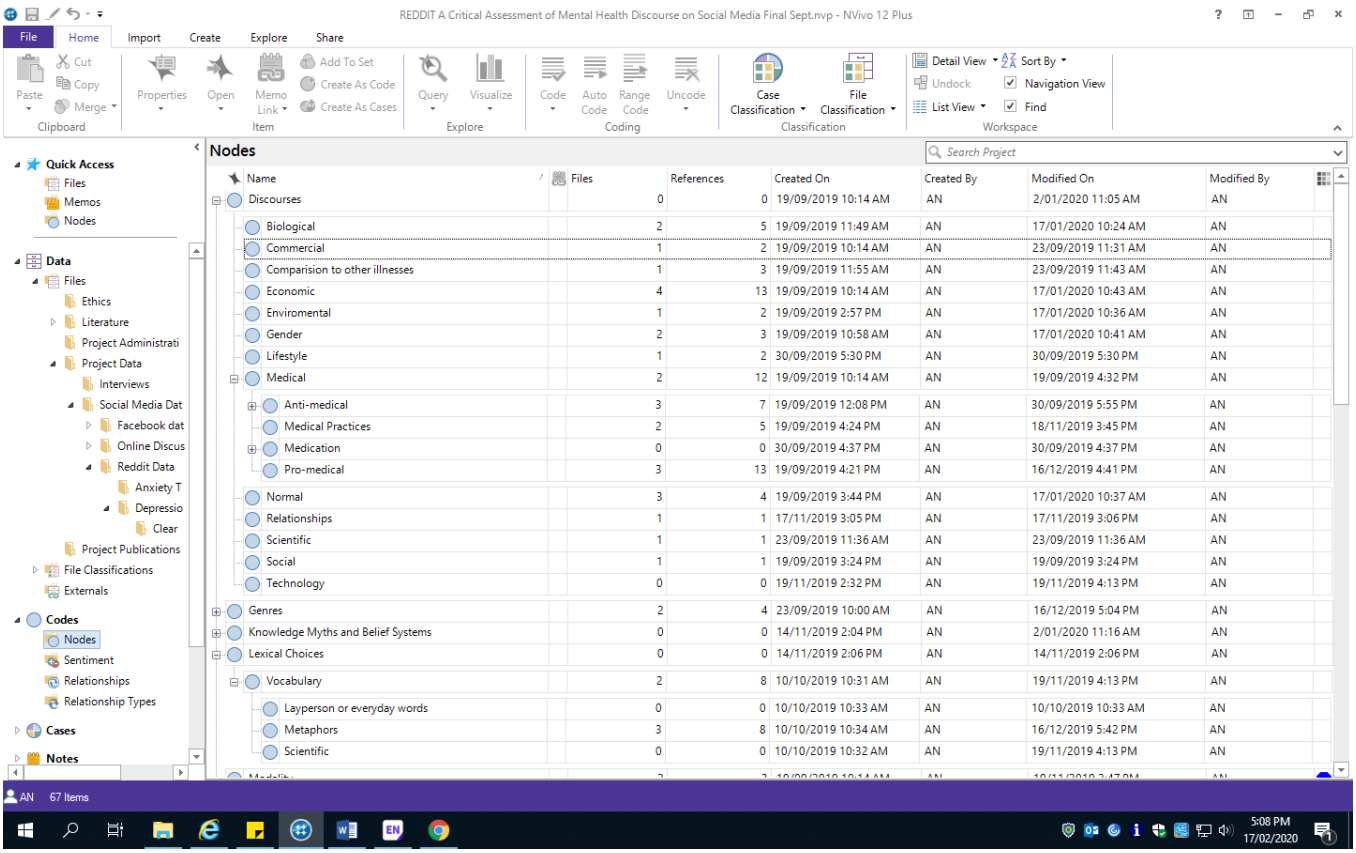
Users

User	**Characteristics**	**Date of Interview**
Mary	Mary is a nurse and occasionally cares for people with mental distress. She started using social media platforms for mental wellbeing following a medical diagnosis that caused her mental distress. Gender: Female Ethnicity/Nationality: African-Australian Age: Over 30	December 29, 2020

Ariana	Ariana is a mental health advocate and she experience serve mental illness. She is a peer educator in one of the leading mental health organisations in Australia. Gender: Female Ethnicity/Nationality: Australian Age: 18-25	September 23, 2020
Charlie	At the time of the interview Charlie was a postgraduate student. Charlie experienced significant mental distress during the COVID-19 lockdown. He relied heavily on social media for mental health information because he did not have many friends. Gender: Male Ethnicity/Nationality: African Age: 26-30	December 19, 2020
Andrew	Ariana is a mental health advocate and he experienced serve mental illness. He is a peer educator in one of the leading mental health organisations in Australia. Gender: Male Ethnicity/Nationality: Australian Age: 18-25	September 23, 2020
Felly	At the time of the interview, Felly was a postgraduate student. She occasionally used social media seek and share mental health information. Gender: Female	March 02, 2021

	Ethnicity/Nationality: Asian Age: 26-30	
Paula	Paula was a postgraduate student. She uses social media frequently to seek and share mental health information. She experiences anxiety and depression. Gender: Female Ethnicity/Nationality: Asian Age: 26-30	March 02, 2021
Jane	Jane is an administrator in the aged care industry. She occasionally experiences mental distress and cares for people with moderate to serve mental distress at her workplace and at home. Gender: Female Ethnicity/Nationality: African-Australian Age: Over 30	March 10 2021

Appendix 14: Example of the Coding Process in NVivo



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