#Relatable: an ethnography of mental health memes on Instagram

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ABSTRACT

This research explores the use of 'mental health memes' on Instagram. The use of the internet and social media has become a pressing issue in health research over the last 20 years, and the academic study of memes is yet to thoroughly explore how they can become part of health and illness discourse. Using ethnographic methods, this research attempts to bridge this gap and explore how, when and why mental health memes are produced and circulated. This paper argues that mental health memes can facilitate empowering outcomes through the production of embodied knowledge, are used every day as both a coping and destigmatising strategy and are used subversively to challenge medical authority and wider structural issues. Underlying all of this, mental health memes produce global connectivities which allow individuals to find understanding and feel connections with others, thus allowing them to be understood as part of what Robbins (2013) theorises as an 'anthropology of the good'.

Key Words: memes, mental health, social media, online ethnography, digital health

1   INTRODUCTION

This dissertation will examine how, when and why mental health memes are created and consumed online. This research represents a space of enquiry which exists at the intersection of studies of social media and mental health, studies of the internet for health purposes, and the study of memes. Using an anthropological approach, this dissertation will aim to explore how the production and use of these memes produces 'the good' (Robbins, 2013) via processes of dialogue creation, empowerment and connectivity.

The anthropological study of the internet can be considered within an 'anthropology of the future' (Escobar, 1995). Originally, research was centred around the science-fiction 'cyberspace' popular within the social sciences during the 1990s (Gray and Driscoll, 1992). After the year 2000, interaction with others online via collaborative Web 2.0 platforms became the norm (Conrad, Bandini and Vasquez, 2016), resulting in a new anthropology of the internet which conceptualises its object of study as banal, essential and inherently social (Hine, 2015).

The internet is therefore an embedded, embodied and everyday phenomenon (Hine, 2015), producing 'a global marketplace for health-related information' which is produced and consumed by individuals (Rondini and Conrad, 2016, p.108). This creates dialogues which exist alongside biomedical knowledge, and can serve to challenge, reinforce or subvert medical practice. The internet can therefore be used to examine how mental health is constructed and understood in the digital age.

Studying Madness Online

Das (2015) states that madness defines normality through processes of exclusion, sitting uncomfortably alongside the activities of the everyday, and therefore existing in a 'network of relations' (ibid., p. 87) which can only be understood through exploring the networks of the everyday. Thus, to theorise the subject of medical and psychiatric anthropology requires an exploration of the ordinary, which can be achieved through processes of listening and mutual discovery (Good, 2012). Ethnographies of these subjectivities are 'feasible and productive', and should aim to uncover the 'unspeakable and unspoken' aspects of experience (ibid., pp. 517-519).

The uncomfortable space between normality, disorder and the everyday is a space within which we can consider the use of the internet to discuss mental illness. This analysis will use online spaces to uncover what Hirshauer (2006) deemed 'the silence of the social', through revealing the networks which shape mental health discourse online. It will examine the utilisation of mental health memes on Instagram and seek to explore what they do, and mean, to those who create and consume them.

Web 2.0 and Health

Conrad, Bandini and Vasquez (2016) identify two types of internet experience within the context of health. The first of these is the 'Web 1.0' experience, which involves seeking previously existing, unmodifiable content (e.g. WebMD or NHS Choices). By contrast, 'Web 2.0' health resources are interactive and multidirectional, involving interactions with user-generated content (e.g. blogs, forums or social media). Web 2.0 platforms allow an individual to create, join or observe specific user-generated communities relating to specific illness experiences.

The global connectivity facilitated by the internet has had notable consequences for the production and exchange of health information online, increasing opportunities for the production and circulation of knowledge and the formation of support networks (Gillet, 2003; Buchanan and Coulson, 2007; Chou et al., 2009; Lowe et al., 2009 and Glenn, 2015). However, the internet is also seen to present a challenge to the circulation of health information, through the dissemination of unreliable, inaccurate or disingenuous knowledge (Mullner, 2002 and Adams, 2010).

Web 2.0 and Memes

The production and circulation of internet memes encapsulates the fundamental features of Web 2.0 as a participatory media (Shifman, 2014). The term 'meme' was first utilised by Richard Dawkins in The Selfish Gene (1976) to represent a unit of cultural transmission, spreading through a society or culture in a way analogous to genetic replication. Shifman (2014) defines an internet meme as a group of digital items which share common characteristics. They are created with an awareness of each other and are circulated, imitated or transformed via the internet by many different users (ibid., p. 4).

The internet is an archive, and provides indefinite storage for posts and interactions. Therefore, memes also represent 'amateur media artefacts' (Milner, 2013. p. 2359) shaped directly through the global connectivites and communications facilitated by Web 2.0 platforms. Groups of memes can be imagined as replicating together, forming 'memeplexes' (Fig.1) that represent deep social and cultural structures, and creating a 'postmodern folklore' which acts as a conduit for shared norms and values (Shifman, 2014. p.15). The popularity of memes that deal with mental health issues has increased steadily during the last 14 years (Fig. 2) demonstrating their importance as a legitimate area of study.

Figure 1: Three memes collected from dataset between 8/5/2018 and 10/5/2018

This memeplex utilises a photo taken at the premiere of 'Suicide Squad' in 2016. It gained popularity as an 'object label' meme in 2018 and became used widely across the internet (Know Your Meme, 2018a)
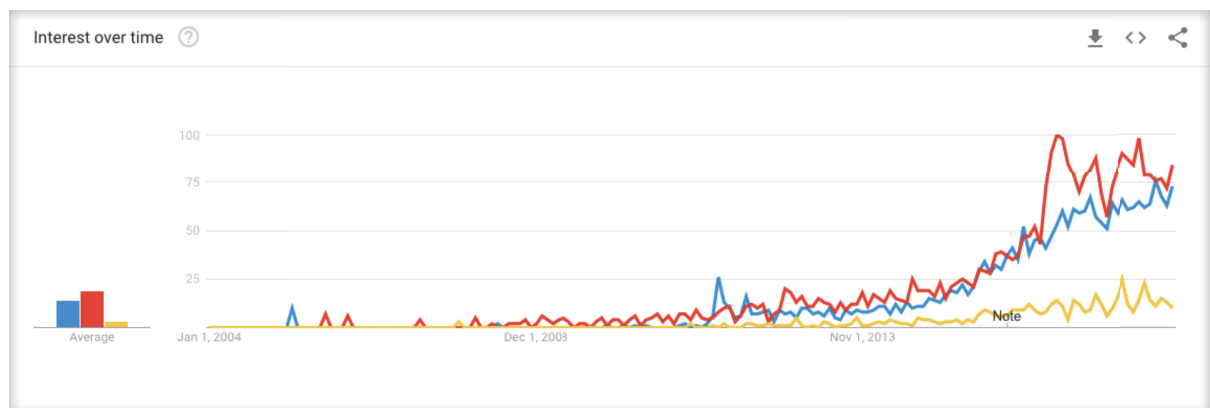
Figure 2: Google Trends data showing the global popularity of the terms 'depression meme', 'anxiety meme' and 'mental health meme' since 2004

'Depression meme' is displayed in red, 'anxiety meme' in blue, and 'mental health meme' in yellow. It is notable that every phrase has demonstrated a rise in popularity since around 2013, with 'depression meme' and 'anxiety meme' showing more popularity than 'mental health meme' (due to specificity). However, for the purposes of this dissertation, mental health meme will be used as an all- encompassing term.

Instagram as an Object of Study

Instagram is a photo and video sharing social media application, with 600+ million active users. The internet offers various avenues for anonymity, meaning that any demographic data must be approached with caution. However, data collected from the Pew Social Media report and Instagram Press page suggests that Instagram users are mainly young and female, with 59% of 18-29 year olds and 38% of online women using the Instagram platform (York, 2017).

In 2017, the Royal Society for Public Health declared that social media has both positive and negative effects on young people, with Instagram representing 'the worst (social media platform) for young people's mental health' due to its image focused content, and ability to invoke feelings of isolation (RSPH, 2017). Research exploring the negative effects social media has on mental health has focused on addiction (Kuss and Griffiths, 2011), low self-esteem (Fardouly et al., 2015; Brown and Tiggerman, 2016), depression (Sidani et al., 2016) and risk to young people (Frith, 2017). Although contested in academic literature (Hendry, Robards and Stanford, 2017), the assertion that social media is intrinsically bad for mental health has become something of a monolith within mainstream media discourse.

In 2018, an online search for '*is social media bad for mental health?*' produced 149m results, with many pages detailing the various ways social media is detrimental to mental wellbeing, and offering solutions to those 'addicted' to using social media (*Fig. 3*). This interpretation of social media contributes to a culture of individual responsibility for mental illness (Teghtsoonian, 2009; Hendry, Robards and Stanford, 2017, p.136) and negates the ways it can be used positively. This aim of this research is to explore the ways in which social media can be used for good, and provide examples of how mental health memes can contribute to a more nuanced dialogue surrounding social media and mental health.
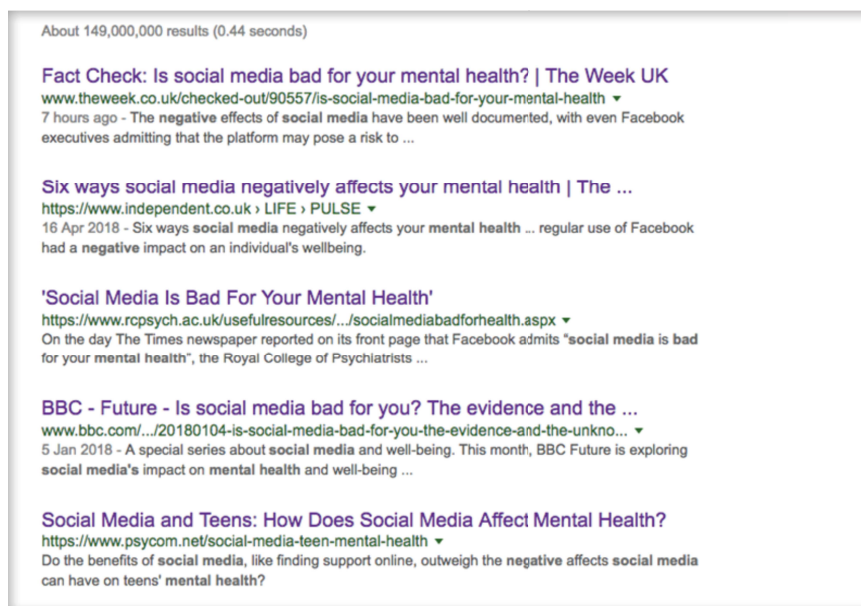

Figure 3: A Google Search for 'is social media bad for mental health?' undertaken on 19/6/2018

2 LITERATURE REVIEW

This chapter will synthesise relevant theoretical and scientific research relating to: the use of the internet for health purposes, the experience of health online, perspectives on trauma and narrative and processes of connectivity online. This literature review will provide a selected overview of key papers within broad topics, therefore illustrating a gap in the literature which occurs between memes, mental health and the experience of health online.

2.1 The Everyday Use of the Internet for Health Purposes

During the 1990s, romanticism surrounded internet scholarship. The internet was seen as an exotic virtual space holding the key to an idealised 'future', within which everything would change. It was predicted that new epistemologies would be created in tandem with the use of these new technologies, resulting in disembodiments 'like the American way of life of the present, only way cooler' (Gray and Driscoll, 1992, p.39). Since then, the internet has changed considerably, not necessarily making life way cooler, but becoming a site of anxiety for scholars (Mullner, 2002; Adams, 2010; Kuss and Griffiths, 2011; Fardouly et al., 2015; Brown and Tiggerman, 2016; Sidani et al., 2016; Frith, 2017) and policymakers (RSPH, 2017) alike. Today, the internet can be viewed as a multiple and variable cultural object, which can be accessed from many different devices at all times (Hine, 2015). For researchers, this presents an 'unobtrusive method for exploring the everyday' (Lee, 2000, p. 366), making the internet an ideal site from which health can be studied.

When exploring the use of participatory medias for health, it is important to note the 1% rule, which states that 1% of actors (known as 'superusers') create the majority of content found on social media. The remaining 99% of users are consist of 'contributors' (9%), who post less often and 'lurkers' (90%), who never post at all (van Mierlo, 2014). An awareness that the experiences of a small minority of users forms the basis of user-generated knowledge created online is therefore required.

For those with access, online resources shape the everyday experience of health and illness (Zeibland and Wyke, 2012, p. 220). The internet has helped to move illness from the private to the public domain, allowing individuals with similar experiences to coalesce and communicate everyday experiences (Conrad, Bandini and Vasquez, 2016). However, it has been argued that the internet provides a platform for 'cyberchondria', a form of 'health anxiety', which emerges through repeated contact with health information online (Aiken and Kirwan, 2014).

Using the Internet for Health

Nettleton, Burrows and O'Malley (2005) demonstrate that the internet is a 'contingent and embedded' phenomenon (ibid., p. 974) and provide a counter to the assumption that online health consumers are passive, uninformed 'cyberchondriacs'. Participants were found to routinely use the internet to enrich

their consultations with an explicit knowledge of the risks associated with doing so, producing a concordance between traditional concepts of how lay health knowledge is produced, and the wealth of health information which exists online. Thus, it can be argued that the internet produces a space where critical health consumers, influenced by the constraints of everyday life (rather than 'cyberchondriac' tendencies), exist (Lewis, 2006)

If we acknowledge that individuals are aware of the risks associated with using the internet for health purposes, it is important to understand where help-seeking behaviour occurs. Chou et al., (2009) discuss the potential that social media has to impact upon population health. Social media reaches individuals of varying demographics at the same rate (ibid., paragraph 29), meaning that targeted and considered social media based interventions could be used to reduce health disparities and improve access to services. Before these interventions can occur, we need a clear understanding of how social media is used organically to manage and explore health conditions.

An example of the organic use of social media to discuss health conditions can be found in Glenn's (2015) analysis of the 'chronic sorrow' experienced by the mothers of children with serious illnesses. This study concluded that it is interaction on social media, not specific health-related forums or websites, which provided the means of communication and the site of the help-seeking practices which occurred between the mothers. Online communications were essential in alleviating feelings of chronic sorrow, and were facilitated by the mothers, as opposed to being accessed through performing an online search or reading pre-prepared resources.

Web 2.0 platforms have altered the everyday use of the internet for health. Online help seeking has always been reflexive and considered (Nettleton, Burrows and O'Malley, 2005), but now occurs through interactive and dynamic user-led platforms. Social media can provide a platform for many different demographics (Chou et al., 2009) and allow for individuals to create their own communities (Glenn, 2015). Further research is needed to explore the emerging realities of how social media impacts the everyday experience of health online in the Web 2.0 age.

2.2 The Experience of Health Online

Shifting Power Relations

In the early 2000s, it was predicted that the rise of new information technologies would drastically impact healthcare (Blumenthal, 2002) through a diminishing of the distinctive competencies held by healthcare professionals (Starr, 1982). New information technologies are instruments of connectivity, allowing for direct transfers of information between patients and providing access to information previously restricted to physicians (Blumenthal, 2002). The rise of the participatory internet therefore represents a reshaping of power relations, challenging the soteriological (Good, 1993, p. 83) and salvational (Foucault, 1973) promise held by biomedical science. A recent systematic review (Tan and

Goonawardene, 2017) concluded that the internet indeed represents a new paradigm in healthcare, emphasising that patient-physician relationship models must be reconsidered in light of this change in power relations.

This shift in power relations can be illustrated by literature published since the early 2000s. Gillet (2003) discusses the use of online resources to create cultural spaces for those marginalised by the HIV/AIDS epidemic. These cultural spaces were used both as an avenue for self-expression and as a space of dissent; inequalities which existed within and outside of the HIV/AIDs movement were addressed, and institutional discourses were challenged. The use of the internet within this epidemic was inherently political, used for advocacy and to de-stigmatise the condition, whilst providing spaces for 'self-representation' for those 'excluded from the public sphere' (ibid., p.621). Gillet's work illuminates how the internet can produce links between 'private troubles and public issues' (ibid., p.622), contextualising health issues within structural factors, and therefore politicising them.

Van Uden-Kraan et al., (2008a) observe the processes of empowerment which can be created within online support groups. One of these processes involves the presentation of health information in an individual's 'own' language, without 'medics speak' (ibid., p. 408). A shift away from esoteric medical language returns the experience of illness to the individual as part of an empowering process, therefore reshaping the doctor-patient relationship. This interpretation of the internet as being empowering for the patient is less overtly political than Gillet's exploration of online HIV/AIDs activism, but nonetheless provides examples of how the internet can shape power structures within medicine.

To understand how the current iteration of the internet shapes power relations, further analysis is required. To examine the full nature of these changing power relations, research must move beyond the study of websites created for health purposes, and move towards studying organically formed groups on social media.

Memes and The Experience of Health

Examining mental health memes can allow us to consider the ways in which mental health discourse online is shaped within, and outside of, biomedical thought and practice. Nettleton, Burrows and O'Malley (2005) observed that the frameworks which exist for exploring health online are dictated by existing biomedical frameworks. However, the nonsensical nature of memes is implicitly subversive (Katz and Shifman, 2017), acting as a tool which counters the 'modernist attempt to find truth' (ibid., p. 826) and by extension impacting upon 'individual histories, or shared worlds of meaning … built by small communities' (ibid., p. 838). Memes therefore act as a link between the personal and the political, allowing users to participate in public action whilst maintaining individuality and self-expression (Shifman, 2014, p. 129). This creates an interesting form of user-generated knowledge which can become a site of of health research.

Marcus and Singer's (2016) analysis of Ebola-Chan can exemplify the 'biosocial' experience of illness during the age of the internet. Ebola-Chan (*Fig.4)* was a meme created and circulated during the 2014-2015 Ebola epidemic, and arguably encompasses the complex socio-political issues which arose during the outbreak. It can be used to explore a myriad of experiences and actions: fear, racism, trust (of foreign healthcare workers) and the use of humour in disaster situations. She represents 'a very human need to gaze upon the (microbial) enemy' (ibid., p.352), demonstrating how memes can alter and subvert accepted biomedical truths and transforming Ebola (for those at a safe distance) from an arcane, dangerous disease into what is fundamentally a humorous viral image.

Figure 4: An Ebola-Chan Meme, Produced in August 2014

In August 2014, memes such as this one began circulating on platforms such as Reddit and 4chan. Users were urged to post a comment stating, 'I love you Ebola-Chan' to avoid contracting the disease (Know Your Meme, 2018b)

2.3 Trauma and Narrative

From the Suffering Slot to an Anthropology of the Good

Conversations surrounding trauma and suffering are central to the contemporary discussion of mental health[1]. For Fassin and Rechtman (2009), trauma represents a suffering which exists across borders and knows no cultural limits, therefore providing a basis from which humanity can be united. This would allow anthropology to dispense with the notion of 'the other[2]' and provide a 'suffering slot' upon

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[1] Recent publications such as the Power Threat Meaning Framework (Johnstone et al., 2018) place trauma and experiences of marginalisation as central to the experience and treatment of mental distress.

[2] The concept of studying 'otherness' has been criticised within, and outside, anthropology as reinforcing and replicating colonial rhetoric, causing anthropologists to search for a new object of study.

which research and action can be focused. However, trauma's ability to unite humanity may also serve to construct the object of study as a 'suffering stranger', who is defined by their suffering and therefore lacks full human complexity (Butt, 2002).

Robbins (2013) offers 'an anthropology of the good' as a theoretical counter to this suffering slot. By focusing anthropological work on cultural constructions of 'goodness', we can move beyond studies of violence and trauma as a core experience and identity of marginalised peoples. Examining how value, morality and wellbeing are produced would allow research to focus on how people organise their personal and collective lives to foster good. For Robbins, this is an 'attractive force', drawing people closer into social life and producing relationships (Das et al., 2015, p. 13). By taking the good as a starting part, the social lives and relationships produced online can be conceptualised. This approach does not aim to diminish the importance of trauma in studies of mental health, but will examine the complexity of marginalised peoples, and understand the way the good is produced in their own lives.

The Importance of Narrative

The use of personal narratives online can provide a pertinent example of the production of the good. Participatory medias have been used to create spaces for marginalised and stigmatised groups to tell their own stories, and listen to the stories of others (Gillet, 2003; Gal, Shifman and Kampf, 2015). Narratives can remake worlds, giving experiences structure and meaning, and therefore making them more manageable (Pennebaker and Seagal, 1999). Reclaiming narrative is empowering, allowing experience to move beyond the descriptive limits of biomedical language and returning it to the sufferer through the telling of their own stories (Frank, 1995).

Frank (1995) describes narrative as being centred 'in the silences between words', with the body acting as the ground for stories (ibid., p. xii). Lowe et al., (2009) explore the experience of 'problematic pregnancy' and demonstrate that narratives presented on online health forums provide users with an 'embodied' knowledge[3] , which is beyond the information that can be provided by pregnancy services. This knowledge is produced through the use of emotional, personal narratives and descriptors of experiences and feelings which contribute to a normalising and reassuring dialogue created through a shared understanding of lived experience. Narrative can therefore produce benefits for the individual and for the community.

When looking at the production of narrative and embodied knowledge on social media, it is important to explore the methods of personal branding and self-commodification which occur online (Shifman, 2014). Online identities are constructed and contingent, meaning that the study of memes must involve a focus on the 'performative self' (ibid., p.30) which is created alongside memes themselves. By

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[3] Embodied knowledge can be understood as 'knowledge in the hands' (Merleau-Ponty, 1962), or knowledge derived from experience which is lived through the body (Tanaka, 2011)

examining the performative self, we can understand how theoretical perspectives on narrative creation can be applied when studying mental health memes.

2.4 Interconnectivity

Community and Connectivity Online

Studying forms of connectivity online is essential to understanding the production and use of mental health memes. However, it must be acknowledged that the internet is a vast and changeable space; divergence, as well as commonality must be expected within any analysis (Gillet, 2003; Hine, 2015, p. 88). Memes are ideal units for circulation online, and allow for the formation of social ties without a clear or personally specific meaning (Milner, 2012). Therefore, they provide a basis from which the networks which exist between geographically isolated or stigmatised individuals can be studied.

An exploration of empathy, care and reciprocity can be used to exemplify how the good is fostered within social relationships (Robbins, 2013). The sharing of narrative and experience requires a connection with someone else, which can be provided through the internet even if, for some, this is less ideal than face-to-face interaction (Glenn, 2015). For those dealing with chronic or isolating illnesses, the internet can be a 'lifeline' (ibid., p.19) allowing an individual to seek help and feel a connection with others. Using Instagram, these connections can be explored as they happen organically.

Social media use results in visible, traceable networks punctuated by posts which 'map' the progress of an individual's illness experience. These individual experiences can be argued to feed into what Good (1977, p. 54) describes as a 'semantic illness network' through a shared understanding of experience. This shared participation in a semantic network allows experience to be transformed and articulated, providing relief for the sufferer and allowing them to be understood by others.

van Uden-Kraan et al., discuss the empowering processes which emerge alongside the creation of connections online. These processes involve: finding emotional support and understanding, sharing experiences, helping others and finding amusement. To achieve these processes, a connection with others must be found, indicating that inclusion and feelings of connectivity are essential when obtaining the benefits of seeking help for a health problem online [4]. The processes of connectivity and empowerment found by van Uden-Kraan et al., (2008a) stand in contrast to the harmful nature of social media presented in the media, and produce a different approach from which research can be positioned.

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[4] In another paper, Van Uden-Kraan et al., (2008b) discuss that most empowering outcomes are also felt by 'lurkers' (those who only observe activity on online forums). Therefore, it is important to note that connectivity can be felt even if direct participation in a group does not occur.

2.5 Conclusion

Studies published since the early 2000s have demonstrated the potential that the internet holds for altering the experience of health. This can occur though a reshaping of clinical relationships, the creation of new spaces for lay knowledge production and the opening of avenues for global connectivity. A growing body of literature also exists which focuses on memes as a medium for online community creation, and as a political activity. Through the lens of anthropology, the experience of mental illness online can be explored in a new way. By examining how memes can be used to produce collective identities for subjugated groups (Katz and Shifman, 2017) we can begin to the observe the everyday experience of mental health online. The collective identities and personal narratives produced arguably become part of the process of healing, and in this analysis, will be used to conceptualise mental health memes on Instagram within an anthropology of the good (Robbins, 2013).

By examining mental health memes on Instagram, and studying them as a form of health knowledge production, a gap in the current literature can be filled. Mental health memes can challenge assumptions of the inherently negative mental health effects of social media, provide a deeper understanding of the contemporary experience of health online and allow complexity to be returned to the object of study. Therefore, using mental health memes, we can address new research questions which are at the intersection of mental health, health online and the impact of social media

3 METHODOLOGY AND ETHICS

The aim of this research project was to discover how 'the good' (Robbins, 2013) can be created on Instagram by accounts that produce and consume mental health memes. As Hine (2015) discusses, the 'burning' research questions within online ethnography surround how and why the internet matters in people's lives (ibid., p. 196). Research questions were therefore focused on when, how and why mental health memes are used. This chapter will outline the data collection methods used to address these questions, before turning to the epistemological frameworks which informed the study design and analysis of findings. Finally, there will be an extended discussion of research ethics.

A 'dense interconnectedness' (Gatson,2011, p.513) exists online, which requires specific methodological solutions. As Markham (2005) has emphasised, methodology in online ethnography is determined by ethics. Questions of representation, consent and privacy will always shape the research design, and were considered throughout research in a reflexive, responsive and responsible way[5].

3.1 Study Design

Data collection took two forms: the collection of 190 memes posted by 46 meme-producing accounts between 1/5/2018 and 1/6/2018, and semi-structured interviews with 9 of these content producers. Research was facilitated through a research-specific Instagram account[6], therefore ensuring that information flow was multi-directional and worked with, rather than resisting, the 'dense interconnectedness' (Gatson, 2011) which is part of internet research. Instagram was selected as the research site due to usability, the researcher's familiarity with the platform, and the availability of a private direct messaging (DM) function.

Why Ethnography?

This project attempts to use ethnography to engage in deep immersion and produce a 'thick description' (Geertz, 1994) of the research site and participants. Travers (2009) argues that online ethnography produces a 'thinner' description than offline ethnography, due to the physical distance between researcher and participant (ibid., p.73). However, ethnography has always been conducted within limits 'determined by the human perceptual capacity' (Hine, 2015, p.4), therefore meaning that a commitment to the principles of ethnography as a distinct form of knowledge production is as possible online as it is offline (ibid., p.56). Gonzalez-Polledo (2016) provides a successful example of a recent online ethnography, which was used to provide methodological guidance for this project.

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[5] The ethnographer is one of many voices telling the stories voiced online, meaning that an awareness of positionality as a researcher is paramount as part of methodology (Gatson, 2011).

[6] Available at: www.instagram.com/mentalhealt h_meme_study

Ethnographic principles were adhered to during this research through: the visibility of the research account online, the skilful use of Instagram and the collection of 'field notes'[7] (Hine, 2015, pp. 71-74). By considering memes in combination with interviews as a single data set, further immersion into the 'field site' was facilitated. Thinking ethnographically allowed the researcher to consider the various ways in which memes moved between producers and consumers, therefore constituting an appropriate strategy for addressing the research questions.

Creating the Profile

Allowing the researcher to 'be there' (Hine, 2015, p. 71) is essential to online ethnography. This can be achieved through the creation of an online profile, which is defined as a 'targeted representation of activity in relation to an imagined community' (Driscoll and Gregg, 2010, p. 18). The research design was initially concerned with the presentation of the researcher online. The username was selected to make the role as a researcher clear from the offset, and a small amount of personal information[8] was provided for participants.

The Research Process

1) Constructing the Field Site

The online field site is created as part of the research design, and is therefore a 'fluid and emergent construct' (Hine, 2015, p. 87) which can be revealing of the researcher's personal biases (Markham, 2005, p. 257). In the case of this research, time constraints, the researcher's familiarity with Instagram and an awareness of some key participants determined the shape of the field site.

Initially, 69 public Instagram accounts which visibly produced mental health memes were followed, and consent to participate was requested. Larger accounts with higher follower counts (e.g. manicpixiememequeen and prozacbarbie[9]) were followed first. After following the initial accounts, other accounts were sourced through the Instagram 'suggested' algorithm, and through looking through the follower/following lists of accounts after they had given consent to be part of the study.

Usernames acted as an indicator for account content and were therefore used to source suitable accounts. During interviews, participants were also asked for their favourite accounts to follow, to ensure no key participants had been missed and to observe the processes of interconnection central to producing ethnography.

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[7] In this case, the daily collection of memes into a PowerPoint document served as field notes – they offered an opportunity for reflection and immersion into the Instagram 'feed', or the field site.
[8] Name, age, gender and position as a researcher at Glasgow University.
[9] Unless specifically requested, pseudonyms were not used during the research process due to the importance of usernames as an identity signifier online.

2) Consent

After an account was followed, a DM was sent to the user explaining the purpose of the research and asking for consent to participate. This was done to avoid 'lurking', and to ensure that participants were aware of the research account's presence before data collection began, therefore remaining committed to ethical research principles (Morrow, Hawkins and Kern, 2015). One account actively refused consent- they were immediately unfollowed and a DM was sent to confirm the unfollowing and assure the participant that their data would not be used. 22 other accounts did not reply to the consent message.

46 accounts gave consent and were included in the study. Before collection of memes began on 1/5/2018, any account which had not replied to the DM requesting consent was unfollowed to ensure that data which appeared in the Instagram feed was being collected consensually. Consent was recorded on a spreadsheet to ensure that the consent status of any given account could be referred to quickly.

3) Interviews

Semi-structured interviews were undertaken with 9 of the content producers who had given consent to participate in the study. Each interview lasted 40-90 minutes and was undertaken via the DM function to ensure the project remained on one online platform, and occurred in a format familiar to participants. It is also notable that a face-to-face interview would have been impractical for many participants, and that some were nervous about being interviewed until they discovered the interviews would occur via DM. Considering the global dispersal of the participants and the sensitive nature of the research, the use of online text-based interviews was methodologically and ethically suitable, ensuring comfort and convenience for participant and researcher.

4) Analysis

Interviews and memes were coded into four themes which emerged during the writing of the literature review and collection of data, and were then refined during analysis. Themes which were selected for analysis were intended to represent the dataset and provide an overview of all findings, arguably the most appropriate thematic approach to take when investigating an under-researched topic such as mental health memes (Braun and Clarke, 2006). A thematic map (*Fig.5*) was produced to illustrate the final themes which emerged during analysis.

190 memes were analysed in relation to their captions and indicators of participation such as number of likes or comments. Other studies (Marcus and Singer, 2016; Katz and Shifman, 2017) have viewed memes as static, separate cultural artefacts. However, here methodological reflexivity was required to view memes in context and therefore allow them to be explored ethnographically, in relation to each other. Each meme was examined for around one minute, to allow them to be viewed as intended – not as deeply thought out pieces of discourse, but as transient posts. They were then coded into the themes shown in *Fig. 5*.

Coding of the interviews into the aforementioned themes followed processes recommended by Braun and Clarke (2006). Interview data was copied and pasted directly from the Instagram DM function into a word processor to ensure that participants responses were read exactly as written. However, copying and pasting into a world processor does not necessitate an extensive transcription process. To remedy this, interview transcripts were re-read numerous times, to ensure adequate familiarisation with the content before coding began.
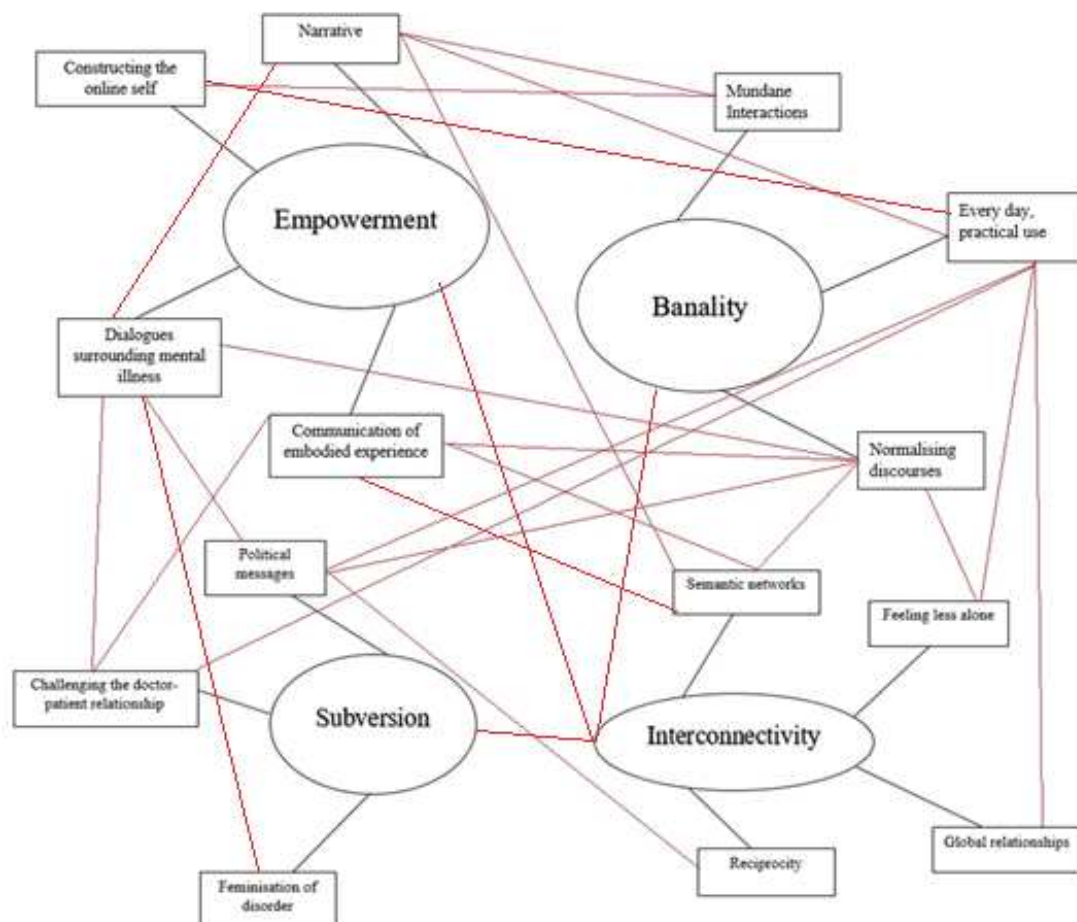

Figure 5: Final Thematic Map. Red Lines Indicate Connections Between Themes and Sub-Themes

3.2 Epistemology

This research was approached using a feminist epistemology, grounded in principles of respect and the production of collaborative knowledge. A feminist approach allowed for power to be considered in analysis, considering the ways in which online spaces can reinforce, as well as challenge, inequalities. When doing online research, it is therefore important to consider how everyday lives are made visible, why they are written about, and by whom (Morrow, Hawkins and Kern, 2015).

3.3 Ethics

Parker (2007) notes that methodological problems in ethnography are inherently ethical, concerned with the relationship between researcher and participant, and fundamentally relating to questions of representation. Similarly, Klienman (1999) discusses how ethnography itself can be considered to be an exercise in ethics, contributing to the formation of norms and values. He states 'ordinary people, even the marginalised, are stakeholders in local worlds' (ibid., p. 71). Therefore, when doing online research, ethics determines method (Markham, 2005).

Practically, the Association of Online Researcher's ethics guidelines (Markham, Buchanan and AOIR Ethics Working Committee, 2012) were used to provide a starting point from which ethical issues could be considered. These issues emerged in clusters and were centred around consent, anonymity and confidentiality, and the sensitive nature of research. Ethical approval for the research project was given by the College of Medical, Veterinary and Life Sciences Ethics Committee (University of Glasgow) on 4/4/2018 (application no. 200170104).

Consent

Consent was a central issue throughout the research process. Initially, deciding what would count as data was a fundamental ethical question. As there is no set definition for what constitutes a mental health meme, there is no set limit for the field site. Here, Markham's (2005) assertion that the researcher determines the outcome of the research is pertinent to examine, as both practical and ethical considerations helped to determine what would count as data.

Consent becomes complicated during online research (Markham, 2005) and can be evidenced through the range of answers which were received in response to the initial request for consent. The Instagram DM platform is informal and is used by many account holders to chat. The messages received in response to the consent message varied from formal consent, to a more colloquial 'yeah that's fine'. In cases where the researcher was unsure of enthusiastic informed consent, a follow up message was sent reassuring the participant of the ability to withdraw consent at any time. Separate consent was also requested prior to the commencement of the 9 interviews.

Anonymity and Confidentiality

Online interactions blur the public-private dichotomy (Markham, Buchanan and AOIR Ethics Working Committee, 2012), requiring a reflexive ethical approach to establish what counts as data. Only 'public' Instagram pages were included in the study, meaning that anyone with an internet connection can access the content. However, this content is produced by an individual person and relates to an area of social life (mental health) commonly considered to be 'private'. The decision to secure informed consent before including the content of accounts as data was made on the basis of respect, transparency and an acknowledgement of the sensitive content which forms the basis of mental health memes.

The use of real usernames throughout the research also presented an ethical challenge. When combined with image captions (or any other searchable text), data presented in the dissertation can be traced back to the original account via a search engine, thus it was important to make clear that there were different levels of consent open to participants. One account opted to be anonymised – their data appears in this dissertation without their associated username to prevent their data being searchable. Many accounts have their real names on their profile, alongside their usernames. Some participants expressed a specific wish to only be referred to only by username in the dissertation. They were then reassured that all accounts were to be referred to by username only at all points.

Interview transcripts were accessible only to researcher and supervisor. Confidentiality was maintained according to the University of Glasgow's research governance procedures. Although data was extracted from public Instagram accounts, a specific dataset existed via the curation of an Instagram 'feed' consisting of all the participating accounts. This, combined with the private interview data was accessible only to researcher via a password protected laptop.

The Sensitive Nature of Research

Mental distress is a globally stigmatised experience (Sartorius, 2007; Klienman, 2009), therefor requiring specific ethical sensitivities. Participants were treated with an awareness of any potential mental distress or trauma they may have experienced, and this was reflected in the content of interviews. Awareness of factors which may lead someone to start producing mental health memes (for example: loneliness, experiencing a stressful time, vulnerability), alongside a commitment to producing multi-vocal and sensitive research, shaped the research design.

Considerations were made regarding what to do if a participant began experiencing distress during the interview, and the ability to stop the interview at any time was specified in the pre-interview consent statement. Interview questions were selected on the basis of being non-intrusive, for example 'please tell me about your favourite meme you have produced?'. Dialogue was therefore opened with a focus on the memes and allowed the participant to divulge only what they felt comfortable with.

4 FINDINGS AND DISCUSSION

This chapter will explore how the good (Robbins, 2013) is created through the use of mental health memes on Instagram. A focus on the good will allow us to explore the processes of empowerment, banality, subversion and interconnectivity which surround the production and consumption of memes on Instagram.

4.1 Empowerment

Diagnostic Categories and Embodied Knowledge

Diagnostic categories are used to form the basis of an embodied and experiential illness knowledge on Instagram, often appearing in user's bios (*Fig. 6*). Mentalxmemes discussed the importance of this, stating *"When you see someone with the illness you have you automatically want to connect to that person ... cause they understand"*[10]. Although the experience of mental illness is variable, individuals are searching for concordance and understanding online, which can be achieved through searching for accounts which have the same diagnostic categories presented in their bios. Diagnostic criteria are therefore used within meme communities as a marker of identity, allowing individuals to find other accounts that produce content which is applicable to their own experiences.
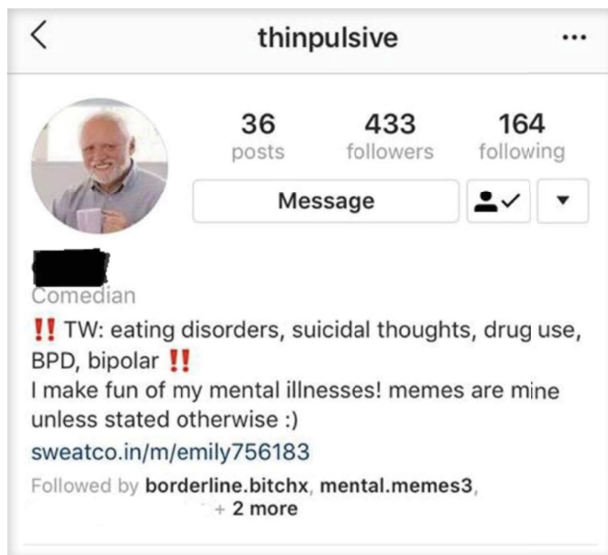
Figure 6: Account Bio for Participant Thinpulsive

Basic information which includes diagnostic categories, trigger warnings and motivations for producing memes is included in this user bio.

An embodied knowledge of illness can contribute to the empowering processes which are associated with the use of health resources online, by allowing users to feel understood and to understand their own illnesses better (van Uden-Kraan, 2008; Lowe et al., 2009). During analysis, it was observed that problems are often discussed using clinical language, but the content of memes goes beyond this language. This allows connections to be forged, and self-expression facilitated, through a visual

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[10] During this discussion, all interview quotes will be copied and pasted directly as they occurred, with no corrections for punctuation or spelling,

representation of experience (*Fig. 6*). Diagnostic criteria are often paired with surreal images, reinforcing the esoteric nature of describing mental health conditions, and exemplifying the difficulties of translating symptoms into written descriptions. Diagnostic categories form the basis of memes and allow individuals to identify each other, but the memes themselves are used to create new dialogues which move from clinical knowledge, to an embodied and experiential knowledge.

Figure 7: A Meme Posted by sadafricanqueen on 6/6/2018

This meme uses a distorted image from the popular film 'Shrek' (2001). The 'fading out' effect applied to the image of Shrek is from the film 'Avengers: Infinity War' (2018), incorporating another pop-culture reference into the meme. The image is used to describe how it feels to dissociate in public.

Moving Beyond Diagnostic Categories

As discussed, diagnostic categories act as identity markers, but memes serve to enrich descriptions of experience in a way which words alone cannot. When discussing the production of her favourite meme (*Fig. 8),* borderline meme slut said, *'it felt like a great way to discuss my dumb ed* (eating disorder) *logic',* helping her to capture the *'"well fuck"' at the end so well in how I always feel after engaging in behaviours'.* Memes are polysemic (Katz and Shifman, 2017), therefore allowing for content to become relatable – a meme which is very specific to one person may become relatable to another through interpretation. The meme depicted in *Figure 8* demonstrates how knowledge grounded in personal experience can be transmitted, moving beyond the diagnostic categories which act as the initial markers of identity and creating a dialogue between the clinical language of symptoms, and personal experience.

Figure 8: A Meme Posted by borderlinememeslut on 17/3/2018

This meme was selected as the user's favourite meme which they have produced. It uses a several stills from the film 'Despicable Me 3' (2017) to tell a story which depicts the logic behind an eating disorder.

Figure 9 further illustrates the processes of embodied knowledge production which occur during the circulation of memes. By contrasting the 'self' with the 'symptoms' of mental illness, an embodied knowledge is produced which demonstrates the frustrations that are felt when an individual is unable to control their symptoms. The caption of the meme raises questions surrounding what actually constitutes a personality disorder, and what it means to suffer from one, concluding that it should just be called the '*lost and confused disorder*' because that is how they '*feel all the time*'.

Figure 9: A Meme Posted by ontheborderline on 7/5/2018

This meme uses an image from the children's television program 'Scooby Doo' to illustrate the lived experience of having a personality disorder.

Personal Narratives

The process of creating mental health memes online is a form of illness narrative creation, which arguably facilitates empowerment through processes of healing (Frank, 1995). This process begins with the creation of the account, or 'performative self' (Shifman, 2014), and ends with the posting of memes. Participants were well aware of the way they construct themselves online, and noted the difference between their 'real self' and 'online' self[11]. Thatanxiouswitch discussed the creation of her online identity, stating '*like we all create this online persona and this account is mainly for all my emotions that are viewed as "negative" so this account is based heavily on my mental illnesses'*. Manicpixiememequeen voiced concerns that *'i think people just have a hard time separating me, an actual complex human being, from the persona i've created for the account'.* Instagram is therefore not used unreflexively, but with an awareness of the function that creating an online 'persona' holds as a facilitator of the narrative processes.

Furthermore, meme accounts are used 'like a diary' by many, allowing for opportunities to 'vent' and discuss frustrations in a place with a certain level of anonymity and safety. Sadmemesforasadbitch described how *'in a few months or weeks time i can look back on my posts and see if i've made progress in my recovery'.* Several accounts also discussed ownership of numerous Instagram accounts: personal accounts (or 'rinstas'), recovery accounts and meme accounts appear to be popular. These accounts serve different purposes and require different identities to be created as part of their function, producing a platform from which narratives based in curated identities are created.

Narrative Creation as a Process

Therefore, narrative creation begins with the establishment of a specific online persona, and ends with the posting of memes. These narratives are used to contribute to the creation of an embodied knowledge of mental illness, and allow the user to connect with others through the presentation of stories which are centred around experience. *Figure 10* provides space for the poster to reflect on time spent as an inpatient, and acknowledge the iatrogenic trauma which occurred during treatment. Through this process, life events are given meaning and structure through narrative (Pennebaker and Seagal, 1999) and the voices that 'illness and treatment often take away' are reclaimed (Frank, 1995, p. xi).

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[11] Mental health meme accounts are often described as 'finstas' (a portmanteau of the words 'fake' and 'insta'). Finstas are often used as a platform to post things one may not want close friends or family members, or employers, to see. They provide anonymity and freedom to post things an individual would not post on their 'rinsta' (real Instagram). The research account for this project represents an example of a finsta.

Figure 10: A Meme Posted by http.depressedlilboi on 4/5/2018

This meme is used in conjunction with an extended caption to create a narrative which describes the experience of inpatient treatment.

The processes of empowerment which occur through the production of mental health memes are therefore grounded in diagnostic categories, which allow individuals to identify the potential for shared experience. Memes facilitate the production of an embodied, experiential knowledge which allows the experience of mental illness to be presented as a personal narrative. Instagram therefore represents a place where an individual can create their own specific persona, and tell their own stories on their own terms, 'remaking (mental) illness worlds' (Gonzalez-Polledo and Tarr, 2016) and creating an 'empathic bond' between themselves and others who suffer (Frank, 1995, p. xi).

4.2 Banality

Practical Use

The ability to create and present empowering narratives are made accessible in new ways through the banal, everyday use of the internet. The internet forms an infrastructure within which the activities of the everyday can be carried out (Hine, 2015, p.8), facilitated through instantaneous accessibility in multiple locations. Using a meme account is part of the infrastructure of daily life for many, with mentalxmemes stating describing the extent of their daily use as *'im here* (on Instagram) *24/7. its the first thing in the morning that i check and the last in the night'*.

Immediate or compulsive use has formed the basis of much criticism levied at social media, with concerns surrounding addiction becoming a focus of research (Kuss and Griffiths, 2011). Some participants agreed with this criticism, with thatanxiouswitch confessing '*Of course the internet can be bad for you just like anything I have an unhealthy addiction to it* (the internet) *it developed from needing it to kind of survive'*. Here, parallels emerge with Glenn (2015), with the internet acting as a 'lifeline' in a less-than-ideal situation. The immediate use of memes can be understood as acting as an everyday coping strategy in response to a stressful situation (*fig. 11)*. Producing a meme in response to a crisis allows the individual to regain control of the situation, and have their distress acknowledged by others through 'likes'.

Figure 11:A Meme Posted by An Anonymous Participant[12] on 9/5/2018

An example of a meme being posted in response to an immediate stimulus.

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[12] Consent to participate in the study was given but this participant wished to remain anonymous in written analysis.

Immediate use was also discussed by manicpixiememequeen, *'whenever i feel a horrible feeling…
i make a meme to make light of how i'm feeling. basically i use humor to make the feeling at hand feel
less overwhelming… the body dysmorphic hell one i literally made WHILE SHOPPING'*. The
motivations for making a meme can therefore be understood as immediate, forming part of the
infrastructure which protects against everyday stressful situations, and allowing the individual to regain
control. Producing memes in response to distressing occurrences allows distress to be minimised, made
humorous and presented to others in a way which allows them to understand.

Making the Abnormal Normal

Making and consuming memes allows experiences outside of the boundaries of 'normality' to be
absorbed into the everyday (Das, 2015, p. 84) thus contributing to the return of 'madness back to our
shared home of language… in each specific, everyday site of its interruption' (Cavell, 1988, p.186).
The popularity of 'inpatient' or 'psych-ward' memes on the Instagram platform can be used to
demonstrate this, detailing the daily lives of those admitted to psychiatric treatment in a casual and
humorous way (*Fig. 12)*. This content can arguably destigmatise the experience of being hospitalised
for mental health problems by presenting the experience as relatable and normal.

*Figure 12: A Meme Posted by
mental.hospital.memes on 12/5/2018*

*This meme details some of the day-to-
day, awkward experiences which can
be experienced during an inpatient
stay on a psychiatric ward.*

Two producers of 'inpatient memes' were interviewed during the research process. When discussing the content of memes, the banal experience of being an inpatient emerged as a key subject matter. Inpatient_memes provided the meme detailed in *Figure 13* as an example of their favourite meme, and explained '*when you're an inpatient all that is ever on the telly is 4 music and a lot of people can relate to this as they have experienced it themselves*'. This innocuous statement is centred around watching daytime TV, and can provide an example of how mental health memes can be used to destigmatise the experience of hospitalisation, using a relatable image in combination with a caption which allows the viewer to understand the experience of being an inpatient.

Figure 13: A Meme Posted by inpatient_memes on 8/4/2018

A meme detailing the daily life of an 'Inpatient patient'.

Similar points were made by dank_inpatient_banter, who added that the motivations for creating her account were grounded in having spare time, and wanting to '*give other people who had been in the same pretty awful situations a laugh too*'. She called her memes '*a decent reflection*' of spending time in hospital, pointing out that there are often very funny, but also very serious moments to contend with. Turning these moments into memes allows them to be normalised and made humorous, moving the experiences of those who have been admitted to psychiatric wards from private to public (Conrad, Bandini and Vasquez, 2016).

The Banal Use of Memes: Practical and Productive

Mental health memes allow individuals to create immediate therapeutic responses to stressful situations or memories, and also produces a normalising discourse which can begin to destigmatise the experience of mental distress. The banal use of mental health memes is therefore both practical and productive, allowing us to explore the ways in which concepts of normality are shaped (Das, 2015) through the movement of the experience of mental health problems from a private experience to a public forum (Conrad, Bandini and Vasquez, 2016).

4.3 Subversion

Memes are often used to subversive ends (Huntington, 2013; Katz and Shifman, 2017). The multi-vocal nature of the internet creates a space to challenge or assert medical authority, and opens up conversations surrounding concepts of normality. The subversive use of memes can be used to explore how the internet is used to contextualise the illness experience within a broader structural context, linking the personal and political (Shifman, 2014) and the private and public (Gillet, 2003; Conrad, Bandini and Vasquez, 2016).

Challenging the Doctor-Patient Relationship

Many memes collected focused on the relationship between the poster and their therapist, nurse or psychiatrist (*Fig. 14*). These memes are often used to voice a complaint, or to challenge official medical records. When discussing a meme detailing when a psychiatrist had written '*utter bullshit*' in a medical report, dank_inpatient_banter described how making the meme allowed her to '*vent*' and helped '*because it made me feel that I was telling the world; something that I feel is very important to prevent injustice*'. Reshaping the doctor-patient is present within much of the existing literature on the experience of health online, and can be viewed here in a new, political iteration.

Figure 14: Two Memes Posted on 27/5/2018 (Right) and 29/5/2018 (Left)

An example of two memes utilising the same memeplex to criticise care given to the poster by a psychiatrist. The original meme format 'is this a pigeon?' utilises a still from a Japanese anime series where the main protagonist confuses a butterfly for a pigeon (Know Your Meme, 2018c). It is used to express cluelessness, confusion, or identifying something falsely.

Figure 14 demonstrates how memes are used to challenge and question psychiatric authority. Mental.hospital.memes mocks a lack of insight on the part of their psychiatrist, whilst self.depriciating.memes asserts that their symptoms are not being taken seriously by their caregivers. The caption of each meme further details the frustration felt by the poster, with mental.hospital.memes asking for followers to discuss any similar experiences. This invitation to discuss experience serves to place lived experience at the forefront of discussions about care.

Therefore, memes which are focused on the relationship between the individual and their caregiver can challenge psychiatric authority. By taking these conversations out of the clinic, the memes discussed here represent a subversive reshaping of the doctor-patient relationship, through the creation of shared narratives and dialogues discussing what is perceived as unsatisfactory or unfair care.

Challenging Society

As detailed in Chapter 2, the internet is not neutral, but is a space where inequalities can be replicated as well as being challenged (Morrow, Hawkins and Kern, 2011). For example, Gal, Shifman and Kampf's (2016) study of online identity construction through memetic videos concluded that although content was focused on LGBT identity, the majority of videos (78%) featured white men only. Questions of gender, identity and representation are crucial to consider when discussing mental health memes. It is important to note who is posting, as well as what is being posted. By exploring who is posting content on Instagram, we can gain further understanding of how and why mental health memes are produced in this space.

A challenge to a perceived hegemony and inequality was clear throughout the dataset (*Fig. 15)*. Manicpixiememequeen stated that '*my followers are 86% female & i think it's important to be a queer female content creator and be mentally ill and be visible'*. She then went on to discuss how she thought there was a move away from the *'very white & male'* world of humour, and described making memes as *'taking your format and turning it upside down'*. By making memes focused outside of the *'white and male'* experience, creators seek to challenge norms not only about who creates comic content, but also what an appropriate subject for comedy and social commentary is.

This meme details the intricacies of presenting femininity whilst being mentally ill. The image macro is taken from the film The Mask (1994) and is used to represent the pressures which the poster feels to perform as 'ok' even when depressed.

When discussing the prevalence of images of Kim Kardashian and other reality TV stars in memes (*Fig. 16*), *distressed_memes* commented *'yeah i guess with the kim* (Kardashian) *n paris* (Hilton) *...it sort of represents failed feminitiy. lots of people on here feel alienated as women'*. Thatanxiouswitch also commented on the pressures placed upon young women both off and online, *'you see these people whos lives are so picture perfect and that are usually seen as 'stupid' ... women relate to them and apply their own struggles with this picture of a perfect woman to represent what they think the world views them as and tearing that down'*.

This meme utilises an image of Kim Kardashian, a reality TV star and businesswoman renowned for her wealth and beauty. The meme explores a choice between killing oneself or putting a face mask on.

This approach provides an interesting counter to the assertion that social media promotes low self-esteem and poor body image due to unattainable presentations of beauty online (Fardouly et al., 2015; Brown and Tiggemann, 2016). The use of famously beautiful women in memes detailing serious mental health conditions challenges implicit assumptions of female shallowness, and the origins of young women's mental health problems as being rooted in a desire to look or act like a celebrity. Instagram is not only a space where self-esteem is damaged, but is a space where it can be built up. By subverting the use of memes which are traditionally *'white & male'*, questions of what actually constitutes normality, femininity and perfection are raised for the viewer to consider.

Instagram as a Subversive Space

Mental health memes on Instagram therefore represent a space where subversion can occur. This manifests through the questioning of psychiatric authority and clinical practice, and also through the creation of dialogues which discuss questions of mental illness, gender and representation. By subverting accepted discourses, discussions which are grounded in experience and embodied knowledge are created and are used to challenge structural power imbalances, both clinical and gendered.

4.4 Interconnectivity

Theorising an anthropology of the good requires an investigation of how people work towards 'goodness' in the organisation of their individual and collective lives (Robbins, 2013). The processes described earlier in this chapter illustrate processes of good-making online. These processes are facilitated through the forging of connections with others, and through the creation of communities which allow individuals to find understanding. Interconnectivity is therefore essential to the beneficial aspects of using mental health memes, and will be discussed in the final part of this chapter.

Feeling Less Alone

Relatability is a key factor in the appeal of memes, with participants commenting on how producing memes which others relate to is central to the satisfaction associated with meme production. Referring to the meme detailed in *Figure 8,* borderlinememeslut described the joy associated with producing a successful meme, as *'so many ppl related when I thought it was too specific to me'.* Sadmemesforasadbitch described their criteria for a 'successful meme', *'i don't see numbers when i see my likes i see the people relating to and laughing at my post and that makes me happy'.* Therefore, the production of relatable content allows an individual to 'share their own experiences', 'help others' and 'find amusement' (Van Uden-Kraan et al., 2008a) allowing them to feel less alone, and by extension benefit from associated empowering processes.

Relatability involves an understanding of the 'semantic networks' (Good, 1973) which surround mental health memes. When initially finding accounts to connect with online, practicality is key, with usernames indicating which accounts will provide relatable content. Usernames follow formulaic naming patterns[13] which are selected by the account holder to make accounts easily accessible to others. When asked about username selection, inpatient_memes gave a very simple answer, *'its easy to find if you type in #inpatientmemes ... before I had this account I searched that to find relatable memes'.* Sadmemesforasadbitch described their selection of username as very practical, stating that '*it's so people who have those problems can search the username and find ways to laugh about their problems and to know they're not alone'.* Therefore, feeling less alone begins with the selection of a fitting username, or searching for accounts with usernames in fitting with the semantic network of mental health memes.

The internet can provide a place where people are able find a sense of belonging (van Uden-Kraan et al., 2008a; 2008b). For many, Instagram provides a support network not limited by geography or circumstance which can be accessed through interaction with mental health memes. When discussing belonging, thatanxiouswitch described the intense bullying and isolation she experienced as a child and described how *'on the lovely lovely internet'* she was able to find *'a community that really truly gets it and doesn't give me the shit I've gotten in real life'.* For thatanxiouswitch, Instagram is her '*connection to communication and the thing that makes me feel like somewhere someone out there cares and listens and thats what matters'.*

Reciprocity, Community and Care Online

The producers of mental health memes on Instagram demonstrate care for each other through the conscientious use of trigger warnings, offers to help in times of need and through captions directly aimed towards followers *(Fig.17)*. This demonstration of care facilitates community building through reciprocal relationships, described by described by manicpixiememequeen as manifesting through *'reposts, comments, likes, following each other on personal accounts, direct messaging each other during times of need, etc.'.* Gallic.guy[14] described how they felt supported by their followers, recounting how they can '*wake up to encouraging messages from strangers all over the world if you had a rough day before'.* It is important to note that producers and consumers of memes rarely know each other in real life, and yet form support networks based upon commonality, exchanging stories and understanding.

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[13] Examples of usernames which follow formulas include:
1. manicpixiememegurl, manicpixiememequeen, meme.queen.satan

2. distressed.memes, sadpeoplememes, mental.memes3, inpatient_memes, mental_health_memes, bpdmemes, self.depriciating.memes

[14] formerly @gallic.gal

Inclusion in a community is not limited to meme producers, but can be experienced by anyone who accesses content. Manicpixiememequeen described how she had *'met a lot of friends who aren't meme account owners but they follow the community'*, whilst gallic.guy explained that some of the people they are close to online are *'meme accounts, too'*, but a lot are not. The production, circulation and consumption of memes allows community to emerge, allowing for value to be derived from memes even if an individual does not create them, providing inclusion for 'lurkers', 'posters' and 'superposters' (van Mierlo, 2014) alike.

Figure 17: A Meme Posted by http.depressedlilboi on 3/5/2018

An expression of support is directed towards followers, placed over an image of a small boy performing the popular 'whip/nae nae dance'

4.5 Summary

Chapter 4.1-4.3 details the ways individuals discuss and understand power and experience in their everyday lives, and chapter 4.5 discusses how these conversations become complete through a feeling of connectivity with others. Finding connections, community building and reciprocity therefore provide a foundation for the processes of good-making which can be observed on Instagram. Finding a community online creates the forum within which discussions centred around lived and felt experience, daily lives, and the impact of power on individuals can occur. This allows individuals to work towards what they consider 'good' within their personal and collective lives (Robbins, 2013, p. 459).

5 CONCLUSIONS AND RECOMMENDATIONS

Producing and interacting with mental health memes on Instagram allows the experience of mental illness to be made normal and comfortable, whilst creating dialogues which create frank and truthful discussion. Instagram is therefore a forum: grounded in memes and enacted through comments, DMs and the observation and consumption of content.

Empowering processes are a central benefit of mental health memes. Mental health memes produce an embodied knowledge through the presentation and discussion of what having a mental illness feels like. This allows an individual to access resources which move beyond clinical information and constructs illness narrative on the individuals own terms. Narratives are grounded in diagnostic categories but are created by the poster, 'remaking' the world of mental illness and contributing to the healing process (Frank, 1995).

Participants use mental health memes every day, to discuss experience and to ease the stresses of everyday life. The use of memes to detail banal, everyday events contributes to the absorption of madness into the everyday (Das, 2015), and by extension destigmatises experience. Mental health meme producers are able to generate normalising discourses, allowing discourse to be widened beyond the language of the clinic by producing a forum where the illness experience can be made public (Conrad, Bandini and Vasquez, 2016).

Current literature demonstrates that online spaces challenge medical authority, and reshape the doctor-patient relationship (Blumenthal, 2002; Lewis, 2006; Tan and Goonawardene, 2017). Furthermore, research suggests that memes are often used for political purposes (Milner, 2013; Shifman, 2014). Mental health memes occur at the intersection of these two aspects: they challenge the current constitution of mental healthcare and clinical practice, whilst also criticising a society which places the blame for the poor mental health of young women on vanity and obsession with the celebrity. Therefore, mental health memes provide a space of subversion where issues which affect the lives of the posters can be discussed openly.

Memes are simultaneously specific to an individual and relatable to many, allowing for feelings of connection to be felt even when observing very personal content (Katz and Shifman, 2017). This allows an individual wanting to seek support online to find their own niche, and access a community through participation and observation. Connectivity online is central to the production of 'goodness' which is worked towards through the production of mental health memes on Instagram.

Mental health memes can therefore act as an empowering force, a de-stigmatising and normalising force, and a political force. The internet facilitates a global connectivity which has the potential to create positive outcomes for people suffering from mental health problems. This research represents an attempt to understand how the strands of meme-research, and online health research, can be

brought together and considered from the perspective of anthropology. Mental health memes are exemplary of the 'attractive forces' (Das et al., 2015, p.13) which draw individuals towards striving towards what they believe is 'good'. They provide users with support and the ability to create positive forces in their lives, and should therefore be considered an example of how the internet can be used to benefit, not harm, mental health.

Limitations

The time-frame within which this research was carried out limited the scope of study. In a longer time period, it would be pertinent to study other forms of social media with a different demographic profile[15]. Even focusing solely on Instagram, key participants or different viewpoints will have been omitted due to the impossibility of incorporating every perspective on the internet.

The internet provides a vast amount of data which can be presented many ways. Much (important) data was excluded during the writing up process, and this dataset could have resulted in many iterations of this research.

The internet is ever-changing, and the likelihood of this research quickly becoming out of date is high. Current literature (Tan and Goonawardene, 2017) demonstrates that the internet is of pressing importance to health research, therefore continuous research on memes and mental health is recommended.

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[15] For example, Reddit or 4Chan may present a different demographic profile

REFERENCES

Adams, S.A., 2010. Revisiting the online health information reliability debate in the wake of "web 2.0": an inter-disciplinary literature and website review. *International journal of medical informatics*, *79*(6), pp.391-400.

Aiken, M. and Kirwan, G., 2013. The Psychology of Cyberchondria and Cyberchondria by Proxy. In: Power, A. and Kirwan. G,. eds. 2014. *Cyberpsychology and New Media: A thematic reader*. London: Psychology Press.

Blumenthal, D., 2002. Doctors in a wired world: can professionalism survive connectivity?. *The Milbank Quarterly*, 80(3), pp.525-546.

Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), pp.77-101.

Brown, Z. and Tiggemann, M., 2016. Attractive celebrity and peer images on Instagram: Effect on women's mood and body image. *Body image*, *19*, pp.37-43.

Buchanan, H. and Coulson, N.S., 2007. Accessing dental anxiety online support groups: An exploratory qualitative study of motives and experiences. *Patient education and counselling*, *66*(3), pp.263-269.

Butt, L., 2002. The suffering stranger: Medical anthropology and international morality. *Medical Anthropology*, *21*(1), pp.1-24.

Cavell, S. 1988. *In quest of the ordinary: lines of skepticism and romanticism*. Chicago: University of Chicago Press.

Chou, W.Y.S., Hunt, Y.M., Beckjord, E.B., Moser, R.P. and Hesse, B.W., 2009. Social media use in the United States: implications for health communication. *Journal of medical Internet research*, *11*(4).

Conrad, P., Bandini, J. and Vasquez, A., 2016. Illness and the Internet: from private to public experience. *Health:*, *20*(1), pp.22-32.

Das, V., 2015. *Affliction: health, disease, poverty*. 1st edn. New York: Fordham University Press.

Das, V., Al-Mohammad, H., Robbins, J. and Stafford, C., 2015. There is no such thing as the good: the 2013 meeting of the Group for Debates in Anthropological Theory. *Critique of Anthropology*, *35*(4), pp.430-480.

Dawkins, R., 1976. *The selfish gene*. Oxford: Oxford University Press.

Driscoll, C. and Gregg, M., 2010. My profile: The ethics of virtual ethnography. *Emotion, Space and Society*, *3*(1), pp.15-20.

Escobar, A., 1995. Anthropology and the future: new technologies and the reinvention of culture. *Futures*, *27*(4), pp.409-421.

Fardouly, J., Diedrichs, P.C., Vartanian, L.R. and Halliwell, E., 2015. Social comparisons on social media: The impact of Facebook on young women's body image concerns and mood. *Body Image*, *13*, pp.38-45.

Fassin, D. & Rechtman, R. 2009, The empire of trauma: an inquiry into the condition of victimhood, Princeton University Press: Princeton, N.J.

Foucault, M., 1973. *The Birth of the Clinic*. London: Tavistock.

Frank, A.W., 1995. *The wounded storyteller: Body, illness, and ethics*. Chicago: University of Chicago Press.

Frith, E., 2017. *Social media and children's mental health: a review of the evidence*. Education Policy Institute.

Gal, N., Shifman, L. and Kampf, Z., 2016. "It Gets Better": Internet memes and the construction of collective identity. *New Media & Society*, *18*(8), pp.1698-1714.

Gatson, S.N., 2011. The methods, politics, and ethics of representation in online ethnography. In: Denzin, N.K. and Lincoln, Y.S. Eds., 2011. *The SAGE handbook of qualitative research*, 4th edn, SAGE: Thousand Oaks, California.

Gillett, J., 2003. Media activism and Internet use by people with HIV/AIDS. *Sociology of health & illness*, 25(6), pp.608-624.

Geertz, C., 1994. Thick description: Toward an interpretive theory of culture. In: Martin, M. & McIntyre, L.C.. Eds., 1994. *Readings in the philosophy of social science*. MIT Press: Cambridge, Massachusetts.

Good, B.J., 1977. The heart of what's the matter the semantics of illness in Iran. *Culture, medicine and psychiatry*, *1*(1), pp.25-58

Good, B.J., 1993. *Medicine, rationality and experience: an anthropological perspective*. Cambridge: Cambridge University Press.

Good, B.J., 2012. Theorizing the 'subject' of medical and psychiatric anthropology. *Journal of the Royal Anthropological Institute*, *18*(3), pp.515-535.

Gonzalez-Polledo, E., 2016. Chronic Media Worlds: Social Media and the Problem of Pain Communication on Tumblr. *Social Media+ Society*, *2*(1).

Gonzalez-Polledo, E. and Tarr, J., 2016. The thing about pain: The remaking of illness narratives in chronic pain expressions on social media. *New media & society*, *18*(8), pp.1455-1472.

Glenn, A.D., 2015. Using online health communication to manage chronic sorrow: mothers of children with rare diseases speak. *Journal of Paediatric Nursing: Nursing Care of Children and Families*, *30*(1), pp.17-24.

Gray, C.H. and Driscoll, M., 1992. What's real about virtual reality?: Anthropology of, and in, cyberspace. *Visual Anthropology Review*, *8*(2), pp.39-49.

Hine, C., 2015. *Ethnography for the internet: Embedded, embodied and everyday*. London: Bloomsbury Publishing.

Hirschauer, S., 2006. Putting things into words. Ethnographic description and the silence of the social. *Human Studies*, *29*(4), pp.413-441.

Hendry, N.A., Robards, B. and Stanford, S., 2017. Beyond social media panics for 'at risk' youth in mental health practice. In: Stanford, S., Sharland, E., Rovinelli, N and Warner, J, eds., 2017. *Beyond the Risk Paradigm in Mental Health Policy and Practice.* London: Palgrave Macmillan.

Huntington, H.E., 2013. Subversive memes: Internet memes as a form of visual rhetoric. *AoIR Selected Papers of Internet Research*, *3*.

Katz, Y. and Shifman, L., 2017. Making sense? The structure and meanings of digital memetic nonsense. *Information, Communication & Society*, 20(6), pp.825-842.

Kleinman, A., 1999. Moral experience and ethical reflection: Can ethnography reconcile them? A quandary for" the new bioethics". *Daedalus*, *128*(4), pp.69-97.

Kleinman, A., 2009. Global mental health: a failure of humanity. *The Lancet*, *374*(9690), pp.603-604.

Know Your Meme. 2018a. *Jason Momoa Sneaks Up on Henry Cavill*. [ONLINE] Available at: http://knowyourmeme.com/memes/jason-momoa-sneaks-up-on-henry-cavill. [Accessed 19 June 2018].

Know Your Meme. 2018b. *Ebola Chan.* [ONLINE] Available at: https://knowyourmeme.com/memes/ebola-chan/ [Accessed 11 July 2018]

Know Your Meme, 2018c. *Is This a Pigeon?* [ONLINE] Available at: https://knowyourmeme.com/memes/is-this-a-pigeon [Accessed 11 July 2018]

Kuss, D.J. and Griffiths, M.D., 2011. Online social networking and addiction—a review of the psychological literature. *International journal of environmental research and public health*, *8*(9), pp.3528-3552.

Johnstone, L., Boyle, M., Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. and Read, J., 2018. *The power threat meaning framework: towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. Leicester: British Psychological Society.

Lee, R.M. 2000, *Unobtrusive methods in social research.* Open University Press: Buckingham.

Lewis, T., 2006. Seeking health information on the internet: lifestyle choice or bad attack of cyberchondria?. *Media, Culture & Society*, *28*(4), pp.521-539.

Lowe, P., Powell, J., Griffiths, F., Thorogood, M. and Locock, L., 2009. "Making it all normal": the role of the internet in problematic pregnancy. *Qualitative health research*, 19(10), pp.1476-1484.

Marcus, O.R. and Singer, M., 2017. Loving Ebola-chan: Internet memes in an epidemic. *Media, Culture & Society*, 39(3), pp.341-356.

Markham, A.N., 2005. The methods, politics, and ethics of representation in online ethnography. In: Denzin, N.K. & Lincoln, Y.S., Eds., 2005. *The SAGE handbook of qualitative research,* 4th edn, SAGE: Thousand Oaks, California.

Markham, A., Buchanan, E. and AoIR Ethics Working Committee, 2012. Ethical decision-making and Internet research: Version 2.0. *Association of Internet Researchers*.

Merleau-Ponty, M., 1962. *Phenomenology of Perception [Phénoménologie de la Perception]*. Routledge & Kegan Paul : London.

Milner, R.M., 2013. Pop polyvocality: Internet memes, public participation, and the Occupy Wall Street movement. *International Journal of Communication*, *7*, pp.2357-2390.

Mullner, R.M., 2002. Introduction: The internet and healthcare: Opportunities and challenges. *Journal of medical systems*, *26*(6), pp.491-493.

Morrow, O., Hawkins, R. and Kern, L., 2015. Feminist research in online spaces. *Gender, Place & Culture*, *22*(4), pp.526-543.

Nettleton, S., Burrows, R. and O'Malley, L., 2005. The mundane realities of the everyday lay use of the internet for health, and their consequences for media convergence. *Sociology of health & illness*, 27(7), pp.972-992.

Parker, M., 2007. Ethnography/ethics. *Social science & medicine*, *65*(11), pp.2248-2259.

Pennebaker, J.W. and Seagal, J.D., 1999. Forming a story: The health benefits of narrative. *Journal of clinical psychology*, 55(10), pp.1243-1254.

Robbins, J., 2013. Beyond the suffering subject: toward an anthropology of the good. *Journal of the Royal Anthropological Institute*, 19(3), pp.447-462.

Rondini, A. and Conrad, P., 2016. The Internet and Medicalization: Reshaping the Global Body and Illness. In *Culture, Bodies and the Sociology of Health* (pp. 115-128). Routledge.

RSPH. 2018. I*nstagram Ranked Worst for Young People's Mental Health*. [ONLINE] Available at: https://www.rsph.org.uk/about-us/news/instagram-ranked-worst-for-young-people-s-mental-health.html.

Sartorius, N., 2007. Stigma and mental health. *The Lancet*, *370*(9590), pp.810-811.

Scarry, E., 1985. *The body in pain: The making and unmaking of the world*. Oxford University Press: USA.

Sidani, J.E., Shensa, A., Radovic, A., Miller, E., Colditz, J.B., Hoffman, B.L., Giles, L.M. and Primack, B.A., 2016. Association between social media use and depression among US young adults. *Depression and anxiety*, *33*(4), pp.323-331.

Shifman, L., 2014. *Memes in digital culture*. MIT Press: Cambridge, Massachusetts.

Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books.

Tanaka, S., 2011. The notion of embodied knowledge. *Theoretical psychology: Global transformations and challenges*, pp.149-157.

Tan, S.S.L. and Goonawardene, N., 2017. Internet health information seeking and the patient-physician relationship: a systematic review. *Journal of medical Internet research*, *19*(1).

Teghtsoonian, K., 2009. Depression and mental health in neoliberal times: A critical analysis of policy and discourse. *Social Science & Medicine*, *69*(1), pp.28-35.

Travers, M., 2009. *New methods, old problems: A sceptical view of innovation in qualitative research.* Qualitative Research, 9(2), pp.161-179.

van Mierlo, T., 2014. The 1% rule in four digital health social networks: an observational study. *Journal of medical Internet research*, *16*(2).

van Uden-Kraan, C.F., Drossaert, C.H., Taal, E., Shaw, B.R., Seydel, E.R. and van de Laar, M.A., 2008a. Empowering processes and outcomes of participation in online support groups for patients with breast cancer, arthritis, or fibromyalgia. *Qualitative health research*, 18(3), pp.405-417.

van Uden-Kraan, C.F., Drossaert, C.H., Taal, E., Seydel, E.R. and van de Laar, M.A., 2008b. Self-reported differences in empowerment between lurkers and posters in online patient support groups. *Journal of medical internet research*, *10*(2).

York, A. 2017. *Social Media Demographics to Inform a Better Segmentation Strategy*. [ONLINE] Available at: https://sproutsocial.com/insights/new-social-media-demographics/#instagram. [Accessed 19 June 2018].

Ziebland, S.U.E. and Wyke, S., 2012. Health and illness in a connected world: how might sharing experiences on the internet affect people's health?. *The Milbank Quarterly*, 90(2), pp.219-249.

APPENDICES

Target Journal Guidelines

Aims and Scope:

Breadth, Vision and Critical Analysis

New Media & Society engages in critical discussions of the key issues arising from the scale and speed of new media development, drawing on a wide range of disciplinary perspectives and on both theoretical and empirical research.

The journal includes contributions on:

- the individual and the social, the cultural and the political dimensions of new media
- the global and local dimensions of the relationship between media and social change
- contemporary as well as historical developments
- the implications and impacts of, as well as the determinants and obstacles to, media change
- the relationship between theory, policy and practice

Multidisciplinary Perspective

New Media & Society publishes peer-reviewed content from both the social sciences and the humanities and includes contributions from communication, media and cultural studies, as well as sociology, geography, anthropology, economics and the political and information sciences. Topics to be covered include: digitalization and convergence; interactivity and virtuality; consumption and citizenship; innovation, regulation and control; the cultures of the Internet; patterns and inequalities of use; community and identity in electronic space; time and space in global culture and everyday life; the politics of cyberspace.

Submission Guidelines: https://uk.sagepub.com/en-gb/eur/journal/new-media-society#submission-guidelines

Research Project Proposal

Existing literature

Even before writing my literature review I have been able to see that a gap in the literature exists regarding the use of memes in the experience of mental illness.

I have grouped the literature I have read into three main groups. These sources are undoubtedly interchangeable, but for the purposes of my own organisation, I am attempting to categorise as such:

1. *Medical Anthropology and Sociology*

Marcus, O.R. and Singer, M., 2017. Loving Ebola-chan: Internet memes in an epidemic. *Media, Culture & Society*, *39*(3), pp.341-356.

This paper discusses Ebola-Chan, a Japanese character created at the height of the Ebola epidemic which quickly became a global internet phenomenon, as a biosocial understanding of disease in the internet era. It provides an overview of 'memetics' (or, meme studies) over the last decade and questions the semiotics which surround humour in times of crisis. Marcus and Singer argue that medical anthropology must become an anthropology of the internet to move forward.

Gonzalez-Polledo, E., 2016. Chronic media worlds: social media and the problem of pain communication on Tumblr. *Social Media+ Society*, *2*(1), p.2056305116628887.

Gonzaelez-Polledo (G-P) argues that chronic pain is the 'ubiquitous condition of our time' (esoteric, problematic to navigate → emblematic of an experience-language gap. Arguably these factors also apply to mental health). She attempts to examine how pain is transformed beyond the clinical encounter through interactions on social media. She argues that social media is the ideal medium for this transformation- it is an accessible, global, health device.

G-P created an online profile on tumblr.com with a link to her research profile. She surveyed real-time content and found bloggers through the network of users. An ethnographic approach was used to capture conversations as an 'ecological' process. She concluded that pain metaphors were used in relation to imagery, with memes framing clinical relations in a language which could be commonly understood, thus 'remaking pain worlds'.

Mazanderani, F., Locock, L. and Powell, J., 2012. Being differently the same: The mediation of identity tensions in the sharing of illness experiences. *Social Science & Medicine*, *74*(4), pp.546-553.

Experiential knowledge as a valuable resource in healthcare has been a concept since the mid 1970s (Borkman, 1976[16]). Imagery, media, and narrative storytelling can all play a part in identity construction. This paper discusses how meaning is created and understood by others. It analyses in-depth narrative interviews with sufferers of Parkinson's and Motor-Neurone disease, specifically in terms of how they understand their own illness. Suffers negotiate the tensions of being an individual in a group of sufferers by focusing upon being 'differently the same'. The internet provides an avenue for illness communication as it allows sufferers to control the content they see, maintaining a level of

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[16] (Borkman, T., 1976. Experiential knowledge: A new concept for the analysis of self-help groups. *Social service review*, *50*(3), pp.445-456.). I need to read this.

distance which made it easier for suffers to talk and share experience with each other. There is also extensive discussion of metaphor and epistemic distance between sufferers.

2. ***Memetics and the Internet***

Shifman, L., 2014. *Memes in digital culture*. Mit Press.

 Seminal work which has influenced much of the discussion of digital culture in the 'Internet 2.0' age. Shifman traces the origins of different internet memes and discusses how memes are different from viral videos and other forms of digital communication.

Hine, C., 2015. *Ethnography for the internet: Embedded, embodied and everyday*. Bloomsbury Publishing.

The internet is an essential part of the everyday. Hine discusses how the study of the internet can be approached anthropologically. This work follows on from her (2000) publication 'Virtual Ethnography' and demonstrates how the study of the internet has changed rapidly in the last two decades. This changeability must not be ignored, and must be incorporated into methodology and theory.

3. ***Theoretical Perspectives***

Geertz, C., 1994. Thick description: Toward an interpretive theory of culture. *Readings in the philosophy of social science*, pp.213-231.

Extract meanings from the structures which make up a given culture. Philosophical precedents leading to methodologies (Wittgenstein, Husserl?). Signs and symbols, thick description → essential for the study of meaning making online.

Rabinow, P., Marcus, G.E., Faubion, J.D. and Rees, T., 2008. *Designs for an Anthropology of the Contemporary*. Duke University Press.

Not in the library catalogue. I am going to order a copy.

Wagner, R., 2012. Facts force you to believe in them; perspectives encourage you to believe out of them. An introduction to Viveiros de Castro's magisterial essay. *HAU: Masterclass Series*, *1*, pp.11-44.

Expersonation. Body representing a broader environment → how does this transition online though? An intro to Viveros de Castro so deeply entrenched in anthropological literature. Needs more reading.

DIRECTIONS FOR RESEARCH:

As well as more reading generally, I need to ground and connect my literature within Global Mental Health. I am going to do so by attempting to explore internet depression memes as potential cultural idioms of distress (Klienman, Nichter and other anthropologists).

I will also try to look more at practical applications for the internet and mental healthcare. There is already substantial literature describing the potential avenues the internet can provide for health research and action, which I will explore further.

A cursory search for data revealed that Instagram is estimated to have 700 million users, 68% of which are female. The substantial number of American women on Instagram suggests it may be worthwhile to look at literature regarding gender and expressions of mental illness, and also regarding the experience of mental illness in America. Initial thoughts on the matter are that it would be

valuable to look at historical and political analyses of mental illness in America and attempt to understand these through the content of memes, especially in relation to understanding the self and diagnoses.

Research Questions and Hypotheses:

1. *How, when and why do users produce and interact with depression memes?*

2. *Is the production of memes a therapeutic exercise? Does it serve to generate likes, to fulfil own desires (or both)?*

3. *How do users select the content of memes?*

My initial hypotheses are that depression memes on Instagram act as cultural idioms of distress, creating meaning, potentially within an age- and gender-bound world. They can also act as a group support network, allowing people to discuss mental illness at a distance from their physical self. This may allow for a reduction in stigma and allow for an understanding of one's own pain and suffering in relation to others, regardless of the person's geographical location.

Methodology

- Parameters for research need to be considered carefully. Social media produces a huge amount of content- I need to select one platform from which to conduct research. I use Instagram in a personal capacity and understand how the app works, therefore making it suitable for my research in the permitted timeframe.
- Gonzales-Polledo provides an example of a social-media based ethnography. Following her example, my course of action for conducting research could be as follows:
  1. Set up a research-specific Instagram account.
  2. Follow relevant accounts, and search follow lists of these accounts for other users to follow.
  3. Observe content and interactions between accounts on the comments section of depression memes.
  4. Attempt an ethnography in this way – watch how interactions change over time, which memes appear to be the most popular and which meme creators produce the most/ the most popular material
  5. I would also contact meme creators for interview. These interviews would be undertaken within the direct-messaging function of the app to maintain the ethnographic nature of the study. These interviews would explore motivations behind meme-making.

Ethical Considerations

The study of people with mental health problems requires sensitivity and compassion. To ensure this, I would follow a strict procedure:

1. My Instagram account would be entirely research based. I would clearly state what I was doing and the intentions of my study repeatedly throughout. A way to ensure these intentions were clear would be to post an information sheet on the platform throughout the study.

2. I need to establish precisely what counts as data, and how I attain informed consent at all times- for example when observing comment sections.

3. Anonymity and confidentiality: meme accounts often have a non-specific username. I need to decide if referring to meme-makers by their username constitutes an appropriate level of anonymity. I will ensure those involved in my study that their data is confidential.

4. I wish to create an online profile which is clearly human to allow my participants to interact with me comfortably, with an established relationship. I would not post pictures of myself, but would make sure to keep participants up to date with my research- for example by posting photos of content I was reading, a picture of the library or the university towers.

5. Informed consent: I would ensure informed consent is established at all times. Any interviews I undertake will involve a clear explanation of my research aims and the opportunity for participants to interact, ask questions and contribute to my research. The nature of the direct-messaging app on Instagram means that both participants in the interview retain a copy of the transcript. Any data quoted in my final analysis will have been agreed with the interview participant.

6. Mental health is intimate and private. I will only follow Instagram accounts which are in the public domain, therefore meaning that the producers feel comfortable sharing content in a setting which is publically accessible. Following private accounts indicates a level of intimacy which is not ethically justifiable.

7. I wish to ensure active dialogue with my research participants – I will present my findings within the community I study and be transparent throughout about the purposes of my research

8. I will not treat my participants as a simple data source, but will constantly emphasise the validity of their actions and mental illness experience. If interviews bring up distressing material, I will be aware of this and emphasise the need for the care of the individual. I want my research to be active and productive in the process of meaning-making through memes.

Barriers To Success

- Difficulty in finding participants who are suitable and willing to be involved in research. People may be unwilling to have their online world analysed in such a way.
- Too much data for a master's dissertation. As mentioned, the internet produces a huge amount of content so I may need to narrow parameters further.
- Is the subject matter global enough? Internet doesn't limit location, could apply a comparative framework and centre culture in the analysis to remedy this.

Timetable

TASK	MONTH	December	January	February	March	April	May	June	July
Apply for Ethical Approval		■							
Write Literature Review		■	■	■					
Establish Online Presence			■	■					
Ethnography Commence				■	■	■	■		
Undertake Inteviews							■		
Analysis of Content							■	■	
Write Up								■	■

Letter of Ethical Approval

University of Glasgow

MVLS College Ethics Committee

Project Title: An Ethnography of Depression Memes on Instagram

Project No: 200170104

Dear Dr Pickering,

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project.

- Project end date: End June 2018
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research: (http://www.gla.ac.uk/media/media_227599_en.pdf)
- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely,

Jesse Dawson
MD, BSc (Hons), FRCP, FESO
Professor of Stroke Medicine
Consultant Physician
Clinical Lead Scottish Stroke Research Network / NRS Stroke Research Champion
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