

Self-Care as Media Practice:
Instagram as a Site of Everyday Mental Health Support for Women Living with Mental Illness

Fanny Gravel-Patry

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By: *Fanny Gravel-Patry*

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Signed by the final examining committee:

_____	Chair
<i>Dr. Miranda Crowdus</i>	
_____	External Examiner
<i>Dr. Mélanie Millette</i>	
_____	External to Program
<i>Dr. Andrea Hunter</i>	
_____	Examiner
<i>Dr. Stefanie Duguay</i>	
_____	Examiner
<i>Dr. Arseli Dokumaci</i>	
_____	Thesis Supervisor
<i>Dr. Krista Lynes</i>	

Approved by _____
Dr. Mia Consalvo, Graduate Program Director

June 26, 2025 _____
Dr. Pascale Sicotte, Dean, Faculty of Arts and Science

Abstract

Self-Care as Media Practice: Instagram as a Site of Everyday Mental Health Support for Women Living with Mental Illness

Fanny Gravel-Patry, Ph.D.

Concordia University, 2025

Since the late 2010s, many women have been turning to Instagram for mental health care because of limited health care resources and increasing gendered pressures to take care of themselves. Mainstream media were quick to term this phenomenon “Instagram therapy”, creating a moral panic around the dangers of replacing individualized therapy with social media. This is not surprising since women’s emotions and media practices have been historically pathologized under a longstanding gendering of “insanity” in popular culture and discourses. Attending to women’s social media use through the concept of self-care as a *media practice*, this dissertation shifts the conversation to ask why and how women use Instagram to care for their mental health. The goal of this research is two-fold: 1) to contribute to a deeper and more nuanced understanding of the relationship between women’s mental health and mediation within expanding health and social media landscapes, and 2) to complicate contemporary understandings of the intersections of mental illness, gender and self-care against a backdrop of scarce mental health resources and gendered pressures to self-optimize.

Through feminist qualitative methods, this dissertation gives voice to fourteen women aged between twenty-four and thirty-three who live with mental illness by documenting their use of Instagram, their motivations as much as their challenges, through in-depth interviews and media go-alongs. Three aims emerge from their stories: 1) to find validation for their experiences, 2) to care for each other, and 3) to find relief in everyday habits. These findings

reveal that these women's use of Instagram is not an alternative to therapy necessarily but adds to their existing (yet limited) resources. As such, they offer more accessible and sustained ways for women to care for themselves as they learn how to live with mental illness. These results reveal the nuanced ways in which women navigate Instagram and negotiate with the platform's affordances, publics and visualities to care for themselves, shedding light on the multiple realities that co-exist in the doing of care. Beyond the topic of mental illness, this dissertation calls for more attention to what we do to care for ourselves while living in a world that is designed to alienate and exclude us; how we create space for ourselves using the tools available to us; how we exist with each other within our complexities, contradictions and frictions as we learn to inhabit our bodymind/worlds.

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"Pour ma part, je ne crée pas d'images. Je me contente de les fréquenter, de les admirer, de m'en repaître, de m'y baigner (...). Mais je crois que cette fréquentation suffit à produire les mêmes effets, à faire d'elles tout cela : des élans vers autre chose, des signes de reconnaissance, des opérateurs de mondes nouveaux, tels ces mécanismes qui permettent de faire pivoter un plan de bibliothèque pour révéler un passage dérobé."

Mona Chollet, *D'images et d'eau fraîche* (2022, 19)

Introduction

Media have always been central to how I learn to live with generalized anxiety disorder. As a child, I would immerse myself in a world of my own, creating zines out of drawings and cut-out magazines. In high school, where I experienced academic anxiety, I would transform my school agenda into a safe space each new school year. I combined glued images from my favourite movies, printed out from the home computer, with stickers and notes from best friends. Decorating my agenda, it turned out, contributed to making my time at school less stressful and creating a space that was mine, where I felt like I belonged. But the teachers at my school did not perceive it that way. They saw it as time I was wasting instead of focusing on class work. They did not try to understand why I was doing this, how it helped me cope with anxiety or even how it could be a form of care. To be fair, I don't think I knew it either. One day, a teacher discovered my decorated agenda and called me out in front of the whole class. For the rest of high school and my early 20s, I felt ashamed of these hobbies and the comfort they brought me, and I became convinced they were the reason why I was struggling -- because I was made to feel like they were silly, unserious, and an obstacle to my academic success.

My experience is not an isolated one. Women¹ and girls' media practices have been and continue to be ridiculed, shamed and pathologized. It is only in recent history, with feminist scholars gaining more attention in academia (especially in media studies) that more light has been shed on women and girls' media practices and everyday hobbies, what they mean to them, as well as their value as social and cultural artifacts. It becomes an even more complex issue

¹ I use the term "women" throughout this dissertation as an umbrella term that includes trans women, non-binary people and anyone who experiences systemic discrimination and oppression based on their gender identity.

when you add mental illness to the mix, since people living with mental disabilities have long been excluded from the domains of knowledge production on the premise that they do not have the necessary abilities (Price 2011). Since I was struggling at school, it was easy for my professors to dismiss the meaning behind my decorating my agenda, given that I already existed outside the norm, and they saw people like me as an obstacle to the proper transfer of knowledge. Had they tried to understand, maybe they would have seen how these practices provided me with comfort in a space where I was lacking support and validation, a space where I was constantly made to feel inadequate.

When I started using Instagram for my mental health in 2017, I found the same comfort I had found in creating zines and journals, but the shame that came with it returned also. On Instagram, I found women with whom I could relate, who had had similar experiences with anxiety and depression, artists who helped me identify complex emotions through their illustrations, and therapists who shared practical tools when I couldn't afford therapy. Even though I had somehow found a sense of community, I still felt silly that cute illustrations and nicely designed posts could provide me with such calmness and relief. At this time, what would eventually be termed "Instagram therapy" grew more and more popular and the fact that therapists and licensed professionals took to the app to share their knowledge provided a sense of credibility to my own practices. As a media researcher, I was also conscious of the very contradiction that Instagram, a market-driven app that encourages the circulation of aesthetically pleasing content through biased algorithms and extractive politics, could also be the space where women found life-changing resources and care. These tensions are the very heart of this project.

This dissertation looks at what happens when women use Instagram -- a visual social media platform with its own rules, modalities and socially driven norms -- to care for themselves and learn to live with mental illness. More precisely, I am interested in what women *do* with

Instagram to care for themselves in a context of scarce mental health resources and gendered pressures to self-optimize. How do we create space for ourselves using the tools available to us, how do we exist with each other, within our complexities, contradictions and frictions as we learn to inhabit our bodyminds?

Mediating Women's Mental Illness

The practices explored in this dissertation emerge in a context of limited mental health resources and gender inequalities that differently shape women's lived experiences of mental illness, health-seeking habits and care accessibility. The Canadian Mental Health Association (CMHA) The State of Mental Health in Canada 2024 report indicates that 57% of people aged eighteen to twenty-four who showed early signs of mental illness said that cost was the biggest obstacle to care (Canadian Mental Health Association 2024). 9.7% of women reported that their needs were not met when looking for care versus 5.7% of men. Gender differences have also proved to affect how people come into contact with mental health services. For example, women are more likely to be prescribed psychotropic drugs simply based on their gender (Lan and Jain 2022). The CMHA report further highlights that women in Canada, especially when racialized, indigenous or 2SLGBTQIA+, not only face difficulties in accessing care, but they are more susceptible to experiencing mental health struggles². According to the World Health Organization (2023), this is a problem worldwide with anxiety and mood disorders being 50% more present in women than men. Data further reveals that women are faced with more mental health-related risk factors which include, but are not limited to, gender discrimination, social

² 15% of racialized women and 30% of 2SLGBTQIA+ women reported moderate to severe depression and anxiety compared to 13% of the general population of women. Poverty also showed to be a prominent factor in mental health difficulties and care accessibility (CMHA 2024).

roles and pressures, pay gap, poverty and domestic and sexual violence³ (Thomas 2023). These factors can be exacerbated when compounded with other experiences of discrimination such as poverty and racism. Women also navigate the shame and stigma that surrounds mental illness differently depending on their ethnicity, cultural background and social belonging (Lan and Jain 2022).

Higher rates of mental illness diagnosis among women reflect not only the impact of lived experiences of stress and trauma on women's mental health, but also historical patterns of gendered pathologization. For a long time, women who expressed "unusual pain" and/or emotional unruliness were diagnosed with hysteria, a disease associated to the uterus (*hysterus* in ancient Greek) creating a longstanding correlation between mental illness and the essentialization of woman to biological determinants (Pratt 2024). Mediation has played a significant role in shaping these perceptions and how women access and receive care (Chesler 1972; Showalter 1987; Harper 2009). Ideas and norms about mental illness have long been mediated through social discourses and popular culture, shaping how mental illness is understood, experienced and managed. Women have been historically overrepresented in portrayals of mental illness creating a "cultural conflation of femininity with insanity" (Showalter 1987, 204). The accumulation of mediated discourses and representations of women as mad have served to pathologize and psychologize women's affects and emotions while providing rules on how they should behave and act. The notion of mediation is germane to this dissertation since I consider the relation between mental illness and mediation as a process

³ According to the WHO, 1 in 3 women experience physical or sexual violence during their lifetime (n.d.).

through which meanings, values and beliefs about women's mental health are produced, shared and circulated, as well as negotiated and resisted through practices like self-care.

The figure of the mad woman has reflected and influenced social and medical discourses of mental health and how women are cared for. These representations have shifted, each time reflecting a particular moment's treatment of mental illness and desire to control women's bodyminds (Showalter 1987). From the hysterical woman trope to the pill-popping woman narrative, there has been a shift from a medicalization of women through institutionalization and confinement to biochemical discourses of medication and therapy (Thelandersson 2023). While women were previously institutionalized and confined because of their gender, the commercialization of psychotropic drugs in the late 1980s early 1990s medicalized women's emotional states within biochemical discourses of self-responsibilization. The individual management of mental health care has expanded through the 21st century through discourses of wellness and self-care that particularly call upon women to self-optimize and manage their emotions on their own.

These changes in the perception of women's mental health indicate a shift in how power operates under neoliberalism from an external force (institutionalization, confinement) to an internal one (the personal responsibility to take medication, go to therapy, practice self-care) (Gill and Kanai 2018; Gill and Scharff 2013; Orgad and Gill 2022). The pathologization of women's emotions has been reconfigured through a neoliberal framework that makes them responsible of their own wellbeing under individualized and biochemical discourses of mental illness (Thelandersson 2023). From wellness and self-help culture emerged the figure of the confident, empowered and healthy woman who takes care of herself through a strict self-care routine of eating well, working out, and a ten-step skin care routine. This conflation is also used

to justify a lack of mental health resources, especially ones that consider the effects of oppression and discrimination on women's mental health and their accessibility to care.

In this context, women have been turning to social media for alternative spaces of care and support. Alongside this turn, the increasing presence of therapists and other mental health professionals on Instagram has garnered particular attention in the press and other news outlets. In 2019, a series of op-eds dedicated to the rise of what they termed "Instagram therapy", published in mainstream media, pointed to the dangers of replacing individualized therapy with scrolling, often overlooking the real reasons why people turn to alternative spaces of care⁴. Lisa A. Olivera, a therapist and content-creator responded to these op-eds by stating that therapists on Instagram are "changing the paradigm of therapy, offering support to those who might not otherwise have it, sharing supportive resources and tips on accessing therapy, and creating conversations around what it means to be human" (Matei 2019). The pandemic further heightened the visibility of mental health in public discourse and had a profound impact on how we engage with mental health and social media. The rising concern over the populations' well-being during that period accelerated the development of many forms of remote mental health care, from mood tracking apps, to meditation platforms to chat therapy. The pandemic heightened mental health awareness but also created a perfect storm for solidifying the commodification of mental health into well-packaged success recovery stories, aesthetic social media posts and self-care webinars, once again promoting an individualized model of mental health care.

⁴ The New York Times shed light on the phenomena on June 26, 2019 with an article titled "[Instagram Therapists are the New Instagram Poets](#)" which quickly followed by op-eds calling the dangers of this practice such as Psychology Today's "[6 Problems of 'Instagram Therapy'](#)" or Good Morning America's [segment](#) aired on July 3rd, 2019.

The moral panic around “Instagram therapy” stems in part from its popularity among young women and girls and the already-existing pathologization of both their bodyminds and social media use (Dobson 2016; Hendry 2020). Women are the ideal subjects of an individualized discourse of mental illness since madness has been historically constructed as a gendered “problem”. Not only have women been overrepresented amongst the mentally ill, but insanity and irrationality as intrinsic to women’s “nature” (Showalter 1987). There is widespread concern over the fact that social media negatively impacts women’s mental health, creating issues of body image dissatisfaction and augmenting social pressures (American Psychological Association 2023). These discourses, however, do not serve to reduce harm, but they act as “disciplinary tactics” (Hendry 2020) that erase explorations of how women engage with Instagram as a form of mental health care. The moral panic around social media shifts the blame onto women for engaging with social media content that is silly or that harms them, rather than addressing the social and systemic issues that affect their mental health and their lack of accessibility to proper resources.

Mental Health Care and Social Media

By contrast with popular understandings of social media use, scholars in media studies have long explored everyday people’s use of social media and their practices of self-expression (Dobson 2016; Hill 2017) and peer-to-peer sharing (Hodson and O’Meara 2023; Millette and Boislard 2023). When it comes to Instagram more specifically, only a few scholars have attended to the particularities of the app and its potential for mental health support. In her study of the sad girl figure on Instagram, Fredrika Thelandersson argues that women’s expression of sadness can offer what she calls “precarious forms of solidarity” (2023, 192) against the gendered pressures of postfeminism and the lacunae in resources for women. While critical of a potential

normalization and commercialization of sadness, she concurs that having access to various experiences of life with mental illness on social media can help women imagine life otherwise and find “non-medicalized ways of support” (2023, 192) through affective resonance. This sense of collective support can be found in various forms including, but not limited to, laughter—such as in the lighthearted memes of @mytherapistsays or through the more obvious care afforded by pages like Sad Girls Club, an account dedicated to supporting Black girls who live with mental illness. When it comes to the Tumblr sad girls, Thelandersson (2017) argues that this shared definition of sadness is produced through everyday gestures of sharing and reblogging. She argues that, through these shared notions, “it becomes possible for Tumblr sad girls to explore their feelings together, and potentially provide support for one another by validating each other’s experiences.” (Thelandersson 2017, 17). Similar affordances provide opportunities for women to engage with each other on Instagram.

Amy Mazowita (2022a; 2022b) explores how practices such as commenting and sharing can produce a network of care. She argues that expressions of similar lived experiences can afford spaces of connection between people who experience difficulties in her analysis of the comment sections of mental health comics on Instagram. She argues that graphic narratives of lived experience of mental illness create a “network of graphic care” through “the opportunity to engage with fellow users in the comments sections of each post and by the ability to follow, re-post and share content created by others.” (Mazowita 2022b, 6). Mazowita doesn’t focus on gendered experiences, yet her study shows how support can materialize through a mobilization of Instagram’s affordances shedding important light on how people may engage with content to find care and support. Thelandersson and Mazowita’s studies show that Instagram can be used to care for one’s mental health thanks to the affective connections and sense of support afforded by the content and the platform’s affordances. However, while Thelandersson and Mazowita’s

studies provide rich analysis, their focus on content analysis of posts and comments only offers partial insight into this phenomenon and overlooks the larger experiences and practices of those it seeks to represent. This dissertation adds to this conversation by considering women's Instagram practices and what they do with the platform to care for themselves to provide a more nuanced portrait of what it means to use Instagram for mental health support.

A turn towards what women *do* with Instagram to care for their mental health is necessary here. Writing about youth's digital media practices and their potential for building "an ethics of networked caring" under neoliberalism, Susan Driver notes that analyses that focus solely on how neoliberal "coherent visible subjects" take shape on social media risks overlooking "more complex ontologies and embodiments." (Driver 2017, 298). She argues that, in doing content analysis, we ignore "those little ephemeral gestures of support and reciprocity practiced over and over again across digital spaces, in the quest to cope, survive, and, at best, create meaningful ties with others." (Driver 2017, 298). She identifies these gestures as being contained within "visibly coded signs" but also those "imperceptible affective attunements; nuanced gestures of kindness and encouragement" through which young people make sense of feelings and connect with each other through digital media (Driver 2017; 299). The goal is to move beyond preconceived notions of what it means to connect on social media when caring for oneself and others and how these connections may not always reveal themselves in recognizable or visible forms. Regarding mental health-related content on social media, Natalie Ann Hendry (2020) adds that what "counts" as mental illness-related practices does not always rely on recognizable depictions of mental illness. Although the possibility of gathering around aesthetics or posts can provide undeniable support (as demonstrated by Thelandersson and Mazowita), being visible online when living with mental illness can be a source of anxiety and a burden, which influences how one engages with social media in relation to mental illness – but also in

the doing of care. Through a close ethnography of the media practices of four young Australian women, Hendry demonstrates that the images and practices they engage with are not necessarily “seen” or “visible” as mental illness-related, yet they can afford “emotional recognition, affective community or intimate co-presence,” which she calls “imagined intimacy” (Hendry 2020, 1). Hendry’s call to complicate what we consider as mental illness-related practices on social media opens the possibility of also questioning what it means to care for the self and others online when living with mental illness. This dissertation follows Hendry’s call and builds on it to consider Instagram practices instead of focusing on a particular aesthetic or page.

One of the main arguments I make in this dissertation is that the mediation of women’s mental illness doesn’t stop at text-based analysis but must also include the various ways in which women use media to make sense of their realities. This dissertation shifts from a focus on media as an object of study to a study of “media-as-practice”, which I theorize as a more capacious framework for understanding how media shapes women’s experience of mental illness in our current media and health landscape. I challenge the current focus in studies of the mediation of women’s mental illness that solely focus on representation to explore a larger range of media practices and how they shape women’s lived experiences. In acknowledging less visible everyday media practices rather than only attending to iconic representations of mad women, I do not argue that representation is not an important way in which they make sense of their experience of mental illness. Rather, I attend to a variety of practices to account for the complexity in which women engage with social media in the process of caring for themselves and learning to live with mental illness.

Instagram as Site of Study

I focus on Instagram because of the media and scholarly attention it has garnered, but also the place it has occupied in the lives of women in the last decade. As of March 2024, Instagram was the fifth most visited website worldwide with 25.9% of all people aged 13 and above around the world using the platform (We are Social and Meltwater 2024). Founded in 2010 and acquired by Facebook in 2012, Instagram quickly became a dominant force in the world of social networking, especially among younger demographics, with 70% of its user base under the age of 35 (Business of Apps 2024). Even though it lags behind Facebook, X (Twitter), and WhatsApp in terms of usage, Instagram continues to maintain a steady growth since its creation, especially among women. It is the second most popular app for women after Facebook and (in North America alone) women make up a higher portion of Instagram users, with on average 55% of users identifying as women (Newberry 2024; Gottfried 2024). A recent study conducted by business intelligence company Morning Consult further shows that young women tend to be more interested in image-based apps like Instagram whereas young men prefer text-based platforms like X and Reddit. That study also reveals that young women tend to engage in practices that are more communal and geared towards others' needs rather than their own, such as fostering friendships through sharing advice and following women they imagine they could be friends with. This is more possible with visual affordances such as those of Instagram because of the multiple levels of meaning they afford for self-representation, sharing and relating while maintaining a level of privacy and intimacy. Contrary to Facebook, Instagram allows people to create multiple accounts, using the name of their choice, which affords more possibilities for seeking care especially when already marginalized.

Instagram, which popularized filters, square-framed digital photography, and selfies, has shown itself useful for people living with mental illness in shaping their experiences and

identities through self-representation using photography, video, illustrations, memes, comics and other visually driven media (Mazowita 2022a; 2022b; McCosker and Gerrard 2020a; Thelandersson 2023). Yet, in the expanding visual social media and health landscapes of neoliberalism, the mediation of mental illness is no longer limited to visual representations, but extends to testimonies, tools and how-to's on how to live with mental illness. It is in this context that I attend to women's practices to get to the habitual ways in which they use Instagram as they learn to live with mental illness. Instagram is an interesting space for studying practices of care since it has become more than an app, a platform or a space for aesthetic photography. Instagram is an "icon" of life in the 21st century that is "redesigning" the material world, from our practices to our institutions (Leaver, Highfield and Abidin 2020, 2) and, as I argue in this dissertation, our mental health and how we care for ourselves. The practices I examine in this dissertation range from more traditional uses of Instagram such as sharing pictures, posting in stories, and commenting on posts, to other less "visible" and studied habits such as sharing in private messages, screenshotting, archiving and even journaling.

A platform-specific study of how the experience of mental illness is mediated through social media is necessary to get a better understanding of the phenomenon, each platform having its own rules, affordances and, in the case of visual social media, visualities. Instagram is a platform, which means it is a combination of many things that structure its use, including a database of images, an archive of personal data, hashtags, GIFS, likes and much more (Leaver et al. 2020). Instagram is also an application program interface (API) which gives third-party apps and partners access to and control of its data sets; it's laws (depending on geolocation) and moderations; it's also most definitely algorithms that dictate what users see and how; and it's a tool for advertising and marketing where communication and commerce often blend into each other. People have their own understandings of what Instagram "is" and how they decide to

make use of the platform. Multiple algorithms are at work on Instagram: the timeline, the suggested accounts, the Explore area curated through user activity and content virality, the content moderation that flags content according to visual identifiers or hashtags, etc. When it comes to content moderation, an aspect that can impact how people access health-related information on the platform, many algorithmic filtering, hashtag bans and account removal are at play. Scholars have especially documented these processes regarding “pro-anorexia” and depression-related content revealing how the platform sometimes struggles to manage content (Gerrard 2018; McCosker and Gerrard 2020a). All these dimensions intersect in how users care for themselves using Instagram, on top of the cultural assumptions and social norms embedded in the app’s algorithms, which can exacerbate existing inequalities (Gillespie 2018; Noble 2018). Throughout this dissertation, I demonstrate how women “imagine” and “respond to” (Bucher 2018) the platform’s perceived cultural logic in relation to mental illness through practices such as creating anonymous accounts, taking screenshots or refusing to engage with content, to only name a few.

The platforms’ affordances further shape how women interact, communicate, and engage with content in the doing of self-care. Affordances, which can be technological, but also social and cultural, are the possibilities for action that social media platforms enable or constrain for users (Boyd 2010; Neff et al. 2012). Affordances can be built-into the app or “imagined” by users (Nagy and Neff 2015b). Instagram’s built-in affordances include, but are not limited to, posting on the feed or in Stories, private messages (DMs), reposting or resharing (in Stories or in DMs), liking, commenting, reacting, and creating anonymous profiles. Affordances pertaining to visibility, interactivity, spreadability and anonymity are of most relevance in this dissertation as they shape how women engage with content, build networks of care and find relief as they care for themselves. I also shed light on the role that “imagined affordances” (Nagy and Neff 2015)

(such as taking screenshots) play and how women may interact with content differently, such as through journaling or discussing posts with their therapist.

Instagram aesthetics and visualities also guide user practices, norms, as well as motivations for Instagram use (Leaver, Highfield and Abidin 2020). Given the normative representation of women's experiences of mental illness in the media, Instagram offers the possibility to share and identify to a wider range of experiences of mental distress (Thelandersson 2023). What constitutes the visual culture of Instagram is not limited to photography but includes videos, drawings, memes, text and other forms of visually mediated content. According to Leaver, Highfield and Abidin (2020), this is a critical aspect of Instagram since how content is presented will shape how people interpret it and respond to it. Focusing on practices allows me to consider this dimension and attend to content beyond what is posted to understand what it represents to women as they make sense of their lives with mental illness. Attending to what women *do* with the app provides a nuanced portrait of the meaning produced through the genre and trend that is "Instagram therapy" while still acknowledging that the visual determines how content gets shared, how people communicate on the platform, and how affect is circulated. I show that the visual aesthetics of Instagram play a role (among many) in how women relate to others and the extent to which the platform provides them with relief. I also demonstrate how women use aesthetics strategically to share, produce or access knowledge about their bodyminds in ways that can challenge the normative visual mediation of mental health and illness as well as raise awareness around issues pertaining to women's health.

I limit this study to Instagram for timeframe reasons as well. When I started looking at these practices in 2019, the number of Instagram pages dedicated to mental health, anxiety, depression and other psychosocial ailments, were growing considerably, making it the dominating platform for mental health-related use especially among women (June 2019; White

2020). I also conducted interviews during the summer of 2020, only a couple months into the Covid-19 pandemic, a moment that reinforced the importance of social media for providing information but also fostering connections in difficult times. As I finish writing this dissertation in the winter of 2025, Meta CEO Mark Zuckerberg's inclination towards far-right politics and the removal of fact-checking from the company's platforms has many worried about the future of Instagram (NBC News 2025). Many users who do not comply with Zuckerberg's politics are leaving the platform while others, often already-marginalized, are worried about being disconnected from life-saving networks, especially in the context of political unpredictability. In the face of uncertainty regarding the future of our communities and how we care for each other, this research seems more relevant and urgent than ever.

Research Questions

Starting with the idea that the way we make sense of our bodyminds and care for ourselves is increasingly mediated through social media, this dissertation turns to women's Instagram practices to examine how they use the visual social media app as a form of mental health care. Three sub-questions further guide this dissertation (see table below for detailed breakdown).

The first one relates to the reasons why women turn to Instagram to care for themselves. The objective of this question is to understand their motivations for using Instagram rather than another platform, what they find there that they may not find elsewhere, as well as how it connects to their personal stories and lived experiences of mental illness.

The second relates to what they do with the app, what their practices are, and how they negotiate with the platform's affordances, infrastructure and visualities to care for themselves.

The goal of this question is to document and map the ways in which women use Instagram for mental health care and provide a complex and nuanced portrait of these practices.

The third and final question relates more to the affective dimension of these practices. Here I ask how these practices are shaping women’s experience of mental illness more specifically, their subjectivities and perceptions. This question also relates to how these practices make them feel and if they provided a sense of relief from the debilitating symptoms of mental illness. The goal is not to say whether Instagram is “good” for their mental health or not, but to understand how self-care as media practice is shaping their understanding of mental illness in affective, embodied and sensorial ways.

How are women living with mental illness using Instagram as a form of mental health care?		
Research Questions		Objectives
1	Why are women turning to Instagram to care for themselves?	To understand their motivations for using Instagram for mental health care.
2	What do they <i>do with</i> the app? What are their practices and how do they negotiate with the platform’s affordances?	To document and map the ways in which women use Instagram for mental health care.
3	How are these practices shaping their experience of mental illness, their subjectivities and perceptions?	To make sense of how these media practices are shaping women’s experience and perception of their bodyminds as they learn to live with mental illness.

Table 1 Research Questions and Objectives

A Web of Mediated Care

The self-care practices examined in this dissertation do not emerge in a vacuum. Rather, they are part of a web of mediated forms of individual and collective care in the history of feminist activism and women's media. Within these multiple lineages, women have long utilized available technologies and media to disseminate knowledge, raise awareness about women's health issues, and foster connection through the sharing of lived experiences.

Women's use of Instagram as a form of mental health care differs from previous feminist health-related practices because of "the high degree of mediation that characterizes feminist tactics, discourses, identities, communities, and organizational structures." that is characteristic of feminist use of social networks (Clark-Parsons 2022, 22). The care practices of second-wave feminists relied on face-to-face meetings and feminist organizations with central leaderships. During the women's health movement of the 1960s, centered around reproductive health, women created networks of support through the organization of consciousness-raising groups and the pamphlets they distributed during these meetings. The goal of this movement, which M. Murphy (2012) identified as "self-help feminism", was for women to gain control back over their bodies and change the health care system through restructuring "the material, technical, and social conditions by which the responsibility for governing sex could be bound to women as individuals — not the state, experts, or market forces." (Murphy 2012 2). Self-help feminism was made possible using the mimeograph. Although it required access to photocopying and offset printing, the mimeograph was a more accessible technology than previous ones because it allowed women to make multiple copies of their pamphlets and have them accessible for larger distribution. It became the medium of informal feminist publishing with key pamphlets such as *The Myth of the Vaginal Orgasm*, Boston Women's Health Book Collective's *Our Bodies*,

Ourselves, and the Third World Women's Alliance's *Triple Jeopardy*. These booklets contained information related to women's health and sexuality, ranging from gender identity, birth control, menopause and sexual independence. These flyers could include photographic diaries of cervical variation, vaginal self-examinations and how-to steps on how to create your own abortion device (Murphy 2012).

In reaction to the unilateral conception of womanhood of these movements, and their exclusion of marginalized women's realities, women of colour created their own pamphlets as well in which they addressed the connection between health and racism that "self-help feminism" did not account for. For women of colour, birth control was not just a way to have control over their bodies, but a way to fight medical discrimination in the face of forced sterilization and experimental treatments, which was reflected in their booklets (Murphy 2012; Owens 2017; Smith 1995). Their health booklets were part of larger initiatives such as the Black Panthers' cell screening and health services at community centers as well as the Black Woman's National Health Project which was founded in 1981. They developed a consciousness-raising group called "Black and Female: What Is the Reality?" that built from feminist self-help movement gynecology to instead focus on antiracist "sensitivity-training," addressing health issues such as mental health, heart disease, diabetes, and obesity which were recurrent in Black communities and were directly linked to social exclusion, racism and sexism (Murphy 2012; Smith 1995). The harm caused by racism was central to Black women's health politics. *Six Murdered Girls: Why Did they Die*, a booklet by the Combahee River Collective, particularly addressed these intersections by shedding light on the junction between racism and sexism in police interventions in Black Boston neighborhoods, for example. Although these movements were radically different, their organization of care and support relied on a logic of collective action wherein groups and organizations were responsible for the coordination of action and sharing of

messages that worked as alternatives to traditional medical care through which women could make sense of their bodyminds and take care of their own health.

While the self-care practices that are the topic of this dissertation articulate directly through media and do not rely on organizations or groups, nevertheless scrapbooks, zines and other media practices can be seen as precursors to the self-care practices observed on social media today. Scrapbooking is a widespread practice that emerged in the 19th century amongst women of privileged class. Scrapbooks were a way for women to mobilize popular culture “to critically engage the social roles prescribed for them and to construct new possibilities for women’s work, and women’s identities.” (Mecklenburg-Faenger 2007, 30). Women practiced scrapbooking to document their lives and the cultural moment in which they lived as well as to organize political movements. Scrapbooks included memorabilia such as calling cards, newspaper clippings, photographs, and letters to form a record of their personal and social lives. They were also a space for women to comment on the mainstream culture of their time and create community and solidarity around common struggles. Scrapbooks, although emanating from women’s personal lives, were meant to be shared rather than kept for oneself. Women’s organizations and movements used scrapbooks as “interventions” to construct their legacy and the public identity of feminist movements (Mecklenburg-Faenger 2007, 30). They practiced scrapbooking to organise their work and challenge what was being said about them in mainstream newspapers. For example, they would take newspaper articles and repurpose their meaning in the scrapbook, whether to emphasize a topic or change its meaning. Scrapbooking was a way for women to engage with the public life that they were barred from.

Zines are another important space where girls and young women reflect on issues that relate to their identity, bodies, and place within society using the materials of their cultural moment. Zines emerged in the 1930s with fanzines and during the early punk scene of the 1970s

when people would use photocopiers in schools to make them (Piepmeier 2009). Zines have a deep anti-establishment history and are imbedded in DIY culture. Feminist zine making, especially zines that focus on the connection between art, politics, and women's bodies, often date back to the early 1990s with the Riot grrrls movement. Riot grrrls is a group of punk feminists that were concerned with the white male-centrality of the punk scene. Women who were part of that scene often experienced backlash and sexual assault, and they began to form groups to talk about their experience. That's when they started using elements of punk culture to address the culture's very own issues through zines. Zines are now known as spaces for people to come together and build community around the act of media making. Women, girls, and queer people continue to use zines to this day to address a variety of topics that range from reproductive rights to mental illness and diet culture.

The practices observed in this dissertation can vary from media making to ones that are less visible, such as scrolling and viewing or engagement with content that is not necessarily "coded" or recognizable as mental health related. While those analysis did not focus on care or women's health per se, the work of scholars in the tradition of feminist reception studies have shed light on the therapeutic potential of media practices in the face of patriarchal domination (Radway 1984). These studies offer important insight into the necessity of considering women's everyday practices that aren't necessarily "visible" yet that can offer care in ways that aren't medicalized and that may be more accessible and less harmful. Janice Radway's study of women's practices of reading romance novels is especially relevant here. Radway (1984) demonstrates that the women she interviewed enjoy reading romance novels not necessarily for the story, but the *act* of reading itself – the quiet it required, the setting in which they read –

which helped them deal with the pressures and tensions of their daily lives⁵. The action of reading has as much significance, sometimes more, than the actual textual features of the book. Radway's work stood out because it demonstrated that women could enjoy a text without agreeing wholeheartedly with its narrative or the discourse it conveys. Media practices, when we look at them from the standpoint of the people concerned, often stand out as having therapeutic purposes and being connected to the wellbeing of individuals in surprising ways. Radway argues that these practices participate in the women's wellbeing and provide a break from the psychological and emotional demands of taking care of others' (i.e. their children and their husbands') affective and physical needs.

Today's feminisms (and how women engage with media on social networks) are marked by a decentralization of power and a plurality of voices (Clark-Parsons 2022a; MacDonald et al. 2021; Fotopoulou 2016). According to Rosemary Clark-Parsons, new generations of feminists have been turning to networked activism for two reasons. First, against neoliberal politics and postfeminist media representations that suggest feminism is no longer necessary. Second, in reaction to second wave feminism's exclusion of the experiences of marginalized women and its essentialized and unilateral representation of womanhood. Many feminist media scholars have identified online feminist movements as the new consciousness-raising groups. Tracy Kennedy made this argument in 2007 where she saw a continuity between feminist blogging and the consciousness-raising groups of the 1960s and 1970s where women "joined collectively to talk about their experiences of sexism and oppression under a system that traditionally undervalued

⁵ Radway notes that at the heart of the experience of romance novels is passivity. The goal of these novels is usually the union of the ideal woman with the ideal man where the woman finally feels recognized. This narrative is deeply ingrained in patriarchal norms, yet it is also the reason why it becomes an escape. Within the narrative of the romance novel, the woman feels taken care of and she can finally let go of the demands of her role as nurturing wife and mother. (Radway 1984, 97).

women.” (2007, 1). With the omnipresence of the Internet, and even more so now with social media, Kennedy argues that feminist advocacy is now done online where women can “connect with each other and establish social networks” (2007, 3) to create what she termed “feminist virtual consciousness-raising.” (2007, 1). According to Carrie A. Rentschler and Samantha Thrift (2015), this highlights the “doing of feminism” and “the centrality of media techné to feminist practices.” (2015, 240). They argue that through these virtual networks that resemble those of consciousness-raising, “feminists build technological, affective and cultural infrastructures through which they produce, disseminate and share resources, ideas and knowledge” (2015, 240) through various media practices that range from distributing newsletters to sharing testimonies of sexual violence using Google map, to meme-making. Rentschler and Thrift argue that contemporary “mediatic processes of doing feminism” demand a shift from a perception of media as objects to one that considers them as part of a complex and dynamic process of mediation. In other words, to consider what people *do* with media.

This dissertation is situated within this shift in how women organize and share information with each other and the need to complicate what we understand as media practice in feminist media studies to better account for the possibilities of self-care as media practice.

Theoretical Framework

Three concepts make up the theoretical grounds of this dissertation: mental illness, self-care and practice. I make a more thorough argument for the use of each concept in Chapter 1 but provide a summary here for argument purposes.

Mental Illness (and Gender)

This dissertation focuses on multiple experiences of mental illness that range from anxiety and depression to more gendered and stigmatized diagnoses such as borderline personality disorder (BPD) and eating disorders, as well as general experiences of mental distress and “negative” affect. Although I didn’t require my participants to have a diagnosis, it happens that all 22 of the women I interviewed had one. I use the term mental illness throughout this dissertation as it is the term that was most used by my participants. I understand mental illness as an embodied experience that is produced in relation to our social conditions and material and technological environments that has very felt psychological and physiological effects. Although I acknowledge the medical history behind the term, I draw on recent considerations in feminist disability, critical disability and media studies in arguing for the use of the term “mental illness” to account for its embodiment (Donaldson 2002). While I prioritise this term, I may use others throughout this dissertation depending on context or for clarity. The experience of psychosocial ailment is not a homogeneous one and mental illness remains an open-ended concept, resistant to rigid or singular definitions.

I also want to make a note here regarding my use of the term “bodymind” instead of body and/or mind throughout this dissertation. Margaret Price (2015) introduced the concept bodymind to refer to the entanglement between body and mind, which are usually presented as distinct—even at times opposed—concepts due to the Cartesian dualism of Western philosophy. The term emphasizes how the interconnected processes within us make it challenging, if not impossible, to clearly distinguish between physical and mental experiences, especially in experiences of disability. When speaking of mental illness, the term highlights the multidimensional nature of mental illness and the need for a more holistic approach to care. Price argues that the term is not a standalone for “body and mind” but that it must do theoretical work

as well. For this project, bodymind considers the material implication of Instagram practices on women's experience of mental illness as a process that is as discursive as it is embodied.

To attend to the gendered dynamics of mental health and illness I employ two feminist frameworks that come into conversation throughout this dissertation namely feminist disability studies, which I turn to in more details in chapter 1, and intersectionality (Crenshaw 1991; Collins and Bilge 2016). I use these frameworks to account for women's differentiated and embodied experiences of mental illness to better understand how they engage with social media in complex and varied ways. Living as a woman has its sets of challenges, some of them intersecting with those of mental illness and/or exacerbating them. Intersectionality, a concept coined by Kimberlé Crenshaw (1991), is an analytical tool to get to the multiple overlapping of oppression and discrimination in the lives of women. Patrica Hill Collins and Sirma Bilge (2016) write that "when it comes to social inequality, people's lives and the organization of power in each society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves." (Hill Collins and Bilge 2016, 2). I use the concept to account for how women experience mental illness in different ways according to their race, class, sexuality and disability. The experience of compounded marginalizations not only makes one more at risk of developing psychological distress, and potentially mental illness, it can also make it worst, especially when it comes to accessing mental health services. While being a lived experience, mental illness is also produced by the environment in which we live, and it cannot be thought of independently from other systems of oppression that mutually construct each other. Understanding how these intersections take shape and how they intersect and interact is necessary to understand the

different ways in which women use Instagram and address the lack of consideration for those intersections in mental health care and services.

Self-Care

Self-care has become a buzzword in the last decade, often associated to activities such as yoga, meditation and luxurious baths. The concept, which has originated as a survival strategy in Audre Lorde (1984) 's *A Burst of Light and Other Essays*, has been especially recuperated in gendered discourses that hail women as self-optimizing subjects whose care is in their own hands. In reaction to these recuperations, feminist, queer and disability scholars have been reclaiming the concept as an act of survival against neoliberalism and for finding relief when living with sickness and disability. These various conceptualizations of self-care are central to understanding how it takes shapes through social media practices. However, I argue that missing from these discussions is how self-care appears on social media not just as a discourse or self-enterprising endeavour, but to adapt Ahmed's words, as "ordinary ways of coping" *with* media in the process of learning to live with mental illness. This dissertation fills this gap.

Practice

I use practice as a capacious framework for thinking about the relation between self-care, mediation and how women make sense of life with mental illness. This includes practices that range from finding validation and belonging, spreading awareness on women's embodied experience of mental illness, to seeking relief from the debilitating symptoms of their ailments. A media-as-practice approach to the mediation of self-care on Instagram is important because it sheds light on the complex ways in which meaning about mental illness is produced not just *on* but *through* social media platforms and what women do with media. This study reveals that

women negotiate with the platform's affordances, socially-driven norms and visualities in strategic ways depending on their social and cultural positions.

My theoretical use of "practice" draws from practice theory, media studies and affect theory including, but not limited to, Nick Couldry (2012) on media-as-practice and Margaret Wetherell (2012) on affective practice. I argue that looking at media from the standpoint of practice foregrounds women's voices and stories by turning our attention to practices that are usually ignored in the profit of media as object-focused studies. Media practices, which includes media making but also other ways that women engage with social media to make sense of their lives, are important ways in which women and other marginalized groups have been historically learning about themselves and the worlds they inhabit through the materials of their cultural moment. As I demonstrate throughout this dissertation, media practices are serious spaces where women reflect on gender, health, race and identity as they intersect with questions of activism and resistance as well as self-regulation, individualism and healthism. I turn to affect to consider how meaning and feeling mutually construct each other through these practices.

Affect theory is particularly useful for thinking about the emotional world of mental illness and how affect coalesces through social media practices. Margaret Wetherell (2012) defines *affective practice* as a form of "embodied meaning-making" which opens the possibility of thinking about social media practices as having the potential to transform women's understanding of mental illness in both discursive and embodied ways. For the author, affective practice is "a figuration where body possibilities and routines become recruited or entangled together with meaning-making and with other social and material figurations. It is an organic complex in which all the parts relationally constitute each other." (2012, 17). I develop the theoretical framework of this dissertation in more detail in Chapter 2.

The goal of this dissertation, however, is not to prove that Instagram does or not make women feel better in the long run, but how these practices are part of the journey that is *learning to live with a mental illness as a woman*. As I will show throughout this dissertation, women use Instagram to make sense of their bodyminds against biases and limited mental health resources, for example shedding light on understudied conditions such as Premenstrual Dysphoric Disorder or the lack of intersectionality in therapeutic interventions. At the same time, the push to self-care and to be better versions of themselves puts pressure on women to manage their own emotions and self-care. Thus, while providing an alternative space for care, Instagram can simultaneously participate in consolidating women's own subjectification into self-regulating "can do" women of neoliberalism. Instagram remains an aesthetic platform with its own socially-driven norms of what it means to be "empowered" and "confident" that women take-up in the process of taking care of themselves. Body diversity, for example, stood out as both content and practice that has helped some of my participants cope with their own struggles with eating disorders and depression, in part because of its aspirational dimension. In attending to self-care as media practice, I do not assume that practices are devoid of harmful potential but instead consider the complexity of how women find care and support online.

To conduct this research, I employed a qualitative methodology inspired by feminist social media ethnography and feminist qualitative methods to get to the situated dimension of women's practices of self-care. This dissertation tells the stories of fourteen women aged between twenty-four and thirty-three who live with mental illness and use Instagram for mental health care. I provide a detailed theorization and description of the methodology of this project in Chapter 2.

Dissertation Outline

To examine women's Instagram practices as sites of self-care for mental illness, this dissertation is organized into six chapters. The first two chapters lay the groundwork for theorizing and studying these practices. In Chapter 1, I look at the three main concepts of this dissertation—namely mental illness, self-care and practice—and how they have been discussed in the literature to situate this study within current scholarly debates. I begin with outlining the literature on mental illness in mad and disability studies, followed by feminist disability studies, and finally through a consideration of affect theory as providing additional insight. The next section looks at self-care under neoliberalism, especially how Audre Lorde's concept has been stripped of its Black feminist activist roots to fit within neoliberal frameworks of self-responsibility and individual value. I consider its relationship to gender and how it serves to regulate women's lives in specific ways. I then look at how it has been reclaimed within feminist, queer and disability studies. The third section looks at the concept of practice to theorize self-care as media practice. I look at how it has been theorized in social theory and media studies. I then consider the possibilities and constraints of the app that lay the grounds for how women can care for themselves, as well as the concept of mediated care, which provides additional insight on how and why people turn to social media platforms for care. Finally, I look at feminist and queer theories of affect and the role of emotions in the doing of care online.

Chapter 2 is where I define the primary methodology of this project as a feminist social media ethnography, which I adapted to suit my site of study. I then describe the varying methods I used, such as questionnaires, in-depth interviews and media go alongs, and how these methods enabled me to get to practices that are normally difficult to account for with traditional social media methods. After, I explain the recruitment process, some of the limits I encountered, as well as how I made sure to infuse care into my methods.

The second section is composed of Chapters 3, 4, 5 and 6 where I take a closer look at my participants' practices through a conceptual and thematic approach. Chapter 3 provides an overview of the landscape of "Instagram therapy", the different types of content, aesthetics and discourses that circulate in this space and within which my participants' practices are situated. Chapter 4 dives into the question of validation and how women find validation for their experiences of mental illness through the framework of relatability. I consider how the women negotiate with the representations and discourses offered to them to find the care they need. Chapter 5 considers how the practice of self-care creates what I term feminist networks of care on varying levels that range from the creation of pages and fostering communities, to re-sharing in Stories and doing advocacy for oneself beyond the screen. I draw on the concept of networked feminisms to show how women care for themselves in ways that resemble the "doing-it-ourselves" of feminist social media activism. Chapter 6 looks at how women use Instagram in habitual ways. I draw on Carolyn Pedwell's (2021; 2017) theorization of affect in relation to habit to attend to the transformational potential of self-care as media practice. I consider how affect accumulates, circulates and intensifies through women's everyday practices within and outside the network.

This dissertation ends with some general remarks about the implications an analysis of women's use of Instagram for mental health care has on social media, mental health and gender research. In relation to social media studies, I raise the question of what an analysis of social media practices may provide for understanding how mediation shapes our understanding of ourselves and our bodyminds in complex ways. I also consider how the methodology employed for this research project can be used more broadly in feminist and media studies, but also in other research areas particularly those pertaining to public health. I develop this notion by adding that this dissertation responds to a lack of research that considers people's use of social media for

mental health and the necessity to consider these questions in discussions about mental health accessibility and literacy.

Chapter 1

Literature Review

In this chapter, I go over the main themes of this dissertation and how they have been discussed in the literature to situate my argument. The first section looks at the concept of mental illness and the debates around terminology in mad, disability and feminist theory. A second section looks at the concept of self-care and how it has travelled since its first inception in the writings of Audre Lorde (1984). A third section suggests a theory of self-care as media practice where I go over literatures on media practice and affect theory to situate it.

Situating Mental Illness

Mental illness is a core concept of this dissertation; it is not, however, a fixed concept, nor is the experience of psychological distress. The aim of this section is not to determine what exactly mental illness is (in fact there are as many definitions as there are people who experience it), but to make sense of the various theoretical debates that exist around the term and the purpose it serves in this dissertation. I do this because the words we use to speak about psychosocial disabilities shapes the realities that are highlighted. For Margaret Price (2011), it is a pressing issue when discussing disabilities of the mind since the terms used to speak about us have and continue to serve our exclusion from society⁶. The language used to define and

⁶ This dissertation necessarily only touches upon a small portion of the debates around mental illness and terminology that exist within disability, mad and postpsychiatry scholarship. Price offers a rich and thorough review of these terms and their histories in the introduction of her 2014 book *Mad at School: Rhetorics of Mental Disability and Academic Life*.

represent mental health reflects societal values and exerts significant influence on public policies, medical treatments, social programs and thus has a great impact on people's lives and their accessibility to care and services. As many have argued, there is no objective term in the history of madness and particular terms may thrive depending on the context in which they are used (Price 2011; Reaume 2002). The meaning of mental health and illness has changed across time, but it also shifted depending on theoretical frameworks.

The Social Construction of Madness

The struggle over the meaning of mental illness has long been one over its nature and causes. In the medical and psychological fields, the dominating assumption has been that mental illness has a biological essence and therefore that it is an individual problem that one must overcome through medicalization (and medication). In reaction to this discourse, critical theory and mad scholars have been arguing that mental illness is a social construct that has been sustained through discriminatory practices of institutionalization and medicalization (Foucault 1988; Goffman 1962; Szasz 1997). In broader disability activist networks and scholarship, this is referred to as the social model of disability, meaning that people are disabled by their environment, not their impairment (Shakespeare 2013). Regarding mental illness, this notion emerged in the work of Michel Foucault, Erving Goffman and Thomas Szasz who made similar arguments that madness is not a condition one inherently has, but one that it is socially, culturally, and technologically produced. In his history of madness, Foucault argues that madness is a discourse (meaning a set of beliefs, practices, and technologies) that have rendered mad people tangible within the social category of madness. The curative system doesn't serve to treat mental illness necessarily but to exercise power by defining what

constitutes “normal” or “abnormal” behavior (Foucault 1988). Goffman’s study of asylum populations in the 1960s shows how this category has materialized through the dispossession, humiliation and forced labour of mad people in psychiatric institutions (Goffman 1962). Mental illness, according to Szasz's critique of the mental health movement, is a myth and a tool of social control (Szasz 1997). Diagnoses, from his perspective, serve to justify involuntary medicalization, treatment and hospitalization that strip people of their basic human rights. Building on Szasz's critique and considering their own experiences with the psychiatric system, mad activists since the 1960s have been reclaiming the term “mad”, originally a negative attribution, to reflect mad identities and prioritize person-centered discourses. Many people in the mad movement have also identified as psychiatric system survivors using the term consumer/survivor/ex-patient(c/s/x). Although I do not use the terms mad or c/s/x because the women who participated in this study do not consider themselves as mad or as survivors of the psychiatric system, this research remains inscribed in this history and is much indebted to the work of mad activists and scholars who paved the way for this kind of research to exist and be taken seriously⁷.

Mad activists and scholars have been critical of the term mental illness because of its association to the medicalization of madness. According to Price (2011), mental illness, with its complement, mental health, adds the component of “wellness/unwellness” (Price 2011, 12) to the idea of madness that further asserts notions of normal/abnormal, sane/insane which can

⁷ Anti-psychiatric movements emerged in 1960s-70s and saw the rise of the psychiatric survivor’s movement, emphasizing person-centered discourses and challenging institutional practices. These movements also served to reflect mad realities which weren’t always included in the disability movement of the time. Mad activism and scholarship took shape within that context and especially growing in the 1990s with the organization of the first Mad Pride in Toronto. Scholars like Peter Beresford (2000) have extensively covered the complex relationship between madness and psychiatric system survivors and disabled people.

have direct consequences on people's lives⁸. In that regard, Price notes that the "well/unwell" paradigm is problematic because of its "implication that a mad person needs to be 'cured' by some means." (Price 2011, 12) This conceptualization of mental illness can also be tied to the medical model of disability and the idea that disability is an individual problem rather than a social one. This model focuses on cure and individual responsibility to maintain disability "within the purview of the medical establishment, to keep it a personal matter and 'treat' the condition and the person with the condition rather than 'treating' the social limitations that constrict disabled people's lives." (Linton 1998). Within this model, mental illness is treated as an objective, biological condition in need of medical solution rather than a way of being that needs accommodation.

The idea that madness is socially constructed through the regulatory role of discourse has endured through time and proliferated into other areas of scholarly inquiry to shed light on the intersection of madness with other systems of oppression such as sexism and racism. The categories of gender and madness have served to co-constitute women as "sick", "hysterical", or "mad" as opposed to "healthy", "intelligent", "sane". For women, the historical institutionalization and medicalization of mental illness takes on a double meaning since it has served to reduce them to insanity while at the same time creating barriers to care that still affect

⁸ It's important to note here that Price writes in the context of the United States where such paradigm can have critical material impact on the lives of people living with mental illness. She writes that mental health insurance measure people's "progress" on a "cure" basis, meaning that once a person is considered to have overcome their condition, their coverage is removed. This model ignores the reality that mental illness is not something that just goes away and that some of us may need care for a longer time. In Canada, however, things are rather different. Although access to therapy comes with a cost that not many insurance programs cover, coverage for therapy, when one has it, does not depend on progress but on a limited number of sessions. Medication costs are covered by universal health care. Living with mental illness therefore does not have the same material impact from one country to another. Additionally, in Canada, mental illness and mental health are not conceived as opposed concepts but as a continuum, and thus can coexist.

their lives today. A feminist critique of female madness emerged in the 1970s that read the pathologization of women and their overrepresentation in psychiatric hospitals and representations of madness as a symptom of patriarchal control (Chesler 1972; Showalter 1987). A prominent work of the time is Sandra Gilbert and Susan Gubar's rereading of the representation of psychological ailment in women's 19th century writing. They argue that women writers used the figure of the madwoman to symbolize their rebellion against patriarchal demands, madness becoming a metaphor of refusal rather than a bodymind ailment.

Marta Caminero-Santangelo complicates these readings and argues that the romanticization of madness as rebellion perpetuates racial bias since women are not afforded equal opportunities in the face of madness (Caminero-Santangelo 1998). Drawing on Toni Morrison's books *The Bluest Eye*, *Sula* and *Beloved*, she demonstrates that for women of colour, "going mad" can be a form of rebellious "giving up" and a reflection of the inability to construct counternarratives in the face of hegemonic power. This relates to Therí Pickens' (2019) argument that in a society that perceives Black madness as stemming from cultural difference, being Black and mad is automatically disruptive under biomedical discourses of mental health yet it doesn't always provide agency. Pickens doesn't deny that Black madness has been used as a form of escapism from racism and white supremacy, yet it holds little transformative potential under current frameworks. The author refutes the notion that Blackness and madness are mutually constitutive and instead argues that "madness (broadly defined) and Blackness have a complex constellation of relationships" (2019, 3) that demand we give attention to how each category works and under what social context to really get to its disruptive potential. To be a Black mad woman is to exist at the intersection of multiple

oppressions that cannot be accounted for with dualistic models of co-constitution. I come back to the disabling effects of racism in the section on embodiment.

In other words, madness acquires different meaning depending on who is represented and against whom. More than a sign of rebellion, madness has also worked as a social marker and is perceived as the sign of a “higher sensibility”, glamour and intellectualism, when experienced by white middle-class women, but a sign of unreason and lack of civility when regarding women of colour (Donaldson 2002). For white middle-class women, “going mad” was a sign of an elevated culture, while for Black and Indigenous women it was read as a confirmation of their intellectual inferiority. However, as argued by Elizabeth J. Donaldson, “madness itself offers women little possibility for true resistance or productive rebellion.” (2002, 93) but rather a semblance of power based on the continued oppression of women of colour.

Mental Illness in Feminist Disability Studies

While the social model reading of madness has been useful in providing critiques of the institutionalization and medicalization of madness, and sheds light on the systemic inequalities that produce it, this understanding of mental illness has been the subject of many critiques, especially within feminist disability scholars. They have been especially critical of the dangers of the social model in undermining the physical and mental pain that comes with experiences of disability and the need to acknowledge people’s desire for care. Based in a feminist refusal of the mind and body divide, feminist disability scholars critique the impairment/disability dichotomy created by the social model to argue that the body, and the very real suffering of impairment, should be at the center of disability politics. One of their main arguments is that

while we should center our attention on the systemic nature of disability, we also must consider its corporeal dimension (Hall 2011; Kafer 2013; Samuels et al. 2011; Wendell 1989; Dokumaci 2023).

A first set of critiques emerged in relation to the debate around illness and disability within disability studies. Regarding chronic illness, Susan Wendell (2001) shed light on the fact that many activists in the disability rights movement have distinguished themselves from ill people creating a dichotomy between “healthy” disabled, whose impairments are clearly defined and stable, and “unhealthy” disabled such as chronically ill people whose ability to participate in activism is questioned because of the pain and mental exhaustion they can experience. Building on Wendell, Andrea Nicki (2001) points out, with her theory of psychiatric disability, that this creates a distinction between “good” and “bad” disabled people, the “good” ones being those whose bodies are affected but whose mind remain rational unlike people with chronic illness or mental illness. These critiques point to a need to reconfigure the social model of disability to include various experiences of illness and move beyond a “good” and “bad” reading of disability (Beresford et al. 2002).

Another critique highlights that the social model's rejection of medical approaches risks overlooking the physically disabling effects of psychological impairment and the need for proper care. Elizabeth J. Donaldson (2002) argues that mental illness itself challenges the distinction between impairment (the physical conditions of the body) and disability (constraints in public space) and its assumption about the distinction between body and mind : “The assumptions are that impairment and disability occur in and through the body, and that the body’s self or mind is a transcendent civil identity that exists above and beyond the body: this abstract, symbolically disembodied civil self remains intact, unaltered, even normal, despite

physical impairment.” (Donaldson 2002, 105) This implies that the mind (the self who experiences disability) is an independent entity that exists beyond the body. However, she notes, the very experience of severe mental illness and cognitive disability challenges this notion by blurring the distinction between body and mind, impairment and disability, and the very notion of self that is at the center of it. Donaldson makes the argument for a theorizing of mental illness within feminist disability studies that requires a rethinking of impairment in relation to the medical model to account for mental illness as a physical impairment. In order not to fall in the biological determinism of the medical model presented earlier, Donaldson builds on feminist science studies and feminist understandings of the body as a “material-semiotic generative node” that is shaped through knowledge and social interaction (Haraway 1999) to argue for a “denaturalization” of impairment in disability studies. This reconfiguration opens the possibility to think about mental illness as an embodied experience that has real physically disabling effects that are nonetheless produced through discourses and social interactions. How we live in our bodyminds is never neutral but always in articulation with the context in which it is inscribed.

Donaldson’s critique also sheds light on the dangers of romanticizing madness as rebellion. She warns that conflating madness with feminist rebellion risks perpetuating two myths: On the one hand, it encourages the medical field to continue to believe in female insanity. On the other, it nourishes the idea that mental illness does not really exist. It is within this context that she proposes to use the term mental illness rather than madness arguing that it makes possible a closer attention to both the physical and social dimensions of psychological impairment. With the recent development in the neurosciences and psychopharmacology, mental illness is particularly organized around questions of biology and corporeality which

must also be questioned to make better demands when it comes to women's mental health care. For feminist disability scholars, speaking of mental illness in medical and physical terms is necessary to fully advocate for the rights of women and people living with psychological disabilities and their right to receive appropriate care. While medical discourses have focused on producing mental illness as an objective, individual, and solvable medical problem, feminist disability studies' reappropriation of the term mental illness foregrounds the corporeal experience of mental illness as produced through social and medical interactions.

Alison Kafer (2013)' political/relational model of disability further theorizes the need to move beyond an impairment/disability dichotomy. She warns that this model risks obscuring people's needs for care and relief. Instead, she proposes a political/relational model of disability as an alternative to account for how medical interventions may be embedded in ideological biases while simultaneously desired by people who are seeking to feel better: "neither opposes nor valorizes medical intervention; rather than simply take such intervention for granted, it recognizes instead that medical representations, diagnoses, and treatments of bodily variation are imbued with ideological biases about what constitutes normalcy and deviance." (Kafer 2013, 6). At the same time, it also recognizes that one may need this care regardless. This aspect is critical to the gendering of mental illness since the medical system is both responsible for making women's bodyminds as the standalone for sickness, but proper care is also key to women's rights and well-being. In considering medical intervention, this model criticizes the ideological biases behind what constitutes a "healthy" bodymind while recognizing one's desire for care and relief. For mental illness, it means understanding that recovering, healing or just finding relief from the debilitating symptoms of mental illness cannot be understood apart from the context in which these discourses are mediated but at the

same time acknowledging that they can provide relief. On that note, Kafer concurs that cure and disability justice are not mutually exclusive. The desire for appropriate care is as much a desire to feel better in one's bodymind as it is one for basic human rights.

Mental Illness, Embodiment and Social Media

The experience of mental illness is further shaped by the material and social conditions under which women are living and the intersection of oppression within their lives. A set of scholars have addressed these contingencies to consider the embodied dimension of mental illness. Susan Bordo (1993)'s study of eating disorders in women has shown the relation between gendered pathologies and their social conditions. She argues that conditions like anorexia are the expression of women's internalization of regulatory discourses and a bodily response to their discrimination. She argues that the feminine body becomes a site of labour rather than a "passive tablet on which disorder is inscribed." (1993, 67) that is not biologically determined but the product of a social and cultural context and particular gender relations. Here, mental illness is not a performance or something women take up as resistance, but a very felt condition that is shaped by their social environment. Feminist and queer scholars of affect have also shed light on the social production of emotions and the incidence of politics on our bodyminds (Ahmed 2004; Cvetkovich 2012). Ann Cvetkovich (2012), for example, challenges biomedical discourses of mental illness in arguing that feelings of despair and anxiety that we have come to understand as depression are the affective experiences of life under neoliberalism.

Arseli Dokumaci (2023)'s theory of "activist affordances", is inscribed in similar reflections and the need to situate the material body in its material environment. She notes that recent theoretical and epistemological considerations of what it means to be abled-bodied when

living under colonialism, racism, sexism and other forms of oppression and discrimination, have further questioned the politics of disability more largely as being centered on Euro-American experience and the need to decolonize disability politics (Puar 2017; Grech 2015; Ghai 2017). These considerations have demonstrated how processes of colonization and racialization not only mark bodies discursively, but materially as well, and the need to account for those differences and inequalities in disability studies. While these conversations have mainly centered around physical disability, their propositions are crucial for thinking about the embodiment of mental illness as also produced in relation to the environment in which we live. Within these considerations, “activist affordances” offer a way to think about how disabled people, in the face of bodily and environmental constraint and limits, are “*making up* and *making real* within the limits of the spaces and situations we have found ourselves in and the bodies that we have to live with.” (2023, 9). The idea that people find ways to live in the worlds and bodyminds they inhabit is a crucial dimension of this dissertation. Dokumaci’s theory is a way to begin to think about self-care as media practice as itself an “activist affordance” that women “make up”, to borrow Dokumaci’s formulation, but also social media as itself an environment they must learn to inhabit and through which they learn to live with mental illness.

This latter dimension is necessary to consider as the embodiment of mental illness is increasingly shaped by digital technology and social media platforms. Scholars across the humanities have been arguing that social media are now integral to the ways in which we make sense of ourselves and our bodyminds, a primary site of public pedagogy where people learn about their health and their bodyminds (Fullagar, Rich, and Francombe-Webb 2017; Camacho-Miñano, MacIsaac, and Rich 2019; Tucker and Goodings 2016). Susan Fullagar, Emma Rich and Jessica Francombe-Webb (2017) posit that digital media, from gamified therapies to social

media apps and wearable technology, “invite particular ways of knowing embodied distress” (2017, 1) through human and technology relations⁹. Young people’s distress is not only represented, but also mediated, materialized, and made culturally tangible through “techno-affective entanglements in which getting to know oneself is articulated with various therapeutic publics.” (2017, 9). In their study of the (then) mental health social media site Elefriends, Ian M. Tucker and Lewis Goodings (Tucker and Goodings 2016) observe a similar phenomenon in how people use the app to make sense of the influence of psychiatric medication on their bodies. They posit that people’s feelings about medication, and how it impacts their bodies, is now shaped by their online interactions. They observe that people experience modifications in their bodies from taking medication and that this very experience is transformed by exchanges with other “medicated bodies” on Elefriends. These studies build on affect theory to make sense of how experiences of mental illness emerge in and through social media and digital technologies. In a study that considers practices of care on mental health apps, Tucker and Goodings (2017) particularly use of affect as “a way of following the unfolding of life through milieus that are always-already embodied, technological and affective.” (2017, 630). With their concept of “digital atmospheres” they argue that experiences of mental distress, and their practices of care, are “shaped by encounters with Elefriends as an object-technology, as well as a mediating space for encountering other people.” (2017, 640). I build on these studies to think about self-care as media practice that shapes how women learn to live with mental illness through a network of technological, social and affective relations. I explain my use of affect

⁹ New materialist scholarship has also considered the entanglement of bodyminds and technologies to think about embodiment, power relations, and agency in human and nonhuman habitual relations notably through the study of fitness apps and digital health devices. These studies have explored the agency of both digital devices and the sensing bodies in generating relationalities through more-than-human assemblages (see Lupton 2019).

theory in the last section of this chapter, but before I do that, I must make sense of what it means to take care of oneself for women in neoliberal societies and especially on social media platforms not designed for mental health.

It is in relation to these recent reflections in feminist disability studies, critical disability studies and media studies that I use the term “mental illness” to refer to the embodied experience of psychosocial ailment as shaped through social, material and technological relations. My understanding of mental illness as embodied here refers to the material realities of women (i.e. their social conditions and environments) as well as their bodymind sensations and feelings. Understanding mental illness as embodied opens the possibility of thinking about women’s use of Instagram as a way learn to live with mental illness using the tools available to them. I theorize this idea in the third section of this chapter where I connect the theories made in feminist disability scholarship with those of feminist and queer theories of affect. I argue that affect theories that consider the cultural and social lives of emotions are useful for thinking about the entanglement between the discursive and the material in the production of emotions and the possibilities that may arise when we use social media for mental health care.

Self-Care under Neoliberalism

Self-care is another core notion in this dissertation. In *A burst of Light and other Essays*, Black author Audre Lorde writes that “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.” (1988, 125) This quote is often cited as the origins of self-care as an act of resistance against oppression. Self-care has since become a buzzword, stripped of its Black feminist origins and reshaped to fit within the individualistic

ethos of neoliberalism. In the last decade, self-care has become a common topic in mainstream culture. News articles were dedicated to the popularity of the concept, artists named songs after it (i.e. Solange's 2016 song "Borderline (An Ode to Self-Care)") and the hashtag #selfcare was used profusely on social media under posts about a variety of wellbeing practices ranging from yoga and meditation to luxurious baths and skincare routines¹⁰. This section explores how the concept has shifted and transformed since the publication of Lorde's essays, what it means for women living with mental illness and how this research is situated within these contemporary debates.

Self-Care, Mental Health and Therapeutic Cultures

The free-market ideology and policy reform model of neoliberalism has been the governing ethos since the 1970s. Even though neoliberal politics have emerged in Western, industrial, rich, and "democratic" settings, their characteristics have become global practices in forms of intellectual and cultural imperialism (G. Adams et al. 2019). Neoliberalism is not just a political orientation, but a cultural form that permeates knowledge production and subject formation by means of institutions, practices, and popular culture. Neoliberalism differentiates itself from classical liberalism in its focus on personal growth and self-expression in detriment to other liberal values such as equality or civic obligation. The core belief of neoliberalism, even though there are debates around its definition, is that freedom of trade and capital -- and little state intervention in social affairs -- is the ultimate path towards human progress. This

¹⁰ See Jina B. Kim and Sami Schalk's 2021 article "Reclaiming the Radical Politics of Self-Care: A Crip-of-Color Critique" for a thorough overview of how the term has appeared in these different areas since 2015.

means encouraging practices that require little state funding while privileging the private sector for delivery of services. These market logics extend to all aspects of life including subjectivity, psychological experience, and the media. Neoliberalism is not just an ideology, but a “cultural form” whose authority is implemented through “patterns of ideas and their material manifestations in institutions, practices, and artifacts.” (Adams et al. 2019, 191). The popularization of self-care fits within this framework wherein buying skin care products and luxurious bath bombs is presented as solutions to our problems through mediated discourses and representations.

The popularity of self-care is indicative of a broader "psychological turn" within neoliberalism. The psychological turn refers to a shift in focus towards individual psychological well-being, self-regulation, and personal responsibility within the larger context of neoliberal ideology (G. Adams et al. 2019). This shift positions confidence, creativity and resilience as personal assets that individuals must cultivate to succeed in a competitive, market-driven society (Gill and Orgad 2018). These notions emerge as central themes in popular culture in genres such as self-help literature, lifestyle magazines and aspirational social media content through which people are compelled to develop these attributes and qualities. Within this framework, individuals are encouraged to manage their own mental health and emotional states as part of the neoliberal emphasis on self-optimization and entrepreneurialism. This is an extension of what Robert Crawford (1980) has identified as “healthism”, a concept which refers to the infiltration of neoliberal concepts of deregulation, competition, choice, and privatization within the management and understanding of health as personal endeavour. Under neoliberal politics, health is no longer a social problem, but a reflection of one’s capacity to make the appropriate lifestyle choices. A person’s health is perceived as their responsibility and a

reflection of who they are. The good neoliberal subject practices self-care not just for themselves, but as a form of virtue signalling. The psychological turn can be seen as the result of austerity measures in Canada and elsewhere which have been felt especially in the domains of public policy including health, employment and welfare.

In mental health policy, this has translated into a reduction of publicly funded services in favour of discourses of “responsibilization” and “individualization” wherein individuals themselves, but also their families, communities, and workplaces, are the ones responsible for care (Teghtsoonian 2009). This focus aligns with neoliberal values of autonomy, individualism, and self-governance, where the burden of managing psychological well-being is placed on the individual rather than on social, economic, or political systems. Neoliberal programs further nourish individualized understandings of mental illness and the longstanding idea that psychological impairments are individual biological “problems”, rather than stemming from social and economic inequalities, that people must “overcome” on their own. Needless to say, neoliberalism has contributed to developments in our understanding and response to mental illness and an increase neoliberalization of health care in part through cost-cutting in health and social services, the privatization of mental health care and a push towards self-management alternatives (Esposito and Perez 2014). Not only is this self-management condition putting enormous pressure on individuals who are already suffering, it can exacerbate feelings of guilt and failure that can come when one is unable to “restore” their mental health through proper self-care. Furthermore, neoliberal mental health care is deeply entangled with the biomedical model of mental illness as it focuses on the individual responsibility of illness. The medicalization of mental illness since the 1990s, which prioritizes drug therapy over addressing the social causes of mental illness, further establishes individualization and responsibilization

as the guiding principles of care. The biomedical model's focus on individualizing "disease" favors neoliberalism by suggesting a "quick" fix treatment so people can maintain their productivity, another leading tenet of neoliberalism. Within this system, any thought or behavior that challenges the market's definition of "functional, productive, or desirable" must be brought back to their productive selves in part through medication (Esposito & Perez 2014, 417). At the same time, the neoliberalization of mental health care only exacerbates health inequalities and social exclusion and puts an enormous strain on the health care system, conditions that were particularly laid bare during the Covid-19 pandemic (Byrne, Barber, and Lim 2021; Santarossa et al. 2022). It is necessary to contextualize my participants' Instagram practices within the context of the neoliberalization of mental health care because it explains why their needs are unmet, and therefore why they would turn to social media to find care and relief. It also explains, however, how the logics of neoliberalism are pervasive and hard to escape, especially regarding the very concept of self-care. This is not to say that all forms of self-centered endeavour are necessarily guided by neoliberalism, but rather that the ideological foundations of individualization and self-responsibility are mining mental health conditions in ways that are disguised as liberation.

The psychological turn in neoliberalism has further materialized into a "therapeutic turn" (Madsen 2014) and the rise therapeutic cultures. Therapeutic culture can be defined by the pervasion of emotions and psychological vocabularies into everyday life and culture to make sense of human life in neoliberal times (Madsen 2014; Illouz 2008; Wright 2011). This focus on the psychological produces a "therapeutic ethos" that, according to sociologist Eva Illouz, has spread globally through an instrumentalization of psychological notions of well-being and self-knowledge in consumer media (Illouz 2008). In today's digital media landscape,

therapeutic culture is reshaping into a broader cultural phenomenon where moods are increasingly mediated and made into tangible technological and cultural objects through the use of mood trackers and other well-being apps (Fullagar, Rich, Francombe-Webb, et al. 2017; Avella 2024). This means that emotions and mental distress are no longer just mediated within the spaces of the therapists' office, but in many other areas, including on Instagram. Illouz (2008) argues that "the boundary between specialized psychological knowledge and so-called pop psychology is porous in that both the professional language of psychology and its popular version address the self, using similar metaphors and narratives (2008, 13). This is possible through the popularization of self-help literature since the 1990s, but also now through online coaches, YouTube channels and Instagram therapists that all encourage self-care through reflections and tools for individual emotional management. Self-help focuses on personal identity work, putting once again the responsibility of mental health care on the shoulders of individuals.

The concept of therapeutic culture helps to further understand the pervasiveness of neoliberalism within our psychological lives as forms of control and regulation, notably through Michel Foucault's concepts of governmentality and subjectivity. Governmentality refers to the practices that govern or regulate populations—from economic policies or architectural features to gender norms and the self-regulation of individuals. Governmentality is about managing life through various practices, from surveillance to health care, shaping how individuals understand themselves and their roles in society. This characterizes a shift in how Foucault understands the production of madness as well from produced through the punishment

of bodies to a disciplining of the soul¹¹. Foucault understands how subjectivity is produced within this context through the concept of “technologies of the self” which points to how individuals engage in self-practices to shape their identities. These are the ways people govern themselves, manage their behaviours, and create meaning about their lives, often in relation to social norms or institutional expectations. This includes practices such as self-surveillance and self-care. According to Nikolas Rose (1998), psychological knowledge works as a form of “technology of the self” in the neoliberal production of autonomous self-responsible and self-realizing individuals. He argues that psy-knowledges have been central to contemporary forms of power and the possibility to govern people while maintaining the principles of liberalism. Psy-knowledges are central to the “elaboration of a know-how of this autonomous individual striving for self-realization.” (Rose 1998, 17). Psy-knowledges produce a "regime of the self" that creates a dichotomy between the "normal", stable and rational self, and the "abnormal", unstable and irrational other (Klein and Mills 2017). Psychology, Rose concurs, participated in the creation of a unified social body around notions of health and normality but also identity, autonomy, individuality, liberty, choice, and intentionality further asserting the idea that mental illness is an individual issue. In this context, the process of working towards becoming actualized selves is presented as a personal endeavour towards success. In the therapeutic ethos, one must be able to overcome their suffering and there is little space for being sad.

¹¹ Foucault theorized these concepts to think about the epistemological shift that marked the end of the 18th century, with the French revolution, when criminals were no longer punished through the body but disciplined through the soul. This shift in medicine, science and penitentiary systems in the West installed the practice of rehabilitation and “cure” that would later be used within the institutionalization of madness and now through its subjectification through self-disciplinary practices.

Self-Care and Gender

Self-care and therapeutic culture discourses particularly target girls and young women through the empowerment promised by confidence culture, aesthetic labour and self-realization (Orgad and Gill 2022; Elias, Gill, and Scharff 2017; Petersen & Madsen 2023). Feminist scholars have demonstrated that—within the logics of neoliberalism—self-care has become a tool in the production of self-enterprising and self-optimizing women. Through self-care discourses and trends, women are encouraged to be subjects of capacity who can reach well-being through the enactment of the aspirational ideals of the healthy, empowered and confident woman (Orgad and Gill 2022; Banet-Weiser 2015). On social media, the use of the hashtag #selfcare is often tied to notions of consumption and performance wherein the capacity to enact self-care becomes a sign of one's value under postfeminism.

Postfeminism mediates women's experience through the neoliberal vocabulary of choice and empowerment and presents women's condition as no longer depending on systemic changes, but on women's capacity to take change into their own hands (McRobbie 2011, Keller 2015). Social, political, or economic constraints are no longer perceived as barriers to women's success. Instead, it is in women's hands to transform their own conditions through practices such as self-care. Neoliberalism subjects women's health to discursive and material assemblages that Sarah Riley, Adrienne Evans and Martine Robson (2018) describe as "postfeminist healthism". They argue that neoliberalism "structures the way women may make sense of themselves and are made sense of by others in ways that have direct consequences for their health." (2018, 2) Through intersections of postfeminist sensibility and healthism postfeminist healthism creates a "normative expectation for women to be confident, sexually

agentic, and efficacious and successful, in their life plans for public roles, paid employment, intimate relationships and embodied health” (2018, 6). Postfeminism encourages a normative femininity that pushes women to work hard on themselves to live their best life possible, relying on the idea that all women have access to the resources they need to work on themselves and their bodies. In a therapeutic culture, self-knowledge and self-improvement are presented to women as promises of power (Becker 2005). Dana Becker notes that “the repacking of the psychological as power reproduces what has long been the cultural norm for women: the colonization of both the interior world of the psyche and the small world of intimate relationships.” (Becker 2005, 1). Wellbeing is presented in the form of products and practices like those of self-care that women must acquire to find happiness. Conversely, there is an underlying understanding that if women fail to meet these cultural ideals, it is a sign of personal failure rather than because of economic and social barriers. Postfeminist healthism is an important concept for making better sense of women’s health-related social media practices since it sheds light on the shifting landscape of gender relations in the twenty-first century as women are more and more put at the center of a new forms of civic participation.

The consequences of neoliberalism on women’s health and subjectivity are plural and contingent on women's social positions. Postfeminism is a racialized domain, and it relies on a specific definition of womanhood to thrive. White, middle-class women are often the norm of postfeminist representations and postfeminism is embedded in capitalist labour forces from which women of colour's labour is necessary yet unrecognized (Nakamura 2015; McRobbie 2011; T. A. Kennedy 2017). While White women are always invited to be more "empowered", women of color are critiqued for it. In other words, not only does postfeminism encourage a particular representation of women, it also presents empowerment as only accessible to certain

women and not others thus reinforcing already-existing power imbalances and social barriers (Gill 2007). The very idea that women can "change" their condition by themselves implies an erasure of the structural violence and limitations that women encounter when they try to do so when living at the intersection of multiple oppressions of race, class, sexuality, or disability.

In her paper on postfeminist media culture, Rosalind Gill (2007) notes that one of the core themes of postfeminism is that femininity is produced as a bodily practice and that women's success and identity lies in their physical appearance. Her argument is that women's bodies are both a source of power and disgust, demanding constant self-regulation and discipline to control their unruliness and demonstrate self-control. This preoccupation is deeply tied to questions of psychological well-being since (to be able to control one's body) one must have control over one's mind. Femininity not only requires body work but increasingly relies on psychological self-work (Gill and Orgad 2015; Gill and Scharff 2013). Postfeminism is increasingly developing around a new psychological language that encourages women to celebrate themselves and find their inner power (Gill and Elias 2014). Rosalind Gill and Shani Orgad identify this phenomenon as "confidence culture". Women's gendered social positions are reframed through therapeutic narratives suggesting their lives are "incomplete" because of a lack of self-esteem. "Rather than identifying the root causes of structural inequality," they note, "confidence culture reframes social injustices in terms of internal obstacles and personal deficits through, for example, familiar phrases such as 'Your lack of confidence is holding you back,' or 'We do this to ourselves'." (Gill and Orgad in *The Conversation*). Psychological self-work is presented as the solution to all problems and as the way to break down social barriers.

This work on the self relates to notions of affective labour and emotional work which are central to neoliberal politics. Social media commodify audiences in gendered ways (2015).

Kylie Jarrett (2015) notes that the immaterial labour produced through social media is gendered since it is often invisible, unpaid, and affective – categories that are feminized. She argues that social media platforms produce “affective intensities” that provide reward-like feelings and encourage people to continue engaging on social networks, a process that is typical of neoliberal consumer capitalism. Michael Hardt and Antonio Negri (2001) define affective labour as a type of labour that is structured around the creation and management of emotions, relationships, and social connection. It is a key component of contemporary capitalism and neoliberalism, where value is increasingly generated through affect, communication, and human interaction rather than material goods. Affective labour is a form of immaterial work that does not result in tangible commodities but rather influences people’s moods, social bonds and subjectivities. Affective labour is to be differentiated from Arlie Hochschild (2012)’s concepts of emotional labour, which rather entails the display of emotions in a paid employment context. The concepts are often used interchangeably yet they are not the same. Affective labour is usually associated with women’s work in the domestic sphere and service industry (Gregg 2009), and it is now central to building social capital on social media. Social media scholars have recuperated the concept to study social media practices as a form of immaterial labour that is generated through emotions and that relies on differentiations of gender, race and class (Jarrett 2015; Nakamura 2015; Duffy 2016). I use the concept of affective labour in this dissertation to speak of the underrecognized work of care that my participants do for themselves and their communities and the value it produces for them but the platform as well.

The shift from external to internal work represents a change in how power operates regarding women’s mental health, from the external power of the male medical gaze to self-

control which translates into even more insidious forms of control. In this disciplinary regime, Gill notes, “power is not imposed from above or the outside but constructs our very subjectivity.” (2007, 152). Women are encouraged to pursue a specific kind of self, one that is emotionally stable or working towards gaining self-knowledge. Self-work, and self-knowledge are key aspects of postfeminist sensibility. The "enterprising of the self" is further augmented by the fact that women and other marginalized communities are encouraged to work on their emotional world as one would work on building their own company. This is further articulated through a focus on self-surveillance, self-regulation, and self-discipline in postfeminist media culture. To obtain the desired femininity described above, women are required to transform themselves and make over their interior life. Women are not just expected to work on their body through exercise, diet, and beauty routines, they are also expected to work on their minds through journaling, self-care, and therapy. The scrutiny of women’s affective states under postfeminism restructures the association between gender and mental illness this time through discourses of self-control that imply women are “naturally” unwell and therefore must always regulate themselves. This discourse, much like madness, positions women’s mental health within a system of well/unwell and normal/abnormal that relies on their capacity to take care of themselves regardless of their social position. Within this framework, self-care, and its performance, can seem like an attractive practice for women living with mental illness who are tired of being seen as “abnormal” and who want to distance themselves from the stereotype of the mad woman. At the same time, it can create additional expectations on women that may trigger feelings of stress and anxiety proper to neoliberalism.

While women were once overrepresented among the mentally ill, they are now portrayed through figures like the “can-do girl” (2004) of postfeminism, always actively

working on herself and her personal well-being. This is particularly noticeable in the prominence of women's magazines' articles and social media posts on self-care, often presenting self-work in the form of products one can acquire. Social media plays a central role in producing self-optimizing women since it provides an imaginary for the "desires, investment and attachments through which subjectivities are made available to inhabit.", Gill and Kanai (2018) note. Social media are spaces where new injunctions and prohibitions on how to feel are vehiculated, as well as materialized through affective attachments. Akane Kanai develops this idea around the notion of relatability and how femininities are affectively produced through a normative framework of relatability within neoliberal cultures. She associates this kind of collective form of collective identification to Lauren Berlant's (2008) concept of an "intimate public", i.e. a culture or community structured around the circulation of media and culture that claims to represent or address the interests and desires of subjects, with the aim of creating a sense of belonging around common attachments¹². For Berlant, the formation of intimate publics can commodify intimacy and produce "normative intimate desires" as much as it can hold potential for expansive forms of identification for "nondominant people". Akane Kanai (2019) looks at the former to theorize relatability "as an affective relation produced through labour that reflects a desirable notion of common experience to an unknown audience." (2019, 4). Through the affective relation of relatability, women are presented with normative modes of identification and subjectification that prioritize positive emotions such as confidence,

¹² Berlant argues that women's culture operates as an intimate public shaped by the interplay of sentimentality and femininity wherein both form and content produce the ambivalent anxiety associated with the feminine. Berlant notes, "women's culture" was one of the first to be massively mediatized as an intimate public in the United States, notably through the circulation of writings by white middle-class women who produced the idea of a common space for them, and one that was intended to be for "all" women. Women's culture rests on the idea of a similarity between women based on a common gender identity and history.

empowerment and aspiration (Orgad and Gill 2022; Banet-Weiser 2015; Duffy 2016) as opposed to the more negative emotions that are usually associated with experiences of mental illness such as sadness (Thelandersson 2023). This paradigm keeps women in a double bind where they must find a perfect balance between the expression of confidence and vulnerability.

These analyses provide critical insight into the kind of discourses of self-care that women may encounter on social media when they care for themselves and how they may work as regulatory practices especially when taken up by women in the hopes of feeling better. This connects to the idea introduced earlier in this chapter that practices of care are never free of ideology, yet it doesn't mean that they cannot provide relief. As a result, the theorization of self-care as solely individualising overlooks the transformational potential of these practices, especially when taken up against increasing gendered pressures to self-optimize and limited mental health resources. They fall short in providing a more nuanced account of women's agency regarding these discourses, what they can find in these types of content, and how they negotiate with them. For women living with mental illness, the framework of relatability can exacerbate feelings of inadequacy when they don't relate, as much as it can provide hope and the possibility to inhabit their bodyminds differently when they do. I come back to the notion of relatability in Chapter 3 in considering how my participants negotiate these affective attachments and relations in caring for themselves.

To make better sense of how women relate to postfeminist media requires more nuance especially in considering experiences of anxiety and distress. Critical psychologist Lisa Blackman (2004), who has studied women's self-help magazines, provides a compelling account of the limits of media analysis that focus solely on discourse. She argues that studies of media consumption must consider "cultural production through social and cultural practices

and how media and cultural forms work alongside or in conjunction with these ‘already constituted’ fears and desires.” (2004, 1). Although media consumption articulates differently on social media, Blackman sheds light on the dialectical relationship between media and their readers, an understanding that is still of relevance today. She notes that media like self-help do not just produce “cultural anxieties” and “dilemmas”, but they bring forward experiences that are already part of women’s lives. Women’s magazines evoke common social experiences such as losing a job, getting sick or going through a breakup as “stimuli” for self-improvement through the “embodied negotiations of the different kinds of cultural anxieties and personal tensions that readers bring to the text.” (2004, 15). Women see themselves in the bodily sensations and anxieties represented and it is through that relationality that they take on the need to self-realize. I am particularly interested in this dissertation in the possibilities that these affective relations hold for women who may not be able to find their experiences represented elsewhere and for whom other forms of care are not necessarily accessible.

While the rise of therapeutic cultures has been understood as an insidious form of control, especially for women, a glimpse into how people engage with its mediated material proves it is more complex. On that note, Illouz (2008) advances that the mediation of therapeutic discourses can provide vocabulary, tools and strategies for coping with personal issues but also that it has shed light on stories and patterns of abuse and violence which may not have been recognized without it. While we may not be able to escape the guiding principles of neoliberalism, Illouz (2008) argues, these logics may nonetheless be transformative when used with a “voluntarist responsibility for the future.” (2008, 186). Katie Wright’s (2011) investigation into people’s experience of therapy further points in that direction. She notes that “stories of emotional angst suggested that a therapeutic worldview offered a means of framing

and articulating experience, and as such provided people with a resource for managing uncertainty and difficult situations.” (2011, 4). As the therapeutic continues to make its way into our lives, it seems more than necessary to consider how these mediated discourses function in the lives of people and how they make sense of it.

Audience reception analysis of self-help literature and other engagement with therapeutic materials by people living with mental illness adds additional nuance to the complexity of therapeutic cultures. Scott McLean (2015)’s study of reading self-help for mental health reveals that it can be used as an alternative or compliment to expert care. He particularly focused on how these practices inserted into the lives of individuals for example the context in which self-help reading takes place and how they engage with self-help books. Participants revealed that reading provided comfort and helped them feel less alone, again pointing to the act rather than the content itself. Another study conducted by Laura Bruneau et al. (Bruneau, Bubbenzer, and McGlothlin 2010), this time through a phenomenological approach, found that self-help reading helped their participants make sense of their current situation and engage in transformative processes.

Scholars of colour have been critical of the assumptions behind the critique of therapeutic cultures as well. The critique of wellness cultures often relies on the assumption that the people who buy into these narratives are middle-class white subjects, thus implying that adhering to self-help or “alternative” health discourses necessarily comes from a place of privilege. In her dissertation on Black women’s experience of well-being in digital media, Shanice Jones Cameron (2022) notes that missing from this conversation is the perspective of marginalized groups such as Black women and what holistic health practices represent for them. She argues that we must acknowledge the subject who engages with these practices

instead of automatically categorizing them as “frivolous” (Cameron 2022, 34). This relates to Sara Ahmed’s (2014) reclaiming of self-care’s political history. Ahmed builds on Lorde’s definition of self-care to conceptualize it as an act of political warfare under neoliberalism. In this essay, she concurs that when one is disadvantaged by a system, it makes it harder for them to find resources outside that system. This doesn’t mean, she argues, that one accepts the structural inequalities that have led to these limitations but that they are “coping with” and “getting by” and “making do” with what they have available (Ahmed 2014). Amy Shields Dobson’s (2016) study of young women’s self-representation provides additional insight to what these practices may look like on social media. Building on Berlant’s notion of intimate public, Dobson argues that “media practices and representations that are not usually obviously ‘resistant’ or politically ‘subversive’ (...) can be seen as cultural modes of ‘survival’ and ‘getting by’.” (2016, 2). She posits that young women’s contested and controversial practices of self-representation that are judged ‘sexualized, risky, cringe-worthy, or pathological’ offer particular modes of survival under the conditions of postfeminism. In similar ways, practices such as those related to “Instagram therapy” that are pathologized and may be judged as “unimportant” can be necessary to the lives of women living with mental illness. Laurie Ouellette and Jacquelyn Arcy (2015) complicate this notion in arguing that analysis that focus solely on the neoliberal dimension of digital media interactivity and self-representation “overlooks the extent to which digital technologies can also be harnessed to engage in everyday practices of feminist self-making and care.” (Ouellette and Arcy 2015, 95). Like Ahmed, their argument is not that digital media practices are inherently feminist or disruptive of gender norms and power dynamics, nor that neoliberalism nor postfeminism overdetermine digital expressions, but that other possibilities for self-making exist within online spaces. Attending to

self-care practices sheds light on the complexities of survival strategies, the different forms they can take on social media and what they mean for women.

Throughout this dissertation, I demonstrate that women use Instagram to care for themselves in ways that are healing and soothing while always negotiating with the omnipresence of neoliberal and postfeminist health logics. Therapeutic culture as it manifests on Instagram, however, departs from traditional self-help literature and how it has been studied so far since women are not just audiences, they actively engage with the content in various ways. Jones Camerons' argument is important here since it requires that we take into consideration the practices that surround these forms of "alternative" health.

Self-Care and Disability

Although women's mental health is implicit in postfeminist discourses, the question of mental illness, and disability more largely, is rather absent from these conversations. Taking care of oneself as a woman living with mental illness is not just a question of resisting gendered norms, but also resisting the pathologization of women's emotions while finding validation, relief, and proper care in the face of limited resources. Jina B. Kim and Sami Schalk (2021), who are both queer women of colour working in disability studies, note that the absence of disability from the conversation on self-care is ironic since Audre Lorde's writing on self-care is grounded in her own experience as a Black lesbian living with cancer at a moment when she learned her breast cancer had moved to her liver. In their redefining of self-care, Kim and Schalk remind us that Lorde's writing on self-care was not just related to political warfare, but to the very act of "learning to live with cancer" (2021, 329) as a constant negotiation of pain, medicalization, racism, sexism and homophobia with the goal not of finding a cure but to

continue living. Lorde described self-care, they remind us, as a more complex practice of “taking care of herself to ensure both quantity and quality over her remaining time.” (2021, 330). This included practices that could be found in today’s self-care, such as relaxing and meditation, but could also be found in seeking information about one’s sickness to make better informed decisions, talking to other people with similar lived experiences, and looking for alternative treatments. In the face of debilitating symptoms, self-care is also a necessary act of finding relief through rest, joy, and other soothing affects. These practices can be linked to other cultural work such as knitting, which offer joy while being central to feminist, queer, antiracist, disabled politics (Piepzena-Samarasinha 2018). The notions of relief, information and joy are all present in my participants’ practices as core components of how they use Instagram as they “learn to live with” mental illness to take on the words of Lorde. In this dissertation, I follow Kim and Schalk’s claim that self-care is not just political resistance, but it is a question of livelihood for sick and disabled people who want to feel better and live the best life possible.

I make sense of the self-care practices that are the topic of this dissertation in relation to these recent conversations around self-care within feminist, queer and disability studies. I understand these practices as “ordinary ways of coping” (Ahmed 2014) that women living with mental illness take up against a backdrop of gendered biases and scarce mental health resources. While we must acknowledge that self-care under neoliberalism relies on gendered and racialized discourses of mental health and wellbeing, one of the main arguments I make is that we need more spacious frameworks that account for those nuanced, complex and at times ambivalent everyday practices of care that are essential for women living with mental illness

who continue to face stigma, medical bias and gendered pressures daily. Missing from these discussions, however, is how self-care materializes on social media not just as a discourse or performance of the self, but to adapt Ahmed's words, as "ordinary ways of coping" *with* media in the process of learning to live with mental illness.

Self-Care as Media Practice

To consider what women do with media to take care of themselves demands a theoretical turn away from discourse towards practice as a more capacious concept. In this chapter, I situate my understanding of practice in relation to a set of scholarship within media studies, critical disability studies, feminist media studies and affect theory.

Media-as-Practice

Practice, in feminist media studies, has been used largely to refer to women's everyday acts of media making, ranging from crafts (such as knitting, crocheting and other fiber arts), zines and scrapbooks, as well as social media activism and self-representation (Piepmeier 2009; Boon and Pentney 2017; Mecklenburg-Faenger 2007; Dobson 2016). Feminist scholars in the tradition of audience studies have also looked at how women use media in their everyday lives in ways that reveal complex negotiations of patriarchal discourses and norms (Radway 1984). From the distribution of pamphlets during the women's health movement to practices of reading romance novels, media, as habits and techniques, have always been part of how women care for themselves, a dimension that has become even more central with the development of the Internet and social media (Clark-Parsons 2018). To consider self-care as media practice,

meaning that it is not just a text or a tool, is to consider media as social processes that are embedded within our everyday lives.

In his essay “From Medium to Social Practice”, Raymond Williams writes that a medium is a “practice, which has always to be defined as work on a material for a special purpose within certain necessary social conditions.” (1977, 160). This means that media practices are shaped in interaction with the materialities of media, as well as their social, cultural, political and affective properties. These dimensions inform how we use media and how media impacts us in return. Although scholars have long studied media practices, especially when it comes to feminist research and looking at how media inserts itself into the lives of women to make sense of their realities, there has also been a lack of definition and theorization around the term's use.

The turn towards “practice” in media studies emerges as a response to these lacunae. At the turn of the 21st century, Nick Couldry (2004) called for a new paradigm in media research taking inspiration from the “practice turn” in sociology, which suggested that the everyday actions of individuals and social structures are co-constitutive of one another¹³. With regard to theories from which the “practice” turn has emerged, Andreas Reckwitz, defines practice as “a routinized type of behaviour which consists of several elements, interconnected to one another: forms of bodily activities, forms of mental activities, ‘things’ and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge.” (2002, 249). In media studies, this translates into a move beyond media effects or

¹³ Practice theory is founded on the work of philosophers and sociologists including Pierre Bourdieu, Anthony Giddens and Michel De Certeau who explored the role of practice in relation to power and social life. Key concepts include De Certeau’s theorizing of strategies and tactics in how people negotiate with power.

audiences, to consider instead the whole spectrum of practices that require media and how media itself guides social practices. Couldry (2012) argues for a media-as-practice framework that looks at media from the lens of social practices, highlighting how individuals interact with, produce, and consume media in their everyday lives. Practice theory is a way to consider what people are doing with media and avoid the categorization of their practices as either “consumers” or “creators”, categories that are becoming more and more porous with digital media. This can extend to practices that surround the use of media meaning that they are media-related but that it doesn’t matter whether people are directly engaging with them or not (Hobart 2010). Media practices can range from viewing media to making media in non-hierarchical ways. In relation to these arguments, Natalie Hendry (2020), in her dissertation on young people's social media practices, notes that this means media practices are always embodied whether people engage with them materially or symbolically.

What is interesting in Couldry’s framework is that he considers practice theory not to understand other phenomena through the object of media, but to make sense of the very “media-oriented practices” (2004) that shape people’s everyday lives. He draws on Pierre Bourdieu’s notion of habitus and Theodor Schatzki’s study of everyday routines to redirect attention from media objects to media users and their social contexts. This framework suggests, instead of assuming how media affect people, to ask people what they do with media and how they make sense of their practices in relation to the conventions and norms of their environment but also their needs and desires — an aspect that is more than relevant when thinking about the role of social media in mental health care. This doesn’t mean to ignore the power relations in which media are more largely embedded but, as Couldry argues, practice (and social theory) is a way to consider “the construction, representation and contestation *of* the social.” (2012, 8).

Following Couldry's (2012) argument, this implies attending to people's habits, how their media practices enter in relation to their social environment, and how these practices relate to how people make sense of their lives and livelihood in relation to media. This requires accounting for how individuals incorporate media into their daily routines, including (for my purposes) self-care, and how these practices may be shaped by their social environment. In relation to the question of livelihood, John Postill, in *Theorising Media and Practice*, writes that a "a practice theory approach to media suggests that people use a range of media partly to try to maintain – not always with success – a sense of ontological security (...)." (2010, 18) This directly connects to care and how people may use social media as ways to learn to live with sickness or disability. In short, media practices are oriented by our needs, but always in articulation to a social context and its configuration, what possibilities are available to us and those we imagine for ourselves.

Feminist and media scholars have increasingly been turning to these theories for making sense of social media practices (Clark-Parsons 2018; Hendry 2020). Rosemary Clark-Parsons (2018) turns to the concept of media-as-practice in her dissertation on feminist activism. She argues that "this framework pushes researchers toward a less deterministic, more participatory view of media" (Clark-Parsons 2018, 31) as not just texts but actions. I concur with Clark-Parsons and turn to this framework as it provides a more capacious understanding of the place of media in women's lives and what it does for them as they navigate between the different roles of users, producers and consumers in the doing of self-care. In her research on the topic of visibility, young people and mental illness on social media, Hendry uses practice theory to argue that attending to mental illness and social media from the standpoint of practice provides a more accurate portrait of what "'counts' as mental illness-related images" (Hendry 2020, 1).

She argues that relying only on images that represent mental health and illness to understand how young people engage with social media in relation to mental illness may overlook practices that are meaningful to them yet that aren't identifiable as such. I follow Hendry in arguing that looking at what women do with Instagram to care for themselves when living with mental illness provides a more nuanced and complex understanding of what these practices may look like and how they are part of women's everyday lives. While Hendry uses the approach to look at practices that aren't necessarily "visible" as mental illness related, I am more interested in practice to attend to the doing of care as media practice.

Affordances and Accessibility

The doing of self-care as media practice, as I theorize it within this dissertation, is contingent on Instagram's features, norms and logics and how users come into relation with and through them. Media scholars use of the concept of affordance for making sense of these options and how users negotiate with them in various ways. The term affordance was coined by James J. Gibson (1979) and refers to how an animal's (or organism, or actor) actions are shaped in relation to its environment. Affordances are the action possibilities that emerge in the encounter between an organism and its environment. On social media, danah boyd (2010) posits that affordances, "do not dictate participants' behavior, but they do configure the environment in a way that shapes participants' engagement." (boyd 2010, 39). Nagy and Neff (2015) nuance this idea and shed light on the relationality of affordances with their concept of "imagined affordances". They argue that affordances "emerge between users' perception, attitudes and expectations; between the materiality and functionality of technologies; and between the intentions and perceptions of designers." (2015, 5). Users may engage with social

media in a way that wasn't necessarily built-into the app yet that afford them possibilities of action in the face of limitations. For example, Stefanie Duguay (2022) makes the argument that queer women "modulate" their sexual and gender identity through a negotiation of platform's technological features, politics and governance. In the face of features that often limit the expression of sexual and gender identity under heteronormative frameworks, users may use the app in ways that weren't intended by the designers yet that afford them a form of agency over their self-representation. This also relates to Joshua McVeigh-Schultz and Nancy K. Baym's (2015) concept of "vernacular affordances," which describes the ways users understand affordances individually and collectively and the impact they have on their practices. When it comes to practices of self-care, this means that women's practices do not just depend on what Instagram lays out for them, but what they also imagine they can do with the platform that provides care.

I come back to Dokumaci's (2023) concept of "activist affordances" as it provides further insight for thinking about how disabled people negotiate with their environment to create "more livable worlds" (Dokumaci 2023, 6). She describes "activist affordances" as disabled people's "possibilities of action that are almost too remote and therefore unlikely to be perceived, and yet are perceived and actualized through great ingenuity and effort to ensure survival." (Dokumaci 2023, 6). Some of the practices explored in this dissertation resemble the "tiny, everyday artful battles" (2023, 6) Dokumaci describes as the affordances disabled people make possible in the face of constraint. They may not be visible or recognizable yet for us they are necessary as we learn to inhabit our bodymind/worlds. I argue that a double set of affordances is activated in the doing of self-care as media practice since they appear in relation to both the online and offline environments of women. Women are turning to Instagram to care

for themselves in the face of lacking structural support and mental health services.

Simultaneously, their Instagram practices take shape through their encounter with the platform's logics, functions and publics.

Social media platforms afford possibilities and constraints for the practice of self-care that differ from previous media, especially in reshaping connectivity and sociality (Van Dijck 2013). Martin Gibbs et al. (2015) argue that "platform vernaculars" emerge from the "mediated practices" of users and their habits as they intersect with their physical environment. Each platform, they note, has its own "styles, grammars, and logics" (2015, 257) that produce various genres as they are appropriated by people. "These genres of communication," they argue, "emerge from the affordances of particular social media platforms and the ways they are appropriated and performed in practice." (2015, 257). In other words, platform vernaculars are the result of a negotiation between the options laid out by the platform and user practices and habits.

On social media, women are not only afforded technological possibilities of action, but they encounter other users in the creation of "networked publics" (boyd 2010). danah boyd describes networked publics as "the space constructed through networked technologies and the imagined collective that emerges as a result of the intersection of people, technology, and practice." (2010, 39). On Instagram, these spaces are produced through the encounter between everyday people, the commercial logics of the platform and self-enterprising practices (Caldeira et al. 2020; Camacho-Miñano et al. 2019; Leaver et al. 2020). Instagram is as much a space where everyday people go to share about their lives, shape their identity and connect with people with similar experiences as it is a platform for advertisement and self-branding practices (Duffy 2015; Duffy et al. 2019). Brooke Erin Duffy (2015)'s concept of aspirational labour

sheds light how these various practices often blend through “forward-looking and entrepreneurial enactment of creativity.” (2015, 441) that provide hope of gaining social and economic capital¹⁴. The various publics one can find on Instagram offer women living with mental illness different modes of identification through which they can find validation (or not), community and negotiate their identities in the doing of self-care.

When it comes to visual social media platforms like Instagram, aesthetics and visualities also guide user practices (Leaver, Highfield and Abidin 2020). What constitutes the visual culture of Instagram is not limited to photography but includes videos, drawings, memes, text and other forms of visually mediated content. According to Leaver, Highfield and Abidin (2020), this is a critical aspect of Instagram since how content is presented will shape how people interpret it, respond to it and (potentially) do things with it. Instagram allow users to connect and engage with each other through a negotiation of its different affordances and their scalability across different levels. Throughout this dissertation, I demonstrate how women “imagine” and “respond to” (Bucher 2018) the platform’s various affordances as they do care work for themselves through practices that range from visible ones such as sharing on one’s feed and re-sharing in stories to “invisible” ones such as taking screenshots or refusing to engage that afford for different types of connectivity and sociality depending on their needs.

¹⁴ While providing individuals with a space where they can express themselves and have “free” conversations, platforms nonetheless operate ideologically by promoting notions of individualism, profit, and standardization through the notion of participation. Social media platforms profit from these dynamics in datafying and quantifying public feelings and transforming users' emotions into algorithmically manageable and profitable data (Wahl-Jorgensen 2019, 165).

Norms and ideologies are further embedded within the platform's infrastructure which has a direct impact on accessibility. Scholars in media studies have demonstrated how discrimination and oppression are built-into digital platforms and enacted through practices of platform moderation, surveillance, and algorithmic filtering (Noble 2018, Nakamura 2015, Duguay 2022, Chun 2016, Jarrett 2016). Anthony McCosker and Ysabel Gerard (2020a) have demonstrated how Instagram moderates depression-related content, which can provide a space of community and life-altering information for people with depression, because the platform deems it too "risky".

Inequalities in access to digital technologies further lie on the "politics of recognition" that are embedded within these very technologies and the need to make digital spaces accessible to all citizens (Ellcessor 2016). Accessibility to mental health information, knowledge and care remains difficult across many areas and digital media is not excluded. Questions of accessibility to digital media and content are critical when studying health-related online communities since disability, like racism and sexism, remains built into technology (Ellis and Goggin 2017; Ellcessor 2016; Ellis and Kent 2016). The very design of digital interactivity "disables" users with impairments such as vision or hearing loss, or people with fine motor coordination difficulties for whom handling digital technology is limited. Disability scholars working on accessibility and the design of digital media have demonstrated how assumptions about embodiment, personhood and citizenship are built into the structure and materiality of digital media (Ellcessor 2016). Social media platforms assume that everyone who uses social networks are able-bodied, which automatically excludes those who aren't. Apps are designed and built around an ideal abled user and, as a result, provide unequal access to platforms.

Although few scholarship has addressed accessibility for people living with mental illness, three limits stand out in the current literature: 1) presuppositions about visibility as a vector of agency, 2) knowledge production and what counts as knowledge, and 3) the assumption that participation is a liberating practice (Hendry 2020). Even though visibility is a significant factor in destigmatizing mental illness, and, as I have demonstrated, to make sense of one's experience of psychological impairment, it can also represent a limit to accessibility for many people living with mental illness. The primacy of visual and audio content on social media apps – and the growing popularity of the fast-paced video format introduced by TikTok and recently adopted by Instagram -- can be disorienting and overwhelming to navigate when dealing with migraines, dizziness, and fatigue, which are frequently experienced with the most common mental illnesses such as anxiety and depression. It can be difficult for people who experience these symptoms to access critical information, especially when conveyed through fast-paced visual formats.

Making one's vulnerability visible on social media is another way that social media can be limiting for people with mental illness. Hendry (2020) notes that, even though it remains important for people with mental illness to become more visible in society as much as on social media platforms, this visibility still contains risks, especially for young women who are already the targets of surveillance. On Instagram, Feuston and Piper (2018) observe that what is considered mental illness-related content is always already coded or classified through hashtags and keywords, no matter what the image contains. It can lead to a misreading of the complex,

dynamic, and diverse digital practices of women and thus divert us even more from what is important for women and their mental health¹⁵.

The pressure to participate in the social media ecosystem, to produce content that is not only interesting to the community, but that will also get traction and be promoted by the platform, also undermines accessibility. Not only can the cognitive work and level of self-recognition required to produce content and participate in conversations be psychologically demanding, but social media platforms have built-in biases regarding the value attributed to content, which automatically excludes those who must navigate around issues of accessibility, vulnerability, and intimacy. This bias is also present in the current literature on social media and mental illness which tends to focus on questions of visibility, overlooking other ways that people use the app and engage with content.

Affective Practices

How we use social media to care for ourselves does not only depend on Instagram's features and norms but is deeply connected to affect and emotions. To account for the affective implications of these practices in the everyday lives of women, I draw on feminist and queer articulations of affect theory. This research is situated in the recent "affective turn" in feminist

¹⁵ While I interviewed my participants before Instagram's video-turn, this change in the platform's mechanics and priorities has a direct impact on the communities that are at the center of this dissertation. Instagram head Adam Mosseri announced in a video shared on Twitter on July 28, 2022, that although the app is going to continue to support photographic content, videos are going to take up more space since this is what people are consuming the most. This statement was further reflected by changes in the algorithm, which now gives higher discoverability chances to under 15 seconds video content. Users are even calling out the app for shadowing content from the accounts they follow and overwhelming their feed with trending videos. These changes risk making it even harder for people to access the information they need on Instagram. The platform's lack of understanding for the plurality of content that gets shared on Instagram and the various reasons why people go on the app further justifies the necessity to study the practices that go unnoticed that are the topic of this dissertation.

and media scholarship (Leys 2011; Kennedy 2018; Hemmings 2006) which considers how emotions and feelings shape gendered lives and media practices. Situated in a turn away from poststructuralism and the “linguistic turn”, affect theory is a return to the body and our embodied relation to media. The “affective turn” in the humanities is characterized by a turn to the neurosciences of emotions and a demand for new perspectives in disciplines dominated by constructionism, psychoanalysis, and deconstruction. It also claims that Western philosophy, as well as psychology, have overlooked the role of emotions in politics, ethics, and aesthetics which often leads to disembodied accounts of the world and people’s lives, how they form political opinions and communities, as well as make sense of their realities. The argument that overarches this turn is that corporeal affective dimensions are key to how we think in and understand the world (Leys 2011). While emotions were perceived for a long time as a feminine domain and therefore the sign of a lack of structure and control, feminist and queer articulations of affect theory reconsider affect as a process that participates in the production of knowledge.¹⁶ It focuses on the social and discursive production of affect, shedding light on the fact that emotions are not pre-social or natural, but always tied to power relations and cultural norms (Leys 2011). They provide an interesting framework for thinking about mental illness beyond traditional biomedical models. While affect has been theorized as a move away from poststructuralism's obsession with signs and structures, feminist readings of affect account for the importance of discourses in fixing meaning and how we touch and are touched by the

¹⁶ The articulations of affect theory I turn to in this dissertation are a direct critique of non-representational approaches to affect theory that define emotions as pre-cognitive and pre-social. This model has been criticized for creating a false opposition between body and mind that upholds the superiority of mind over body. For a summary of the debates within affect theory see Ruth Leys’ (2017) *The Ascent of Affect: Genealogy and Critique*.

world. Sara Ahmed (2004) argues that affect is shaped through the encounter between subject and object. This suggests that emotions are relationally produced through social and cultural practices rather than reflecting pre-cognitive individual psychological states. Much like feminist disability studies' theorization of mental illness, Ahmed suggests that how we come to feel certain emotions is never disconnected from the world in which we live and the people and discourses we encounter. Translated to the context of mental illness, this means that our experience of psychosocial ailment is always in connection to past histories, both social and individual, as well as social norms, power structures and cultural narratives – such as racism, sexism -- that intersect in the production of our experience of mental distress. This also means that how women negotiate with Instagram in the doing of self-care is always relational and contingent on their orientation away or towards certain content, discourses and publics. Ahmed's concept of "stickiness" helps us understand how emotions "stick" to objects, bodies, and ideas through their historical repetition and circulation in culture. Ahmed argues that it is through this accumulation that they acquire affective value, and the more these emotional associations circulate, the more affective they become, and attachments are reinforced. I demonstrate throughout this dissertation that while affect's relationality is what risks making objects "sticky", it is also what propels us to orient ourselves differently and it is within this reorientation that affect holds transformative potential.

From a media studies perspective, I consider affect theory as a tool to study media as both carriers and mechanisms that articulate, direct, intensify, make and unmake emotions and feelings (C. A. Rentschler 2017). Here, I turn to affect theory as a framework to think about the "stuff" that is not always palpable with poststructuralist frameworks of analysis. I draw from feminist and social media scholars who theorize affect as "a form of sensorial relationality"

(Pedwell 2017a) that takes shapes through social media processes of circulation, accumulation and habituation (Papacharissi 2014; Pedwell 2017a; Pybus 2015). This scholarship particularly considers how the affordances of digital media are themselves affective. Mental illness-related practices call on women to gather around common emotions and feelings forming different kinds of networked publics. Building on boyd's concept of networked publics, Papacharissi posits that "affective gestures" are often what "constitute opportunities to call networked publics into being." (2014, 24). Instead of wondering if social media are responsible for political uprisings or social change, she uses affect to account for the kinds of connections created and stories shared as part of these movements. For Papacharissi, affect is more about what it produces in the present, the intensity that flow through the networks and the "not-yet" formed of the interactions between members of a same community. She argues that "it is in the ephemerality of the virtual that affective claims to the political and power may be imagined, assembled, or suggested." (2014, 17). The potentiality of affect lies in this liminality, in the "in-betweenness" of the bond it can create and the interconnectivity of different public spheres or "affect worlds" (Berlant 2011).

I use the concept of affective practice to make sense of how women navigate affective attachments and relations through the doing of self-care. Margaret Wetherell (Wetherell 2012) defines *affective practice* as the way emotions appear in social life in their messy, eclectic and relational forms. Affect is not only grounded in material lives through bodily reactions, she argues, but is "embodied meaning-making" (2012, 17). For the author, affective practice is "a figuration where body possibilities and routines become recruited or entangled together with meaning-making and with other social and material figurations. It is an organic complex in which all the parts relationally constitute each other." (2012, 17). Instead of using the image

platform of Instagram to ascribe meaning to feelings, to frame what is often unspeakable, I argue that the affective practice of self-care opens the possibility of living differently through the relationality of affect. Affective practice is also the way women learn to live with mental illness through media practices that involve both discursive and material modes of *doing* care. Wetherell further argues that representation is a practical organizing activity that we cannot overlook when it comes to thinking through "embodied meaning-making": "Thinking and feeling are, in fact, social acts taking place through the manifold public and communal sources of language." (2012, 21). Social interactions, routines and activities, as well as our reactions in social contexts, are not random, but formed within the social organization of our respective groups. This doesn't mean that our feelings are not real or felt in our bodies, but rather that they are produced through social relations and practices. In making sense of self-care as media practices through the concept of affective practice, I argue that my participant's practices hold the potential of making them feel better as they learn to live with mental illness through the potentiality that lies within the relationality of affect and practice.

I use affective practice as a concept to move beyond the over-determination of affect that is often present in discursive-only approach that forget to take into consideration how the practice through which affect appears itself produces meaning and action. In other words, this means to consider the mediation through which affect takes shape but also the ambivalent and complex ways in which something may "feel good or bad" (Ahmed 2004, 7) and how this process is always situated. This relates to Kafer's argument about a relational model of disability that considers both how care can be produced through ideological discourses while simultaneously being desired by people who live with disabilities. Ultimately, I understand my participants' self-care practice to be embodied experiences that are not just about an

individual's agency to seek help, but rather a process of multiplicity wherein the relationality between bodyminds and the objects around them are co-implicated in the production of embodied-meaning.

Conclusion

In this chapter, I have explored the main theoretical concepts that make up this dissertation, how they have been discussed in the literature and how I situate my research in relation to these debates. A first section looked at the variations in how mental illness is defined and theorized within mad and disability studies. I follow feminist disability studies to theorize mental illness as an embodied experience produced by the differentiated social and material conditions of women's lives. A second section looks at the concept of self-care to situate this dissertation in conversation with feminist, queer and disabled scholars' who argue for a reclaiming of self-care as survival strategy against postfeminism and the desire to live a "good life" when sick. Finally, a third section theorized self-care as media practice drawing on the practical turn in media studies and feminist readings of affect theory.

Chapter 2

Methodology and Participant Portraits

Attending to how women turn to Instagram to care for themselves when living with mental illness calls for a methodology that centers women's lived experiences and how they make sense of their social media engagement. To do this, I employed a qualitative methodology inspired by feminist social media ethnography and feminist qualitative methods to consider the multiple yet interrelated layers of women's Instagram practices: the discursive (i.e. the social discourses, platform biases and culturally driven norms of social media use in a postfeminist culture), the affective (i.e. how these practices make them feel seen through relatability and hope or how they can soothe the debilitating effects of mental illness) and the embodied (i.e. how women engage with Instagram from their own situated perspective and how these practices become felt in their bodyminds).

Following feminist social media scholars' concern for women's experience of social media use and engagement (Keller 2019; Hill 2017; Keller 2015; Dobson 2016; Kanai 2019), I used ethnographic methods, including, close observation of online communities, questionnaires, in-depth interviews and media go-alongs, to get a better understanding of the experiences of 14 women aged between 24 and 33 who use Instagram in relation to their mental illnesses. I complemented the ethnography with a qualitative analysis of 139 screenshots collected and discussed by the participants before and during the interviews. Even though feminist ethnography and qualitative content analysis are generally perceived as having different goals, one being rooted in experience and the other in discourse, the dimensions of media practices they attend to do not exist in a vacuum, and they work together in informing women's practices

within both their lives and the research process. This methodological approach is central to shifting the emphasis from a discourse-based analysis of the mediation of women's mental illness in media studies to one that considers women's engagement with media as producing meaning as well.

This chapter is composed of four sections. The first presents my methodological choices and the methods I employed. The second is an ethical reflection of what it means to do research on and with care. The third section looks at how I collected and analysed the data with a specific attention to the use of screencapture as a method. Finally, the last section presents the portraits of the women who participated in this project and an overview of their Instagram practices.

A Feminist Social Media Ethnography

The specific focus of this dissertation on lived experiences calls for feminist approaches and methodologies that attend to women's embodied experience of mental illness and social media. I chose feminist ethnographic methods to get an empirical understanding of women's Instagram practices that is based on their patterns of use and the meaning they give to their engagement with the platform. I draw from feminist and digital media ethnographic methods as they focus on lived experiences, the place of media in women's lives and the integration of their voices in the production of knowledge.

The founding ground of ethnography when doing research with marginalized communities is to include their stories and voices in research, not just as data, but as valuable forms of knowledge (Davis and Craven 2020; Hesse-Biber and Leavy 2007). From a feminist disability studies standpoint, foregrounding the voices and experiences of women living with mental illness is crucial in the legitimization of their experiential knowledge as their voices and

experiences continue to be pathologized. This is even more important when considering the long tradition of abuse and stigmatization of women, disabled, BIPOC and queer people in research which is particularly present in the history of the medical treatment of mental illness.

Unfortunately, this stigmatization continues, at times in insidious ways. In media studies, most of the research on the mediation of women's mental illness continues to focus on content analysis and often overlooks women's own media practices. Even though it is necessary to confront misrepresentations and question discursive formations, it tends to leave out people's voices, their agency, as well as the ways in which they might use media as an alternative or complement to traditional mental health care. Attending to the latter is urgent in a neoliberal context of scarce mental health resources, gendered pressures to self-optimize and the increasing visibility of mental health as an individual quest.

Feminist ethnography includes a broad scope of methodological approaches, theoretical propositions and methods that vary depending on the field and object of study (Davis and Craven 2020). There is a long history of ethnographic research in feminist media studies especially for understanding women's everyday lives and interrogating how they make sense of media in relation to gender inequalities and patriarchal norms. Feminist media scholars first turned to ethnographic methods in the mid-20th century to make sense of women's everyday lives by studying audiences and their reception to media. At the time, public and private spheres were gendered spaces and women's everyday lives were relegated to the private, making their everyday media consumption a critical space for understanding their realities (Cavalcante et al. 2017). For example, Radway's (1984) study of women's practices of reading romance novels discussed in the introduction. In the 1990s and early 2000s, there was a turn towards women's alternative media to consider how women make sense of their everyday lives and responded to

gendered norms through their own media making (Cavalcante et al. 2017). Alison Piepmeier (2009), for example, who studied feminist zine making, found that women had been using popular culture materials like magazine cut outs to respond to the gendered norms of their moment while building “embodied communities” through the materiality of zines, zine making and gift-giving.

Developments in technology and media have significantly reshaped feminist approaches to ethnographic methodology, particularly in examining the intricate entanglement between everyday life and digital technologies. The complexities of convergence culture (Jenkins 2008), characterized by the blurring of boundaries between producers and audiences, as well as between mainstream and alternative media, require a critical re-evaluation of the methodological strategies used to study media. This rethinking extends to how media engagement and practice are conceptualized, as traditional distinctions between consumption and production are increasingly destabilized, as well the broader context of study itself. Moreover, the rise of social media has profoundly reconfigured gendered dynamics, influencing how women interact with and utilize media in their daily lives (Dobson 2015; Dobson et al. 2018). These shifts underscore the need to revisit how we consider social media engagement to account for the increasingly entangled roles of audiences and media creators within digital culture. Feminist social media scholars have been particularly using ethnographic methods in order to contest the "online" and "offline" divide that is often present in social media research and shed light on the way women's engagement with social media – including, but not limited to, participating in activist organizing or self-representing through selfies -- shape their everyday lives in ways that differ from previous media ecosystems (Mendes et al. 2019; Dobson et al. 2018; Dobson 2015). They especially shed light on the “multi-cited” (Hine 2015) dimension of social media text and how its

meaning changes depending on how it is used, on which platform it appears, and who engages with it, as well as its relation to face-to-face realities that enables a comprehensive understanding of the interplay between digital practices and material realities such as when one integrates social media in the ways they care for themselves.

My methodological choices build on and add to this ongoing conversation in feminist media studies regarding the place of social media and how it functions in women's everyday lives. For this, I draw from the work of Kaitlynn Mendes, Jessica Ringrose and Jessalynn Keller (2019) on digital feminist activism and how to study social media engagements. They build on Gray (2009) who argues for an “in situ” approach wherein the object of study is not just the media text, but “the processes and understandings of new media among people within the contexts of their use.” (Gray cited by Mendes, Ringrose and Keller 2019, 33). This is possible through the use of diverse methods of traditional ethnographic approaches (such as observations and interviews) in order to capture the intensity of social media activity and its impact both online and off (Postill and Pink 2012). These methodologies have been used mostly to consider the relation between digital and real world feminist activism, but few have adopted them for making sense of bodymind realities. In the context of this study, I consider how women engage with social media in relation to their experience of illness and disability and how these practices shape and are shaped by their intentions, identities and socio-cultural contexts.

In this dissertation, I understand social media engagement as the range of interactions and forms of participation that women have on Instagram with content, communities and the platform itself. While it can encompass visible metrics like likes, comments, shares and follows, the practices that stood out in the participants’ stories were more nuanced—such as, but not limited to, content creation (in relation to mental illness or as part of a healing process),

conversations (with users or friends, online and offline), affective responses (i.e. how they react to posts, what they like and don't like, how it makes them feel), and archiving (i.e. how they integrate the posts that speak to them in their daily lives). This is possible by using various methods in order to be able to “map the complex relationships between users’ multiple media engagements and their social and cultural context” and “understand digital media from our participants’ perspectives.” (Mendes, Ringrose and Keller 2019, 33). This methodological approach is more than urgent in a context where women's voices are often absented from discussions of their social media practices and mental health, and invisibilized in media studies' focus on content analysis for studying the mediation of women's mental illness.

Considering the overlapping spheres of the digital and material is central for thinking about the gendered and intersectional experience of mental illness and how women negotiate with the messiness and complexity of the worlds (i.e. platforms and bodyminds) they inhabit. Embodiment is a core element of this dissertation as I consider women’s desire for care and the intersectional nature of their experience of mental illness. As laid out in Chapter 1, I consider mental illness as a psychosocial ailment that is felt in the bodymind. I argue that whether we see mental illness as a biomedical fact, as socially produced, or as an entanglement of both, it nonetheless produces *real* affects that can be debilitating and life-altering. Gender influences women’s experience of mental illness on multiple levels and is always connected to how women exist in the world and the interlocking systems of oppression that compound difficulties. Platforms like Instagram are not just media, they are built environments and social spaces where gendered inequalities, power dynamics and social norms are reshaped and reconfigured, but also negotiated and questioned through user interactions. Digital ethnographic methods are useful for attending to the social relations that take shape online and contextualize media practices

within broader social experiences taking into consideration the specificities and complexities of women's embodied lives (Mendez, Ringrose and Keller 2019). Instagram is a social space where women can come together to have conversations, give each other tips and tools, as well as challenge normative understandings of mental illness. I gave particular attention to how participants made sense of mental illness in relation to each other and through the creation of social bonds, kinship and relatability, as well as how these connections materialized (for example, did they comment on posts, reshare or have conversations in DMs). At the same time, I made sure, throughout the observations and interviews, to attend to women's differentiated experiences by considering how they responded to the platform's limitations and biases, as well as how they negotiated the socially-driven norms of Instagram depending on their own embodiment and social position. This meant being conscious of how they may use Instagram, relate to or engage with content differently depending on their identity and perceptions. Reflexivity is an important aspect here in order not to let my own biases and privilege influence how I analyze and convey participants' stories. This aspect being so crucial, I dive into it in more details in the next section of this chapter.

Finally, attending to women's social media practices from their own perspective is necessary in order to understand how they shape their understanding of mental illness in embodied ways. A feminist social media ethnography allows me to consider the embodied dimension of social media practices as they have very real and felt effects in the lives of women. While social media are often seen as disembodied spaces, Mendez, Ringrose and Keller call for the need to consider the "slippage of experience and affect" (2019, 38) between online and offline worlds. To understand this, I further draw on the work of Internet scholars who have long argued that the Internet is not just a tool or a place but a "way of being" that is an integral part of

our everyday lives and that what we do with technology is always “embodied” and “embedded” (Hine 2015) in material realities. Throughout my observations and interview process, I considered not just how women negotiate with or resist social norms, but also how these very same norms (i.e. neoliberal self-care, for example) may nonetheless provide care and relief in the face of limited resources and services. I gave particular attention to how their practices made them feel as well as how these feelings materialized through social media engagement. For example, I asked participants what they did with a post when they related to it or why they prioritized certain forms of expression over others. I also attended to the differences in how women relate to or are affected by content to reveal the complexity of their lived experience of mental illness. This is particularly relevant for this study as it points to the very real, although at times contradictory, ways in which social media produce real affect in the lives of women living with mental illness.

“Instagram therapy” Observations

The first part of this feminist social media ethnography consisted in immersing myself in the world of “Instagram therapy”. It is important to note here that these observations were influenced by my own subjective use of the platform, the content I follow and what the app suggests in return. What constitutes “Instagram therapy” varies from one user to another, their own experiences of mental illness and social background, and it cannot be delimited to a particular set of pages or aesthetics. I conducted observations as a way to stay alert to patterns and topics discussed in these spaces, but also to question my own positionality and possible limitations when it came to discussing this content with participants. I conducted the observation and interviews during the summer of 2020, from May to September. I started to take field notes

of my observations in May as I was completing the call for participants and continued through the summer until September, at the same time as I did the interviews. I collected these notes using a Notion database and organized them according to date and theme. These dates remain approximate as the temporal boundaries of an observation are difficult to establish when one is already part of the community they study. I continued my observation until I found that I had enough meaningful data to answer my research questions, in relation to the interviews. I observed the content posted on the hashtags #mentalillness and #mentalhealthawareness, as they were the most used at the time, as well as therapists, artists and mental health-related pages I was already following in my own practice. Ethnography being an “exploratory and adaptive method” (Hine 2009, 59), there are moments during the research process where I was more active than others and my exposure was often contingent on my own journey with mental illness and the kind of content I was looking for at the time.

According to Leaver, Highfield and Abidin (2020) who closely studied the dynamics of Instagram, understanding Instagram communities and cultures require a level of in-group knowledge since they are not necessarily easily accessible through visible affordances and metrics (i.e. hashtags and locations). Accessing mental health conversations therefore first required doing a close observation of women’s Instagram practices through an immersion within the pages and hashtags they use to address and care for their mental health. Hine (2015) argues that to get to the “embedded, embodied, everyday Internet” and have an “emotional and embodied understanding of how activities feel” (2015, 55), researchers must immerse themselves within their research setting. While traditional ethnography consists in describing a specific culture or event, immersion implies that the researcher also engages in the culturing process of that community in order to identify and explore patterns as they get taken up, repeated or broken

across the field of interest (Markham and Gammelby 2018). Even though I already use Instagram for my own mental health, the immersion consisted in being more conscious and critical of my own practices by following hashtags, liking posts and reading comments, and taking screenshots, all the while taking field notes as I observed the patterns and themes that arose from my own engagement. I understand the act of following, liking and commenting to see how others interact with these accounts, as well as a mark of my own implication in these entangled processes (Mendes, Ringrose and Keller 2019, Postill and Pink 2012). Observing, participating and immersing myself in these spaces allowed me to get “an emotional and embodied understanding of how activities feel, beyond the verbal accounts that participants can give.” (Hine 2015, 55). Not only is this aspect crucial to account for the processes of women’s media making, it offered the possibility of identifying emerging topics and questions discussing them with participants during the interviews, as well as confronting and questioning my own biases as a researcher with her own struggles and privileges.

Feminist In-depth Interviews

The second part of the ethnography consisted in feminist in-depth interviews. I conducted a total of 22 interviews during the months of August and September 2020 with women aged 22 to 49 from across different countries, identity positions and mental illness experiences. The fact that women from Canada, but also India and France, responded to my call for participants is a testimony to that. This geographical diversity provided a unique perspective and confirmed that even though there are specificities to each country and culture regarding access to mental health and mental health literacy, there is a worldly concern for making it accessible that is mainly driven by women. I do recognize, however, that this comes with its limits. My participants’

practices fall under the category of “networked publics” (boyd 2010) and their variations. “Instagram therapy” affords women the opportunity to find information and tools they may not have found otherwise. Conversely, it also produces what many social media scholars have studied as “context collapse” meaning that “people are forced to grapple simultaneously with otherwise unrelated social contexts that are rooted in different norms and seemingly demand different social responses.” (boyd 2014, 31). As I explore what it means for women to use Instagram in relation to their mental health, I take into consideration how patterns of power, colonisation and cultural domination may appear when contexts collapse and what it can tell us about self-care as media practice more largely.

Each interview lasted on average an hour and a half. Before the interviews, participants had to respond to a preliminary questionnaire where they were asked general questions about themselves and their Instagram practices. The goal of this questionnaire was to gather demographic and statistical data as well as a sample of their practices and the content they engage with. In this questionnaire, they were also asked to send screenshots of the 4 latest mental illness posts they liked and shared on their Instagram story if they did. I detail how I used screenshot as a method later in this section.

I used feminist in-depth interviewing because it is a research method that seeks to uncover the lived experiences and subjective understandings of women within their specific social contexts (Hesse-Biber and Leavy 2007). This approach emphasizes the importance of accessing “subjugated knowledge” (Hesse-Biber and Leavy 2007) to prioritize marginalized voices such as those of women and prioritizing the inclusion of those who live at the intersection of multiple axes of oppression such as women of colour, queer women, trans women and non-binary people. This method is also characterized by its recognition of power dynamics between

women, and between the interviewer and interviewee, something that I tried to reflect on as much as possible throughout the research process while also acknowledging my own biases and limitations as a researcher. I go over these ethical considerations more in detail in the next section.

Listening to the stories of women who live with mental illness is key to producing situated knowledges based on their lived experiences and include their experiential knowledge in the production of new scholarship. In the field of mental health, lived experiences are slowly being recognized as forms of expertise that challenge the traditional dominance of medical psy knowledges (Sartor 2023). Experiential knowledge provides first-hand insight into the subjectivities and social dimensions of living with mental illness. Interviewing women who live with mental illness allowed me to consider women's insights, understandings and expertise they have gained through their personal experience with mental illness and navigating care. Similarly, a feminist perspective of in-depth interviews also allowed me to foreground participant's voices, perspectives and agencies as media makers, producers and consumers while again involving women in the research process as knowledge produces rather than passive subjects (Hesse-Biber and Leavy 2007). I chose this method because it allowed women to tell their stories of mental illness, how they came to use Instagram for mental health care and how these practices are integrated into their daily lives. From a social media perspective, it allowed me to look beyond our screens to understand what media practices do in the lives of women and how they shape their experience of mental illness daily. The meaning produced through social media engagement are ultimately outcomes of everyday practices which can only be fully accounted for through people's stories. In-depth interviews not only allowed participants to tell their stories, but also to reflect on their own practices, how they use of the platform and negotiate with its limitations in

the doing of self-care online. This dimension of the conversation opened onto another layer of meaning about self-care, which is how women care for themselves in negotiation with the platform's algorithmic biases, culturally driven norms and structural limitations.

Considering that this research project deals with sensitive topics, and to respect people's privacy and willingness to participate, I recruited potential participants through a detailed call for participation shared on my professional Instagram account on July 22, 2020, and reshared in Stories until I reached data saturation and felt like I had enough participants. Instagram being a visually driven platform and being myself a user of the platform, I used my own knowledge of "Instagram therapy" and the visual strategies employed in this space to create a post that would get the attention of the people concerned (i.e. accessible and clear text, illustrations and pastel colours). I also used my own professional account, which clearly indicated I was a PhD candidate in communication studies, for credibility. To make sure the post got additional views, I used general hashtags such as #mentalhealth, #mentalhealthawareness, #mentalillness, #care, and #mentalillnessrecovery, as well as more specific ones related to disability rights and justice such as #disabilityawareness, #madness, #disabilityjustice and #disabilityrights to reach a wider audience. While I tried to be as inclusive as possible in my call for participants, it is important to note here that my own positionality as a researcher on social media influenced who the post reach, who related to it and who did or not respond to the call.

Given that this research was driven by a need to include people's voices in the research on mental health and minimize the stigma around women and mental illness, potential participants had to answer to the call themselves, and I did not select participants based on any assumption regarding their mental health status. By providing all the information necessary to potential participants from the beginning, they were able to decide for themselves whether being

part of this project was too harmful or not, and if the benefits outweighed the risks. As mentioned earlier, doing research with women living with mental illness requires that I stay attentive to participants' wellbeing throughout the research process. From the onset of the call for participants, potential participants were made aware of the emotional risks of participating in this project and a list of resources for mental health were made available with the call for participants (see figures 1, 2 and 3).



*Figure 1 Image 1/3 of Call for participants,
posted on my professional Instagram account @PhdWithCare, July 22, 2020*

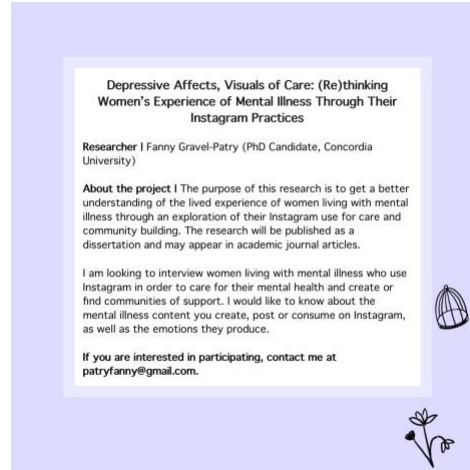


Figure 2 Image 2/3 of Call for participants,
 posted on my professional Instagram account @PhdWithCare, July 22, 2020



Figure 3 Image 3/3 of Call for participants,
 posted on my professional Instagram account @PhdWithCare, July 22, 2020

I also made sure to make a precision on my use of the term “women” to be as inclusive as possible. I used it as an umbrella term to take into consideration the experiences of anyone who identifies as a woman or who is marginalized based on gender, which includes non-binary and

trans people. This research project is also embedded in a context of scarce mental health resources and psychological services, and I consider that not everyone desires to have a clinical diagnosis. Thus, participants didn't need to have an official diagnosis to participate. They only had to identify as living with one or multiple mental illnesses to be included in the study. This is also because one doesn't have to have a diagnosis to suffer psychologically. Anyone can go through moments of psychological distress that require care. The most important criteria were that they use Instagram, though not exclusively, to care for or address their mental health. This included having an Instagram account that centers on mental illness, following mental illness hashtags, following Instagram accounts centered on mental health and/or illness, or sharing or screenshotting images from other accounts in reference to mental health. I didn't have a targeted age group as it is not a determinant factor in this project, but I did focus on women above 18. The focus for Instagram studies is often on girls and youth, because of their higher risks and more sustained use of social media, yet I found that this focus often overlooked the experiences of women 18 and above. I therefore focus on this age group. Working with women and girls aged below 18 would also have required other methodologies and theoretical considerations that I do not account for in this project.

Once the recruiting process was completed, the participants had to sign a consent form and respond to a pre-interview questionnaire (Appendix 3). The consent form included questions about data protection and the publishing of research results. This is where participants could mention if they accepted to have their name used or if they preferred to use a pseudonym or remain anonymous. The pre-interview questionnaire included general questions about them and their media practices, as well as the option to choose the medium of the interview. This was inspired by interdependent disability studies methodology, whose goal is to make participants as

comfortable as possible and acknowledge that everyone has different accessibility needs when it comes to participating in interviews. I gave participants the option to choose how they wanted to do the interview between video conference call, phone call, text message, email or Instagram direct message. It was also important for me to remember that the academic world can seem intimidating or inaccessible to some participants. To do interdependent research, I therefore committed to acknowledging, but also tried to reduce, the distance imposed by my position as researcher for the participants and foster collective access by incorporating these different modes of interview making. Surprisingly, 19 out of 22 participants ended up choosing Zoom as the medium of interview and 1 out of 22 chose a phone call. A pleasant surprise was that many of the participants noted after the interview, off record, that they found the interview process to be therapeutic and it helped them be more critical of their own social media practices.

Following Margaret Price and Stephanie L. Kerschbaum's (2016) method for doing interdependent research, I also took into consideration that "crip time" is unpredictable, and therefore I embraced breaks, silences and pauses as part of accessibility needs, as well as producers of crip meaning. Thus, my analysis of the interviews took into consideration the verbal and textual participation of participants, but also aspects that are not usually considered as producing knowledge such as breaks and silences. This means that my analysis of the interview included a disclosure of breaks or any other moment that may disrupt the flow of the interview as producing crip meaning and opening space for the creation of interdependence and care through the research project. On that topic, Price and Kerschbaum write that "(...) when disabled people are working together to negotiate a complex process such as a study" the emotional labour behind this work is no longer just personal, "it is also part of our work." (2016, 51). I try to acknowledge this labour as much as possible in my analysis especially when it comes to

translating participants' emotional reactions regarding social media engagement such as anger, shame, hope or disgust.

The process of in-depth interviews is often open-ended and unstructured, which allows respondents to guide the conversation and can yield richer, more nuanced data. According to Sharlene Nagy Hesse-Biber and Patricia Leavy (2007), the aim of this interviewing method is not necessarily to collect information but to engage in a co-construction of meaning where the experiences and narratives of the participants are given priority and taken seriously, contributing to a broader understanding of gender-based experiences. However, in the context where the topic of discussion can be difficult, I still used an interview guide with pre-established questions in case there were moments when participants didn't know what to discuss (Appendix 3). The goal was not the guide their answers but rather to make sure they didn't feel any pressure to perform or fill a void. After the interview, I asked participants if they were comfortable with what they had shared, and I gave them an extra two weeks to either withdraw from the project or from a section of the interview.

Media Go-Along

The third method I used in this ethnography is a media go-along, a method developed by Kristian Jørgensen (2016) to make better sense of how people engage with social media in their everyday lives. Jørgensen's method builds on the work of scholars like Hine and Markham (2015) who have shed light on the limitations of using traditional methods to study the internet and the need to re-examine our methods. The author builds on the "go-along" method developed by Margarethe Kusenbach (2003), a method situated between interviewing, observing and deep hanging out which consists in accompanying participants in their daily activity or setting for a

better understanding of their lived experience. The media go-along, which serves to “acknowledge that research and social life are sites that exist across the offline-online dichotomy (Jørgensen 2016, 39), consists in the participant showing the researcher how they navigate online spaces. Jørgensen describes the media go-along more specifically as “an interview situation in which the researcher together with the participant look at, navigate and talk about the latter’s personal media.” (2016, 40). I included the media go-along in this ethnography to better assess how women use social media in their everyday lives in relation to mental illness. I did the media go-along at the end of each interview. I asked the participants to open their Instagram app and go through it as they normally would and to comment on the process, what they saw and how it made them feel. I asked them what they looked at first, for example if they went directly to their DMs, watched Stories or scrolled on their feed, to give me a better idea of their practice. If there were interesting discussions that arose around a post or Story, I asked them to send me a screencapture afterward. This allowed me not only to understand how participants navigate Instagram as they would on a normal day, but to account for how content makes them feel and how they react in the moment. It also added another layer to the interview where participants could share additional feelings or reflections about Instagram that were not covered in the interview or planned on my part. The amount of data collected during these media-go-along also depended on how participants were able to relate to content that they saw in that specific moment, which revealed interesting findings as well. Some of the media go-alongs raised important questions regarding algorithmic curation, the excess of mental health-related information and how overwhelming and unproductive it can feel at times.

Screencapture as Method

The screencapture turned out to be a central in this dissertation in both theory and methods. The screencapture (or screenshot) refers to the process of capturing and preserving what is visually displayed on a computer or mobile device screen at a given moment in time. I used screenshotting as a method to gather data during the observation phase and for participatory data collection in the pre-interview questionnaire and the media go-along. This method was especially useful for getting a sense of user engagement from their perspectives, to involve participants in the research process, as well as to archive content that could potentially disappear.

Screencaptures are becoming a valuable research tool for capturing ephemeral and dynamic digital content that traditional observation methods may miss. It serves as a form of “evidence” that documents users’ experiences of digital use and engagement (Schafer et al. 2024). Inspired by the use of photography in traditional ethnographic research, I used the screencapture to better understand what is going on in and around participants’ practices. Traditionally, photography is used by researchers in order to establish a relationship with a community and/or an attempt to get an overview of their environment (Eberle 2018). While my research is not defined by a particular place, I use the screenshot to capture some of the practices, labours and habits that make up women’s media practices and that mostly happen within their intimate everyday practices.

When studying Instagram, screencaptures are that much important because they allow the researcher to study Instagram posts as a unit. As argued by Tim Highfield and Tama Leaver (2016), it is critical for researchers to consider Instagram posts as a unity of visual and textual content in order to fully grasp the meaning of Instagram data. Like photography, screencaptures also translate the point of view of the person who makes the act of freezing the screen. Instagram

content is to be understood within its embodied and situated environment since its meaning can change depending on where and how content is posted or shared and by who. Therefore, I was able to analyse user engagement through posts that provide an embodied and situated perspective on their practices. For example, many of the women who participated in this project used the Story function to relate posts to their personal journey or to add commentary on others' posts which might have otherwise been missed with other methods. The screenshot is therefore important to get to an aspect of that situated knowledge, and the different meanings that can accrue around Instagram mental illness content depending on women's own embodied social positions and their negotiation of Instagram affordances. Not only did those screencaptures tell me what content is important to them, it was also a way to see what is meaningful to them in their media practices, which tend to go unnoticed.

I prioritised screencaptures over other methods such as sharing links not just because they provide broader context on a post, but also because of the under evaluated ephemerality of Instagram content and the intimate dimension of some of these posts. As many scholars have noted, both feminist activist content and mental illness-related content are often subject to platform moderation and censorship, an issue that is of utmost relevance with the rise of far-right ideologies among platform CEOs. This means that collecting screenshots of posts, rather than links, allowed me to capture content that could eventually be removed from the platform and unretraceable. I also wanted to know what participants share in their Stories, which are often private and/or ephemeral thus inaccessible otherwise.

The screencapture as method is also great for involving participants in the data collection process. In the pre-interview questionnaire, I asked participants to send screenshots of their latest liked and shared Instagram posts related to mental health. This participatory approach not only

enriches the data, but it also empowers participants to document their own social media use and experiences of mental health-related content. The screenshots collected also became the basis for co-analysis during the interview as I could relate participant's stories with the posts they had shared with me and discuss them further. It allowed me to gain insights into how participants perceive and make sense of their own practices and their interpretations of the posts they like and share. If other posts were mentioned during the interview or the media go-along, participants were encouraged to send me a screencapture after the interview. At the end of the data collection process, I had collected a total of 139 screencaptures from the participants.

Finally, using screencapture as method requires strong ethical considerations surrounding consent and privacy. Participants therefore had no obligation to share a screencapture of their personal stories or likes if they did not feel like it, and they were made aware that these screencaptures would be used for research purposes if they shared them. This is one of the reasons why I may discuss posts I do not have a visual for, since participants were not always comfortable sharing them. For example, Rosalie, a participant who share pictures of herself in her underwear as part of her healing process from depression, preferred not to share screenshots of these photographs but she let me follow her on Instagram so I could see them. This points to my own ethics and responsibility as a researcher to respect participants' privacy and trust. I also made sure that any screencapture shared in this dissertation did not show the participant's private accounts or other users' information.

Doing Research On/With Care

Being given the privilege of sharing women's stories comes with great responsibility. Doing feminist research involves a level of commitment to producing knowledge that benefits

the women involved, a responsibility to work together, and self-reflect to minimize hierarchical relationships between researcher and participant. It demands that researchers acknowledge their own biases, experiences, and power dynamics in shaping a research project. I understand doing feminist methodology as “a set of practices and perspectives that affirms differences among women and promotes women’s interests, health, and safety, locally and abroad.” (DeVault and Gross 2012, 3). This implies taking into consideration my own position as a researcher, my own positionality and privileges. While I myself live with mental illness and therefore was able to connect with many of my participants during the interviews, I recognize the power dynamics that structure the researcher-participant relationship. As much as I tried to remove this imbalance, it was there regardless. I must also acknowledge the privileges that come with being a cis-gender white woman who is able-passing and the ability it gives me to reveal my lived experience with mental illness and to be able to conduct this research. Reflexivity is important when considering one’s position as researcher, reducing harm and fostering care. Feminist ethnographers must “recognize, examine and understand how their social background, location, and assumptions affect their research practice.” (Hesse-Biber 2007, 17). I do this not only by using a feminist intersectional approach to this research but also acknowledging that there is no universal women’s experience or standpoint and being critical of how my own bias and privileges may shape the research, from collecting to analysing the data.

Situated knowledge is also about recognizing our complicity in reproducing power relations. In that regard, Elizabeth Luka and Mélanie Millette (2018) highlight the importance of “activating” situated knowledge and a feminist ethics of care when doing social media research to recognize the constructed and situated nature of social media data. Their research attends to big data sets but, I argue, must also be applied to smaller data samples like those of this project.

Working with a group of women who are already marginalized requires particular attention and care for their stories that normally get lost in big data sets and on social media in general.

Following Luka and Millette's call, I use situated knowledge and care to think through the "intersectional networks of relations, values, and ethical commitments" (2018, 4) that constitute my research project, the methods and tools I mobilize to gather social media data, as well as the frameworks I choose to analyze it. I deliberately chose to engage with a smaller set of data (vs. big data) to foreground and do justice to the more intimate and unacknowledged practices that nonetheless are meaningful to women. Doing feminist research is about recognizing the dynamics of power involved in any research project such as the charged relations between researcher and participants, the politics of interpretation, representation and accessibility, as well as the possible social consequences of making claims about research participants (DeVault and Gross 2012; Price and Kerschbaum 2016). Engaging with a smaller data set implies taking into consideration the fact that our own positionality as researcher influences how we collect and analyze data and staying conscious of these dynamics. Rather than making general claims about what women do with Instagram or what "Instagram therapy" is, this dissertation provides an example (amongst many others) of what it means to do care with media -- one provides a first insight into the understudied phenomena that is "Instagram therapy" and its implications in the lives of women.

Consequently, a feminist ethic of care is also part of this project's methodological grounding and interest in the processual making of things. Care is not contained in a final product but in the processes of how we do things with and for other people. To care is to undertake and perform a series of actions, gestures and procedures to provide what is necessary to the health and wellbeing of someone or something. As I work with women living with mental

illness, care is an integral part of how I choose to engage with research participants as well as the tools and methods I employ. My methodology is embedded in a vision of the researcher as a “participant of social relations” (DeVault and Gross 2012) and this dissertation is itself a space where other knowledges about care and accessibility can take shape through both research and method.

Most importantly, conducting a feminist ethnography allowed me to do this research with other people living with mental illness rather than doing research on them. Since I am dealing with difficult topics such as psychological ailments and distress, trauma and systemic oppression, personal statements and testimonies are necessary to really get to the function and doing of these women’s media practices while being mindful of their stories. Furthermore, incorporating a feminist ethics of care is a critical aspect to center disability and commit to collective access through research methods. From an interdependent disability studies methodology, care is central in order to convey a commitment to access and recognize the mutually dependent nature of relationships and research. The disability-justice aspect of my research translates into processes of decision making, as well as the materials and resources I used throughout data assessment. I provide more details of these processes in the following section.

Ultimately, to do feminist research with care is to recognize the less visible forms of labour that make this research project possible: the participants who choose to share their voices and those who prefer not to, the media makers behind the content analysed, and most importantly the critical work of queer, trans, Black and Indigenous women living with mental illness whose contributions and struggles are still too often overlooked. I provide the details of

how I intend on approaching these charged relations and committing to accessibility in the following section.

Data Selection and Analysis

I conducted a thematic analysis of the data collected using constructivist grounded theory for the interviews and qualitative content analysis for the screenshots. I conducted the analysis of the interviews first as they provided the base for identifying patterns and themes (Appendix 2). I then proceeded with the analysis of the screenshots that I then put in conversation with the themes identified in the interviews. The goal was to prioritize participant's voices and practices while also attending to their forms of expression and how they engage with the representations and discourses that circulate on Instagram.

Constructivist grounded theory is a qualitative analysis method that builds on grounded theory to emphasize the co-construction of meaning between researcher and participants (Charmaz 2017; Charmaz 2024). The goal is to have a reflexive approach to data analysis that focuses on theory-building through—and engagement between—participant's experiences and the researchers' interpretative role. I used this method to analyse the data collected through the interview and media go-along process to get a complex and nuanced portrait of participant's Instagram practices and the meaning they give to their social media engagement. Constructivist grounded theory emphasizes on the idea that multiple truths and realities exist and that they are shaped by researchers' and participant's perspectives (Charmaz 2024). This contrasts with more traditional methodologies where researchers usually aim for a singular understanding of a phenomenon. In the context of media practices, it means acknowledging that participants may have different interpretations of their media practices than those of the researchers' and other

participants, and that they may have different feelings regarding the same content as well. Constructivist grounded theory is also useful when doing feminist ethnography because it implies that researchers must acknowledge their own backgrounds, values, and how these influence their research process (Allen 2011). This reflexivity allows for a deeper understanding of the data and contexts of social media use and engagement. Moreover, this method of analysis shifts the focus from just coding and categorizing data towards contributing to theory development (Charmaz 2024). This means that more attention is placed on the exploration of processes rather than just describing them. In this dissertation, this manifested in the emergence of themes while also facilitating links between the participants' individual experiences of mental illness and broader social context, norms and discussions that emerged in their self-care practices. I found that this analysis method allowed for more flexibility in the interpretation of data and a deeper engagement with participants' stories.

The initial phase of the analysis consisted in inductive reasoning, meaning that I let patterns and themes emerge organically (Charmaz 2024). Data collection and analysis were therefore conducted simultaneously to introduce a first layer of iteration. As I did the interviews and started to identify recurrences, I could explore these emerging themes with other participants, making the process dynamic and responsive. I did this by tagging interview sections, identifying themes, ideas, practices and concepts that came up in each interview. During this process, I selected 14 interviews out of the 22 conducted that I would dive into more deeply in the dissertation. While I originally set out to tell the stories of the 22 women I interviewed in the dissertation, it became clear once I started to transcribe and analyse the interviews that I would account for all 22 interviews in assessing the character of women's Instagram use but would only be able to tell 14 of these stories in details. I came to the

realization that telling the stories of 22 women in the space of a dissertation would be a difficult task, especially considering that doing research with women living with mental illness implies that I stay truthful to their stories and provide background context to fully account for how they use Instagram for care. Each of the stories I tell in this dissertation provide original and rich insight into women's Instagram practices, and an in-depth understanding of these women's lives that I would have had to cut down otherwise. Telling more than fourteen stories would have risked generalizing the findings rather than the depth I was able to get to with a smaller sample. While I made this decision, I did not make it lightly, and I hope to be able to tell all the women's stories in future publications.

This initial phase was followed by two rounds of thematic identification, one open and the other more focused. The first round consisted in identifying key phrases and ideas that helped me break down the data into manageable pieces and labelling them in a way that reflected their meaning. I established initial themes through a close reading of participants' words and practices. This means the themes were open to being changed or adjusted depending on future findings. The second round consisted in refining the categories established in the previous phase. This step involved comparing data and categories to allow for a more sophisticated analysis to emerge that stem from the interactions emerging from the data. This is how I was able to put participants' stories into conversation to reveal the texture of their stories and the complexity of their practices. For example, I identified potential differences and tensions in the way participants engaged with what appears to be similar content, yet their practices revealed otherwise. In this second part of the analysis, I narrowed down the concepts, practices and notions that emerged across the interview into clear patterns and themes.

I conducted the qualitative content analysis during this second phase to refine the data analysis and make connections before I moved on to developing the grounded theory. I analysed the screencaptures using qualitative content analysis to get to an additional layer of what happens when women use Instagram to make sense of mental illness. I used qualitative content analysis to provide meaning that is to be understood in conversation with the data gathered from the observations, the interviews and the media go-along. Drawing from feminist social media researchers, I understand qualitative content analysis as a method to "present simple frequencies on aspects such as themes, frames, discourses, tones." (Mendes, Ringrose & Keller 2019, 40). The content of the screencaptures ranged from, but were not limited to, photos, illustrations, Reel covers, textual posts, as well as Stories mixing text and image. I therefore treated every post as a text that would provide additional understanding as to how participants produce or engage with content to make sense of mental illness. The content analysis had many layers. First, I categorized the content according to Instagram affordances (i.e. were they Stories, carousels or feed posts), the medium used for the post (i.e. photography, video, illustration, text) and the kind of post (i.e. testimony, concept break down, comic, meme...). The second step of the analysis consisted in mapping the topics that appeared in the posts and connecting them to the themes and patterns identified in the analysis of the interviews. In my consideration of women's social media practices as a constant negotiation with norms and social discourses, I treated the content analysis similarly to a discourse analysis to identify gendered discourses and patterns. My purpose in using this methodology was not to provide generalizing accounts of the practices I attended to, but rather to connect the themes that emerged from the interviews to the discourses, norms and values identified in the content to provide a better portrait of how women engage and negotiate with content.

The following phase of the constructivist grounded theory was to situate the findings within the broader social, historical, and situational contexts presented in chapter 1.

Understanding the context in which participants' practices arise and take place enabled to add nuance and depth to my study of their practices.

I also engaged in memo-writing throughout the research process to help capture thoughts, insights and reflections on the analytic processes. This was especially useful considering my own implications in the practices studied and the fact that it was often difficult to "stop" observing "Instagram therapy" as I am myself immersed in it. This practice not only helped me develop ideas, but also to be reflexive about my own positionality and role in the research.

Reflexivity is key to constructivist grounded theory, and I tried to maintain a reflexive stance throughout the process as much as possible. I reflected on my own biases, perspectives and interactions with the participants. This allowed me to enrich the analysis by incorporating multiple viewpoints and acknowledging the co-construction of meaning in research. Like any researcher, I had pre-conceived ideas of what I could find (or not) going into the research. Constructivist grounded theory is a way to redefine and refine these ideas through the interview process, participant interaction and data analysis. This iterative process was a necessary to include participants as actors in the research process, as well as to question my own biases regarding the practiced studied. I adjusted the direction of my analysis throughout the research process based on emerging insights from the participants rather than following a set pathway of inquiry.

Finally, the goal of constructivist grounded theory being to generate new theoretical insights that offer a deeper understand of the social processes at play, I was able to integrate the findings into a coherent theoretical framework around the question of self-care as media practice

that reflects the nuances and complexities of what happens when women turn to Instagram to care for themselves.

Participant Portraits

Each of the women who participated in this project have their own story and lived experience of mental illness. To better understand how they use Instagram, and foreground their stories, let me tell you a little more about them and their journey.

Anne Gaëlle (she/her) is a 30-year-old woman of Haitian decent who lives in Montreal. She has been living with an eating disorder and borderline personality disorder (BPD) since her youth. Since her teenage years, she has had many hospitalizations and always had difficulty navigating the health care system. Although she has met good people through her hospital visits, she continues to face difficulties in accessing care because of her BPD diagnosis and her identity as a Black woman. To compensate, she has learned to create what she calls her self-care toolbox. Crafts and journaling are part of her daily habits, and she likes to integrate quotes and reflections she sees on Instagram to these activities.

Ayushi (she/her) is 26 years-old and lives in New Delhi, India. She is currently enrolled in a PhD program, and she is learning to navigate graduate school while living with depression and generalized anxiety disorder. Mental health is still a taboo topic in India, and she found it difficult to find people to talk to when she was going through depression. She felt that people did not understand her and that they used her diagnosis against her, especially in Academia. She decided to create the Instagram page @mentalhealthtalkindia with one of her friends in order to tackle these taboos and create a space where her and others could find community and information.

Camille (she/her) is 33 years-old and has had her share of experiences with mental health and illness. Diagnosed with anorexia, generalized anxiety disorder and obsessive compulsive disorder when she was in high school, Camille has gone through many hospitalizations and therapist visits. Even though she is at times skeptical of how much Instagram actually helps her, she does find some content on the app calming and soothing. She practices drawing and painting for self-care and she finds a lot of inspiration on the visual social media platform. Seeing others drawings reminds her of her own practice and the calmness it brings her.

Camille B. (she/her, they/them) is a master's student at Université de Montréal who was diagnosed with complex-post traumatic stress disorder (C-PTSD) and has depressive tendencies. For Camille, mental health and illness are social justice topics that are directly linked to her identity as a woman and non-binary person. On Instagram, she can find content that discusses these intersections and make her feel validated. She also discusses some of the things she learns

on Instagram with her therapist to let her know about her journey and reflections outside of their sessions.

Cécile (she/her), a 25-year-old master's student at Université de Montréal in feminist philosophy, uses Instagram to share about her struggles with living with anorexia. She started sharing her journey at the same time as she started therapy, a couple of weeks into the first Covid-19 lockdown in March 2020. For her, these two practices are deeply interconnected. She shares as much content as she follows. Even if her content doesn't reach a lot of people, she does it because if she can help one person it's already going to mean a lot to her. She also sees this practice as deeply feminist her goal is to help other women with similar struggles and who may not have access to the resources or communities that she did.

Clémence (she/her) is a 29-year-old who currently lives in France with her parents. She was previously studying in Montreal but had to go back home when she started struggling with her mental health in 2019. She had been battling with intensive depressive phases for the past couple of years without being able to identify a reason or ways to get better. It is after discovering Premenstrual Dysphoric Disorder (PMDD) on Instagram that she finally understood what she was living with and was able to seek proper care. Clémence is particularly critical of the fact that she has felt like the therapists and other health professionals she consulted tended to gatekeep information that was crucial to her. She uses Instagram to gain back control over her health and find the knowledge she needs to advocate for herself when seeking care.

Clémentine (she/her), a French 26-year-old woman living in Québec city, has generalized anxiety disorder and she has lived with a parent with mental illness growing up. She likes Instagram content because it provides her with information, she feels has always been kept from her. When her mother was going through severe depression and committed suicide, doctors would not tell her anything and she always felt left out. Now that mental health information is more accessible, she feels like she has a sense of control over her own history and experience. It gives her the images and words to make sense of it.

Émilie (she/her) is a 31-year-old mixed-race woman who identifies as Black. She lives in Montreal, her mother is from Canada and her father of African descent. She is in recovery for an eating disorder and lives with generalized anxiety disorder. She first encountered the world of mental health through her yoga practice. She was following a lot of yoga content on Instagram when she started to realize it didn't really cater to her reality as a Black woman with an immigrant parent. That's when she started to follow other Black women who talked about their reality and their experience of therapy and mental illness. She finds that this content gives her insight that she isn't necessarily able to find in traditional therapy and mental health spaces.

Franceska (she/her) is 24 years-old and she lives in Saint-Bruno, Québec. She lives with borderline personality disorder (BPD), even though she refuses to have an official diagnosis because of the stigma that surrounds it. As a result, she's also very conscious of the way she uses Instagram. She doesn't share or like content that refers to BPD and she only consults content in her "for you" page. At the same time, she is very vocal about her experience with sexual

violence and has shared her experiences during one of the #metoo waves that happened in the province of Québec during the summer of 2020.

Julie (she/her) is a 28 years-old PhD student who lives in Ontario. On top of her doctoral studies, she is a full-time specialized educator who works with a service dog. Throughout her journey of living with generalized anxiety disorder, her dog became part of her support network. She says that she never knows when her anxiety is going to hit or what is going to be the trigger so having everyday support like her dog is really key. This is why having an Instagram feed with calming and soothing content is important to her. It provides everyday reminders she finds useful. She was even able to connect with people around common struggles and made friends through the app which she wouldn't have made otherwise.

June (she/her) is 27 years-old and lives with an anxiety and panic disorder. She has also experienced depressive periods in the past as well as eating disorders of which she considers to be in recovery. June feels that although she has her own share of experience with mental illness, mental health information should be available to everyone and the more we talk about it, the more we will be able to break the stigma that surrounds it. She uses Instagram for her mental health because it helps her find information and get a sense that she is not alone and that there are people out there who understand her. But she also uses it to spread that knowledge and create a network of support around her and for the people she interacts with on the app.

Noémie (she/her) is 29 years old and lives in Texas where she teaches architecture. She doesn't directly post about mental health on her account because like other women interviewed, she doesn't need people to know about her struggles. She lives with anxiety and what helps her is following pages that speak about the experience of living with anxiety and that connect it to social justice issues. She also likes to post about her self-care activities in a humorous way.

Rebecca (she/her, they/them) is a 28-year-old LatinX person who lives in Fredericton, New Brunswick. They are a graduate student, writer and researcher. Rebecca lives with PTSD, depression and generalized anxiety disorder. Ever since a traumatic incident, they have been having trouble with their short-term memory. They use their Instagram feed as a way to collect moments and memories through photos and text. They also like Instagram content that addresses mental health from an intersectional and social justice standpoint. They themselves created a page for the Fredericton queer community as a response to the lack of diversity in other organisations.

Rosalie (she/her) is a 24-year-old living in Montreal and studying psychology. She lives with depression and has been using Instagram to reconnect with herself. She feels that for a long time she hasn't been herself in her relationships and interactions, something she uncovered with the help of her therapist. As part of her recovery process, she decided to start sharing body positive pictures of herself on Instagram as an exercise to show her "true" and "authentic" self. She like to follow women who have similar practices and she feels that together they participate not only in helping themselves, but other women feel more confident as well.

Chapter 3

The Landscape of “Instagram therapy”

"Instagram therapy" emerged as a popular genre in the last five years, providing a variety of resources, tools and other types of content for the doing of mental health care on Instagram. This chapter serves not as a critical analysis of these accounts, which is not the goal of this dissertation, but to provide an overview of the landscape in which my participants' practices are situated. As I demonstrate throughout this dissertation, how women care for themselves using Instagram cannot be contained to an account or type of content. The content presented here is not an exhaustive representation of "Instagram therapy" but a guide for better understanding my participant's practices and the different mental health discourses found on the platform. This portrait was created using the data collected through my close observation of "Instagram therapy" and my participants' practices.

Actionable Tips, Empowerment and Aspiration

We can find a variety of female therapists and other licenced professionals who turned to Instagram to share their knowledge and connect with people with the goal of making therapeutic language and mental health more accessible. This content started with text-based images, usually in the format of a carrousel so to be able to share as much as possible. The Instagram account [@the.holistic.psychologist](https://www.instagram.com/the.holistic.psychologist) is arguably one of the most followed mental health account on Instagram with around 8.5 million followers as of July 29, 2024. Created by clinical psychologist Dr. Nicole LePera, this account provides self-healing techniques, self-care strategies as well as general mental health information to help followers in their mental health journey. The account

emphasizes a holistic approach to mental health, which integrates psychological insights with practices related to physical health, emotional well-being, and personal growth. It often explores the connection between mind and body. The account provides educational content on various psychological concepts, such as attachment styles, trauma, self-awareness, and emotional regulation. Posts often include simplified explanations and actionable tips. While LePera has created her own brand off of social media, she rarely shows her face and most of her publications are carrousels with text and infographics. She maintains a cohesive visual style with a clean and minimalist design. This includes a consistent color palette, typography, and visual motifs that align with the themes of calmness and clarity. A carousel she posted on June 9, 2024 exemplifies this type of content (**Error! Reference source not found.**). On a lavender colour background, a first slide reads, in minimal white text, “Healing trauma isn’t ‘why did this happen to me?’ or ‘what did I do to deserve this?’ It’s: ‘Now that it’s happened, how can I make choices that allow me to thrive?’.” In the next slides, she proceeds to show examples of what this can mean. In one of them we can read, still in white minimalistic text, “Healing trauma isn’t blaming your parents, it’s about being the responsible member of a family who does the hard work to break the cycle.” (Figure 4**Error! Reference source not found.**). With this kind of message, LePera guides her followers towards actions that will help them in their healing. Here, she suggests that making individual changes in our relationships is a way to break the cycle of trauma and heal. @theholisticpsychologist's content aligns with the individualistic and self-realizing content of self-help literature typical of therapeutic cultures' focus on self-responsibility and individualized discourses of mental health. The messages she shares often center around the need to change ourselves to heal, suggesting that mental health is accessible but only on the premise of individual labour and effort. This is augmented by the fact that she limits the kind of

information she gives to her followers so that people who want a more personalized approach can buy her programs suggesting that healing is possible, but you have to buy a product to have access to it.

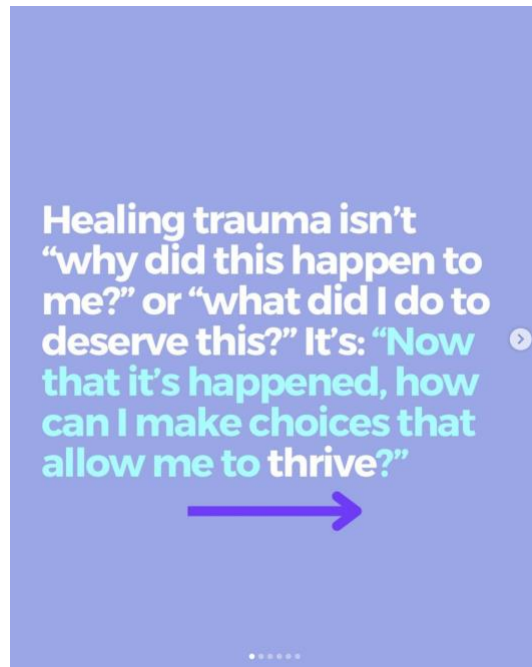


Figure 4. Carrousel posted June 9, 2024, @the.holistic.psychologist

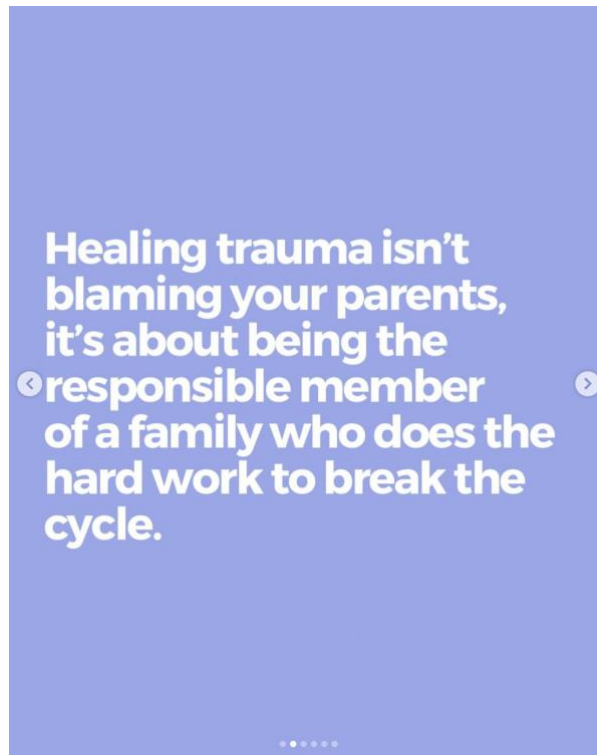


Figure 5. Carrousel posted June 9, 2024, @the.holistic.psychologist

While these are the kinds of publications that made her account famous, she recently started making Reels which now have more discoverability. LePera also popularized the concept of the “self-healer” which refers to an individual who takes an active role in their own emotional and psychological healing. This approach emphasizes personal responsibility, self-awareness, and the use of practical tools to address unresolved trauma, emotional wounds, and limiting beliefs such as those presented on LePera’s Instagram. Through this concept, she encourages individuals to become their own "healers" by integrating these principles into their daily lives, leading to more profound and sustainable healing. Ayushi, an Indian student from India, shared that she did not trust accounts like LePera's because of their individualized dimension and their commercialization of mental health. She doesn't trust that someone who sells programs can be genuine about their intentions.

Nedra Glover Tawwab is another therapist and social worker behind a trending mental health account. Her page, [@nedratawwad](#), had 1.8 million followers as of July 29, 2024. Her account has gained a large following due to her practical, straightforward advice on boundaries, relationships and emotional well-being. Her feed often features neutral tones like whites, grays, and soft pastels, creating a soothing and cohesive look. Similar to LaPera's, Tawwab's Instagram feed has a clean, minimalist aesthetic that is visually calming and easy to navigate. A significant portion of her content consists of text-based graphics, where key messages, tips, or quotes are displayed in a clear, easy-to-read font. These posts are usually on a white, plain background, making the text the focal point. These colors are sometimes paired with simple text graphics or images. She occasionally shares personal photos, which might include professional headshots, candid moments, or images related to her work as a therapist and author. These photos are typically well-lit and aligned with the overall minimalist style of her feed. Tawwab's focus on practical, actionable guidance has attracted a diverse following, but she remains a significant voice for Black women navigating their mental health and well-being in a society that often overlooks their specific needs. As a Black therapist, she brings a culturally aware perspective to her discussions. In a Times article, where she was nominated in the [top 100 influential people in the health](#) category, she mentions how her approach is rooted in Black culture. A lot of the examples she uses come from her culture and her experience as a Black woman, but also the language she uses and even how she dresses and presents herself. In a post published on May 31, 2024 she writes “When you find yourself changing numerous things to fit what someone else wants, you may not be in the right place. Everyone can improve something and it’s unhealthy to shift everything to fit someone’s else’s needs. If you find yourself in a relationship where you are not good enough, perhaps you aren’t in an environment where you can thrive.” (Figure 6)

Without referring to the specific experience of being Black in the United States, Tawwab nonetheless addresses the problem of trying to fit in an environment when that environment is not made for you. Here, she suggests that instead of trying to change ourselves, we should seek other places to thrive, where we are accepted for who we are. Making structural change is important but it takes time. Here, Tawwab offers perspective to her followers that can be healing in a context where one may feel like they will never fit in, or change will never come. Contrary to LaPera's individualistic perspective of healing, Tawwab's approach is rooted in black feminist self-care and the need to take care of yourself when facing structural discrimination. Tawwab's fame also comes from the fact that she represents Black women in a field that has been predominantly White and not always welcoming to people of colour. Women of colour, she notes in her Times interview, feel safer following her content because she looks like them and they feel like she can understand their struggles.

When you find yourself changing numerous things to fit what someone else wants, you may not be in the right place. Everyone can improve something and it's unhealthy to shift everything to fit someone else's needs. If you find yourself in a relationship where you are not good enough, perhaps you aren't in an environment where you can thrive.

[@NEDRATAWWAB](#)

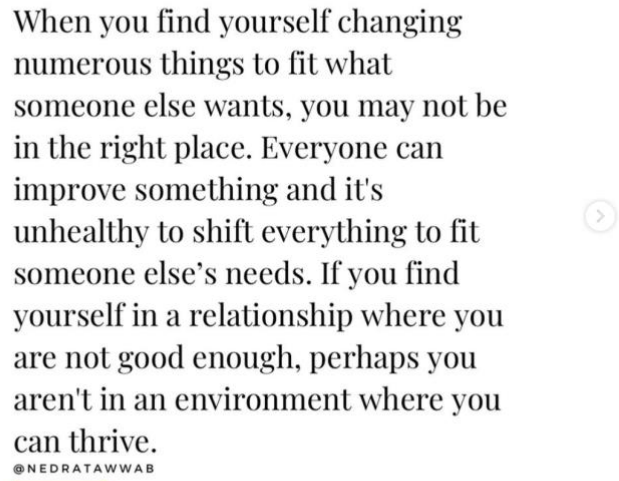


Figure 6. Carousel posted May 31, 2024, @nedratawwab

Therapists on Instagram have also been vocal about the backlash around what has been termed “Instagram therapy” and the dangers of using social media for mental health. This is the case of Lisa Olivera, a licensed marriage and family therapist, writer, and mental health advocate known for her compassionate and gentle approach to personal growth and healing. She is particularly well-regarded for her work on self-acceptance, inner child healing, and self-compassion. Her Instagram [@_lisaolivera](#) is visually soothing, featuring soft colors, calming graphics, and simple designs. The aesthetics reflect the gentle, nurturing tone of her content, creating a welcoming and safe space for followers. Similar to LePera and Tawwab, Olivera’s Instagram has a cohesive aesthetic and is mostly text-based images, carousels and infographics,

but with nature backgrounds. On her feed, you can also find images of plants, mountains and rivers, all contributing to the theme of balance and calmness. Olivera frequently posts about themes like self-acceptance, healing from trauma, the importance of feeling your feelings, and practicing self-compassion. Her content encourages followers to embrace their imperfections, honor their emotions, and be kinder to themselves in their healing journeys. She uses pictures she takes herself on 35mm film of places that inspire her or where she has had the thought she shares. On April 17, 2024, she posted a series of pictures of, she says in the caption, “the places that have held me lately.” The first picture shows a river and reads “May you find a river within, a place you can go for tender quiet, for nourishment, for subtle knowing, for deep listening, a place you can trust to hold the softening.” (Figure 7) Another image in the series shows a road cutting through fog and reads “May you trust yourself to be with whatever awaits in the distance, whatever exists in the unknown.” (Figure 8) In each of these images, Olivera uses the text and the image to make her message resonate with the reader as much as possible.

In a text published on Medium entitled “[Instagram Isn’t Therapy: A Reminder of What Therapists are Actually Doing on Instagram](#)”, Olivera reminds her readers that the type of content her and her peers create was never intended to replace therapy. Rather, she sees Instagram as a potential first step for people to engage with mental health content. It can help normalize discussions around mental health, reduce stigma, and encourage people to seek further help when needed. Olivera emphasizes that while Instagram can offer valuable insights and support, it is not a replacement for professional therapy. She believes that true healing and growth often require the deeper, personalized work that can only be done in a therapeutic setting with a trained mental health professional.

May you find a river within, a place you can go for tender quiet, for nourishment, for subtle knowing, for deep listening, a place you can trust to hold the softening.

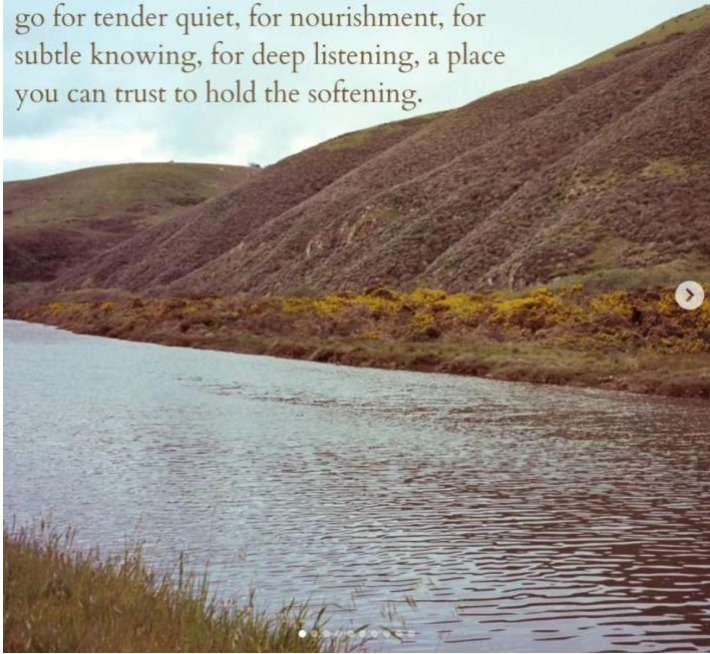


Figure 7. Carrousel posted April 17, 2024, @_lisaolivera

May you trust yourself to be with whatever awaits in the distance, whatever exists in the unknown.

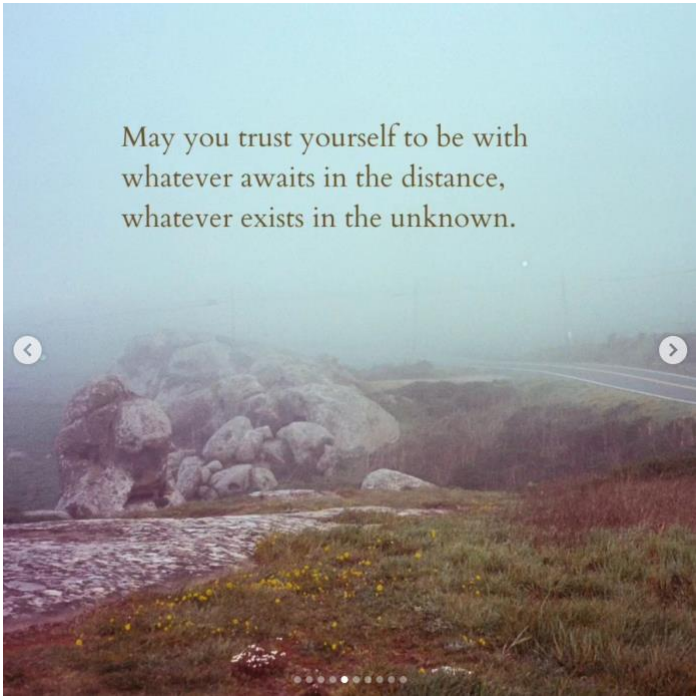


Figure 8. Carrousel posted April 17, 2024, @_lisaolivera

Illustrations and Comics

Illustration is another popular medium for mental health-related content on Instagram as well as amongst the women I interviewed. Illustration allows content producers to represent emotions and ideas that are sometimes difficult to explain otherwise. Mental health concepts can be complex or abstract and illustrations can simplify these ideas, making them easier to understand and more relatable. Visual metaphors, for example, can convey emotions or mental states more effectively than text alone. In fact, illustrations can evoke emotions and create a sense of connection with the audience. The use of relatable characters, expressions, and scenarios allows viewers to see themselves in the content, fostering empathy and understanding. Illustrative content also grabs attention, and it can make the content more engaging and shareable. Camille, my participant who draws as a form of self-care, especially likes the page [@haleydrewthis](#) because it connects her to her own drawing practice. Created by Haley Weaver, an illustrator known for her simple yet impactful drawings that address mental health, self-care, and personal growth, the account also addresses issues of social justice such as abortion access and human rights. She uses a lot of pastel and muted colours, making her visuals both calming and attractive. Weaver uses her illustrations to talk about her life with anxiety. “Anxiety” is the main character of many of her posts, as it is in her life. Representing anxiety as a character allows her to separate herself from it and maybe help others have a better relationship with their own anxiety, as well as explain to those who have never experienced it what it’s actually like. On May 19, 2022, she shared a post where she describes how she is well acquainted with “anxiety” (Figure 9). On a light pink background, “anxiety”, the character, is shown with a text bubble that says “Don’t mind me I’m just going to follow you around forever.” In the next slides, she presents the different homes of anxiety, featuring “anxiety” in little homes which represent

“the opinions of others”, “decision making” and the “the future”, which helps identify where and when anxiety might show up (Figure 10). A particularity of illustration that stands out here is the personal dimension of the content. Weaver illustrates her own experience with anxiety which makes it more relatable. Contrary to therapists who tend to put a distance between their personal experiences and the information they share, illustrators usually share about their own experiences which makes it easier for followers to connect to their content.



Figure 9. I am well-acquainted with anxiety 1, posted May 19, 2022, @hayleydrewthis



Figure 10. I am well-acquainted with anxiety 2, posted May 19, 2022, @hayleydrewthis

Another account that uses illustration to talk about mental health and emotions is [@ambivalentlyyours](#). Created by an anonymous artist, this account is famous for its representation of duality. The account is characterized by soft, pastel colors and delicate line work. This aesthetic contrasts with the often challenging and thought-provoking messages the artist shares. The account is known for exploring themes of feminism, emotions, and social justice through art. The central theme of the account remains ambivalence, particularly the conflicting emotions that people often experience. The artist explores how it's possible to hold multiple, sometimes contradictory, feelings at once, and that these feelings are valid. The duality of her images is well-represented by an illustration published on December 4, 2021. In that image, you can see a character looking up as if in desperation (Figure 11). The top half of the image is pink while the bottom one is blue, two colours she often plays with. On the top, you can read “I thought through my emotions so thoroughly” and on the bottom “that I forgot to feel”.

The play between colours creates this dual dimension and highlights the challenge that is trying to rationalize one's emotions while also allowing oneself to feel.

The accounts' content is also heavily influenced by feminist thought and activism. The artist uses the platform to address issues like gender inequality, body positivity, and the emotional labor often expected of women. Their illustrations often challenge traditional gender roles and highlight the importance of self-empowerment. In an illustration published on March 22, 2022, the artist represents her main character with blood falling from her eyes, and into her hair with a text that reads "How many feelings did I hold back because I knew they'd be dismissed as drama." (Figure 12) The blood here represents the feelings trying to escape the character, as if they've become so painful that they are bloody. Here the artist refers to the fact that women's emotions and feelings are often perceived as exaggerated and creating problems where there aren't any. As we saw in Chapter 2, this is because historically women's emotions were perceived as a hormonal deregulation and something that needed to be treated. This idea has been sticking unto women for decades and the illustration refers to the fact that still today women often must hide their emotions by fear of being perceived as "too much".



Figure 11. *I forgot to feel*, posted December 4, 2021, @ambivalentlyyours

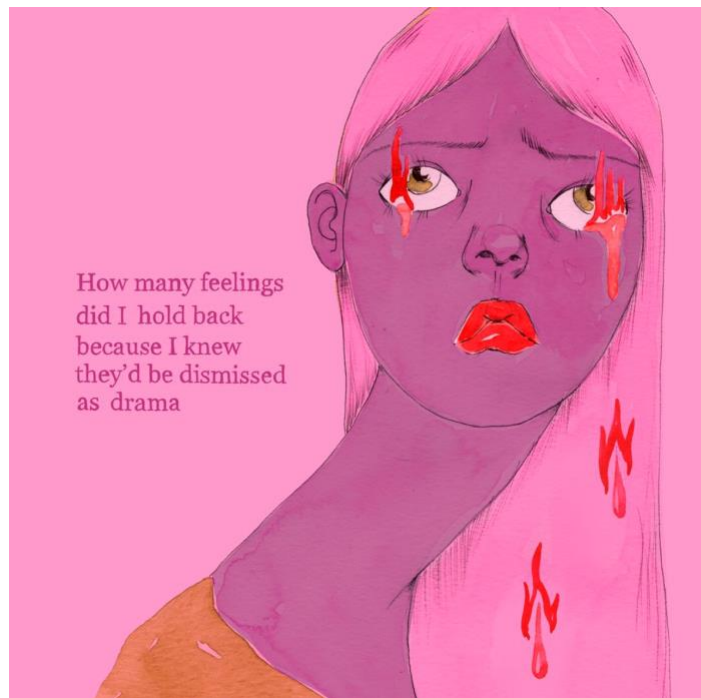


Figure 12. *Drama*, posted March 22, 2022, @ambivalentlyyours

Comics are another method that use drawing and illustration to portray feelings and emotional experiences visually. Like illustration, they can evoke strong emotional responses and create a sense of shared understanding among viewers while being a form of self-care for the artists (Mazowita 2022a; 2022b). Mental health comics, or graphics, are an increasingly popular genre of content that uses the medium of sequential art to explore, depict, and communicate issues related to mental health (Mazowita 2022a; 2022b). The difference between the illustrations explored previously and comics is that the later blends visual storytelling with textual elements to create narratives or scenarios that resonate deeply with audiences, particularly those who have experienced or are experiencing mental health challenges. Mental health comics typically use one or a series of panels to tell a story or illustrate a concept. This sequential nature allows for a more nuanced exploration of emotions, thoughts, and experiences over time. The account [@swatercolours](#) creates a world in which we follow a main character and their cat. The artist uses these characters to engage with themes of mindfulness, relaxation, and emotional well-being, aligning with the broader trend of using art for therapeutic purposes. In one watercolour posted on August 18, 2020, the artist explores the idea of negative thoughts and how we often have the impression that they will never leave us (Figure 13). In the first panel, the main character asks their cat "How come negative thoughts stick to me so easily?" The second panel follows with them still asking "but I have to fight to keep hold of the good ones.". In the third panel, the cat answers "Maybe you're too focused on what you are trying to run away from", and finished the final panel with "And we need to find some things to run towards." In only four small panels, the artist creates a story about the difficulty of experiencing negative thoughts with a hopeful ending.



Figure 13. *Negative Thoughts Stick*, @swatercolour, August 18, 2020

Many mental health comics also use storytelling to depict personal experiences, coping mechanisms, or hypothetical scenarios. This narrative approach can make complex or abstract mental health issues more relatable and understandable. Additionally, many mental health comics have an educational purpose. Their goal is to educate their audience about mental illness, offering insights into symptoms, treatment options, and coping strategies. This is the case of [@crazyheadcomics](#) who uses her account to share knowledge about different mental illnesses, raise awareness and destigmatization. For example, on May 23, 2023, on world schizophrenia awareness day, she posted an illustration on which she describes what schizophrenia can look and feel like (Figure 14). Here she uses comic-style text clouds and illustration to share information on an illness that is still very much stigmatized and misunderstood. This

accessibility, because of the illustration, is particularly valuable on platforms like Instagram, where users often engage with content quickly and visually. Comics are easily shareable, allowing for broad dissemination of mental health information and messages. Followers can easily repost or share comics with others, further spreading awareness and encouraging conversations about mental health (Mazowita 2022b).

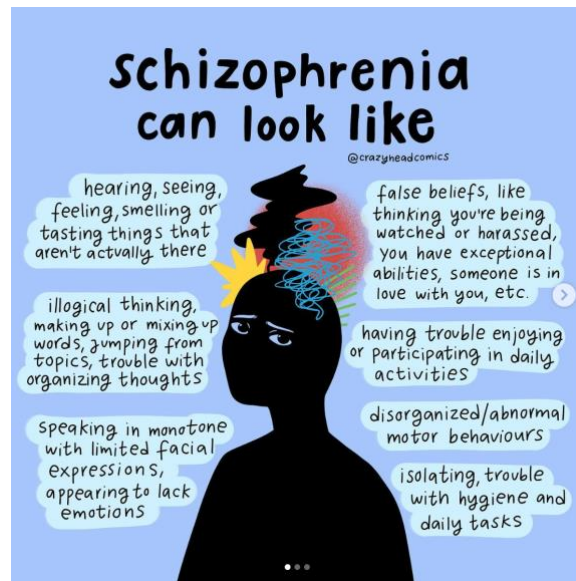


Figure 14. Schizophrenia can look like, posted May 23, 2023, @crazyheadcomics

Styles and types of content sometimes merge especially when it comes to illustrative content. Some comics will mix humour, storytelling and information. [@makedaisychains](#), run by illustrator Hannah Daisy, is a good example of an account that uses illustrations in varying ways. Her posts can vary from a more comic style, with planes and conversation bubbles, to just one illustration with text. She will often share illustrations that have a comic-feel to them. In this one example posted on March 19, 2023, the illustration shows a Black woman lying on the grass, her face looking peaceful (Figure 15). In the background, one can see a city skyline with a rainbow arching in the sky. On the bottom on the illustration, a white text cloud reads: "Forgive yourself for what you did to yourself when all you were doing was trying to survive." One could easily

imagine that this image could be part of a comic with a broader storyline which can foster the viewers' imagination.

Daisy also identifies as queer and disabled, two identities she explores in her illustrations through themes of social justice and human rights. In a recent post, published on June 23, 2024, she uses her platform to raise awareness about disabled people who live in war zones, in this case Gaza, Palestine (Figure 16). For this post, she drew an illustration of Boshra Abu El Khair, a Palestinian woman in a wheelchair living in Gaza which has been under attack for more than a year now. The goal of the illustration is to raise awareness about El Khair's situation and help her overcome muscular dystrophy disease. The illustration shows El Khair wearing a pink hijab and a bright pink shirt. The portrait is in a purple frame with bright yellow stars circling her face. Even though she addresses a difficult topic, the artist uses bright colours that participate in celebrating El Khair's life and presenting her in a joyful light to translate her humanity. Let's note here that content creators who occupy marginalized positions tend to explore questions of social justice more than white creators. Even though that doesn't mean there aren't white creators who explore these questions, it means that white creators are usually less attuned to these questions because they already feel represented in traditional psychology.



Figure 15. *Forgive yourself*, posted March 19, 2023, @makedaisychains



Figure 16. *Disabled in a War Zone*, Illustration posted June 23, 2024, @makedaisychains

Feminism(s) and Social Justice

There is a critical number of queer, BIPOC, feminist and disabled therapists, illustrators and activists who turn to Instagram to share their knowledge for these specific reasons.

Instagram allows them to reach a broad, diverse audience, many of whom might not have access to culturally or identity specific therapy in their local areas. Social media provides a way to bridge the gap between those in need of mental health support and professionals who understand their cultural backgrounds and identities, as well as challenge stigma and create safer spaces to talk about mental health in these communities. Although “Instagram therapy” presents many limitations, which I will explore throughout this dissertation, therapy can be expensive, and many people from marginalized communities may not have the resources to access it and when they do it is often not adapted to their realities. Instagram offers free content that can provide valuable insights, coping strategies, and support, making mental health care more accessible.

Émilie, one of the women of colour I interviewed, especially likes the account [@browngirltherapy](#) launched by psychotherapist Sahaj Kaur Kohli because of the links she creates between systemic issues and mental health. Kohli’s mission with this account is to create a safe, supportive space for immigrants and children of immigrants to explore their identities, navigate cultural conflicts, and prioritize their mental health. Her content focuses on the intersection of mental health and the immigrant experience, offering resources and support specifically tailored to the unique struggles of first- and second-generation immigrants. This includes issues like cultural identity, generational trauma, family dynamics, and the pressure to conform to both their heritage and the culture they live in. Many posts consist of quotes, reflections, and tips related to mental health and the immigrant experience. These are designed to be easily shareable, allowing followers to spread messages that resonate with them. As for the aesthetics, it is also clean and accessible, with a focus on clear, text-based posts that convey key messages and advice. The graphics often feature calming colors and simple designs that complement the thoughtful and supportive tone of the content. Kohli often shares resources for

finding culturally competent therapists, as well as articles, books, and other materials that support the mental health of immigrants and people of color. In a recent Reel, a format she is turning to more and more to gain more traction, Kohli explicates the links between social justice and mental health: “I will repeat this again: Healing is a social justice issue. Mental health and politics are intertwined. I cannot be a good therapist or mental health educator if I am not also trauma informed and culturally inclusive. And this means integrating and speaking about the reality of our systems and the world we live in.” (Figure 17) While the previous accounts presented use beautiful aesthetics and imagery to illustrate the message they want to convey, here Kohli uses a video of the beach, waves crashing on the shore of a small coast town, as a background and soothing music to create a calming atmosphere, but also to push her content forward in the algorithm. The use of a Real and a moving image to share a text-based post is strategic here. Kohli uses the affordance of the platform to her advantage in order for her content to get more visibility. Her content is similar aesthetically to others in form, but the topics are different. Here, we can see that mental health-related content can seem similar from the outside but once you dig deeper into it there are important differences in topics as well as in the tactics used to share information by creators, but will see by users as well. These dynamics also echo in the way women consume and interact with mental health-content online depending on their identity and social position.



Figure 17. Instagram Reel posted July 25, 2024, @browngirltherapy

In fact, many of the women I interviewed mentioned that social justice, from questions of gender equity and feminism to racism and human rights, were a critical component of their mental health. Because of their marginalized position as women, though at varying degrees, they understand that mental health is not just a personal endeavour but that class, race, gender, sexuality and disability determinate one's access to psychological well-being.

Cécile, who lives with an eating disorder, especially likes to follow the account [@femalecollective](#), an account with more than 942k followers that covers varying topics such as feminism and self-care. Female Collective is a popular Instagram page and online community founded by Black activist and entrepreneur Candace Reels. The page focuses on empowering women through uplifting content, advocacy for social justice, and the promotion of self-care and mental wellness. It has gained a large following due to its commitment to inclusivity,

intersectionality, and the celebration of diverse voices. In a post published on July 17, 2024 she shares a tweet by @graxemada which reads “Just read that women are more prone to autoimmune diseases bc of suppressed anger so lean into the madness today girlies it’s good for your health.” (Figure 18) The tweet is superposed on a colourful background of brown, yellow, pink and orange stripes which matches the aesthetics of her feed. In the caption, she writes “relatable”. Here, she uses her feed and its trending aesthetic to share about women’s health and how social dynamics may influence both our mental and physical health. Self-care is also a common topic with her “self-care Sunday tips” series. Each Sunday, she shares a tip using the same template. On an orange background, a card in a minimal design displays the tip. On July 7, 2024, the tip was to “have a solo dance party to release some stress and boost your mood.” (Figure 19) We will see later how the concept of self-care, which has become popular on Instagram and in part because of this type of content, is being coopted by neoliberal discourses. Reel’s platform is an example of the intersection between feminism and mental health that is often found in my participants’ practices and how these practices may be situated at the conjuncture of activism and postfeminism.

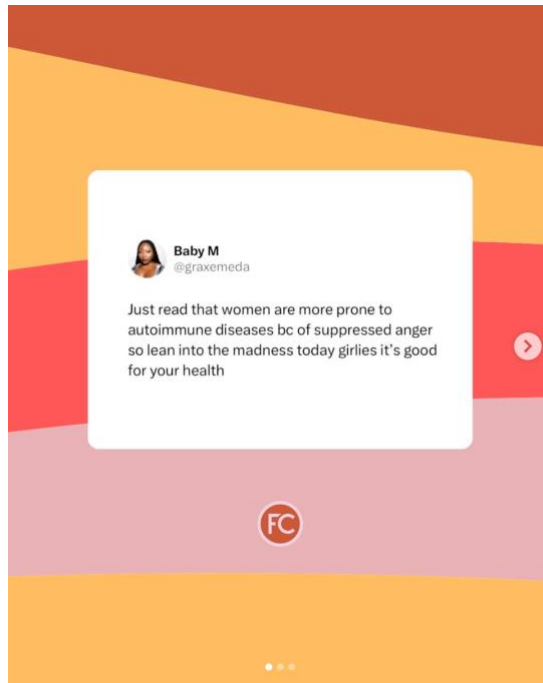


Figure 18. Women's health, posted July 17, 2024, @femalecollective



Figure 19. Self-care Sunday Tip, posted July 7, 2024, @femalecollective

Memes and Humour

As we can see in the content presented so far, humour is an important dimension of mental health content on Instagram. Even though therapists, artists and activist all address serious issues, humour also helps create some distance and pushing through difficult situations. Memes are a recurrent format used to speak about mental health and illness online. Memes are units of cultural information, often in the form of images, videos, text, or a combination thereof, derived from popular culture that are transmitted via digital platforms, particularly social media. They convey ideas, humor, emotions, or social commentary and are characterized by their rapid dissemination and the potential for variation through user-generated modifications (Shifman 2013). Mental health-related memes often reflect on common struggles related to anxiety, depression, and self-esteem, as well as practices that surround mental health such as therapy and self-care. Mental health memes often use humor to address serious topics, providing a way for women to laugh at their struggles while still acknowledging their validity. One example of how this is done is a meme posted by [@mytherapistsays](#) on August 17, 2024. In this meme, an image taken from the show *The Office* shows the famous boss Michael doing Parkour in the break room (Figure 20). This is a famous scene from the show which has been turned into many memes. On top of the image, one reads “My chemically imbalanced brain going from lonely to happy to anxious to depressed to sleepy within 5 minutes.” The scene from *The Office* represents the chaos that may be going on in one’s head when you live with a mental illness. By presenting mental health challenges in a humorous light, memes like this one help normalize conversations around mental health, making it easier for people to discuss and confront these issues openly. Memes, like illustrations, are especially popular in mental health-related content since they are quick and easy to consume, making them accessible to women who may not have the time,

energy or even the desire to engage with longer content. The shareable nature of memes also makes them a convenient way to express feelings or opinions to others. Memes often act as a form of social currency, helping women connect with friends and followers who share similar experiences or perspectives on mental health. Memes can also risk essentializing experiences in profit of relatability. In her analysis of the page @mytherapistsays, Thelandersson (2023) argues that the page, while it provides undeniable ways to speak about the anxieties of everyday life under neoliberalism, remains acritical to those conditions and instead uses followers' emotions for making profit. This analysis shows the downside of normalizing experiences of psychosocial ailment that some of these accounts risk doing.

My chemically imbalanced brain going
from lonely to happy to anxious to
depressed to sleepy within 5 minutes



Figure 20. Parkour Meme, posted August 17, 2024, @mytherapistsays

To summarize, we can see that mental health-related content targets women in varying ways and offer different kinds of strategies for healing and maintaining positive mental health. The content presented thus-far is only a sample of what could constitute “Instagram therapy”, but we can see that there is a clear tension between social justice and disability justice-oriented content and the one that is more oriented towards self-help and an individualized discourses of mental health. On the one hand, there is the question of self-determination, which is central to people living with mental illness, on the other, there is the one of neoliberal self-making. These contents co-exist on Instagram and in the self-care practices explored in this dissertation.

Chapter 4

Finding Validation Through Relatability: Affective Relations of Imagined Care

This chapter looks at the various ways in which the women who participated in this study use Instagram to seek validation for their symptoms and embodied experiences against a backdrop of scarce mental health resources and postfeminist pressures to self-optimize. I demonstrate that validation coheres around different modes of identification and subjectification that reveal uneven, yet multiple modes of relating and finding solace on social media when living with mental illness. I argue that relatability is plural and doesn't look the same for every woman. Some participants are critical of the neoliberal ideologies conveyed in certain content, yet they can still find relief in it. Others find validation in content that is more overtly critical of individual normativity.

The chapter is organized in five sections. The first section goes over the literature on relatability and social media and how this chapter builds on previous scholars' analysis and observations to provide a more spacious understanding of relatability. The following sections cover the different modes of identification at play in my participants' practices. The first section looks at relatability in the context of living with the understudied condition of Premenstrual Dysphoric Disorder (PMDD) especially considering the role of memes. The second section looks at the affective resonance of comics and illustrations and how it provides a space for making sense of one's own emotions. The third section considers aspiration and the valence of hope in attachments to body diversity expressions. The fourth section looks at identification with intersectional readings of the experience of mental illness.

Relatability as Affective Relation

June, a PhD student in marketing, has always felt different because of her phobia. Since she was a little girl, she has lived with an insect phobia. She tells me that when she was in high school, she would sometimes faint at school or have an anxiety attack in front of everyone at the sight of a mosquito. This is a real disability, as it prevents her from enjoying time with her loved ones. Her parents have a swimming pool at home, for example, and she can't go in because she's too afraid of seeing a bee above the water and drowning in panic. June's parents and friends are understanding and have always been there for her. However, it's still frustrating for them sometimes because they can't fully understand what she's going through, and June still has that fear inside her, she tells me: “the fear of having a panic attack in public or with people, it's still pretty present.” Not only because people don't know how to act, but because she finds it humiliating. That's why June prefers to talk about her phobia and anxiety with friends who have similar experiences:

J'ai déjà fait une crise de panique chez une amie. J'ai soupé chez elle, puis c'est ça, ça se passait très bien, on a parlé d'elle. Puis à un moment donné, elle me demande de parler du PhD, puis là, je commence à lui raconter, etc. (...). Je commence à lui parler de plein de choses, puis mon rythme de vie, etc. Pis d'un coup, j'ai le cœur qui commence à battre, mais vraiment fort et vraiment vite. Elle voit que je suis essoufflée quand je parle, puis j'essaie de le camoufler. Elle-même a beaucoup fait d'anxiété dans sa vie là. Fais qu'elle l'a remarqué. Puis elle m'a dit : « On va faire quelque chose. Je vais déplacer la table, je vais t'allonger dans mon lit 5 minutes. Je vais nous préparer un petit dessert. Sens-toi à l'aise. » Je me suis comme mis dans son lit. Je me suis calmé. J'ai attendu que ça passe. Et puis quand je me sentais mieux, je me suis levée je suis allée la rejoindre dans la cuisine. Juste après je n'ai pas arrêté de m'excuser genre comme 36 milles fois. Elle était là : « Arrête de t'excuser ! » Mais même si j'étais très honteuse de l'événement qui venait de se passer, ça reste que le fait que j'ai vécu ça puis qu'elle a eu une réaction aussi comme : ‘Ohh, c'est juste quelque chose

de la vie, c'est normal, c'est pas incroyable. Moi aussi j'en ai fait. Puis toi si tu vas en faire, puis t'en as déjà fait, tu vas en refaire.’¹⁷

Being able to feel comfortable talking about it with her friends and experiencing it if it ever comes up helps June feel less alone, that she's not “abnormal” and that she's supported. By being more comfortable showing who she is, June is trying to take more ownership of who she is, and her use of Instagram helps her in this process. Seeing posts from other users who are going through similar issues is like having a friend who reminds us that what we're going through is okay and that we're not alone. These relations “move” women in affective ways that are felt in their bodymind and help them understand their own emotions, breaking away from aseptic medical knowledge to embrace the leakiness of bodymind affections.

June’s story points to one of the various ways in which women living with mental illness find validation and belonging on Instagram much like they do in friendships. This practice echoes with the majority of my participants who turn to the app not necessarily to represent how they feel or what it means for them to live with mental illness, but to find others with similar experiences and leverage with the lack of mental health resources that attend to their embodied experiences. This is possible because Instagram therapy makes available a variety of discourses

¹⁷ “I’ve had a panic attack at a friend’s house. I was having dinner with her and, right, everything was going well. We were talking about her. Then at one point, she asked me to talk about the PhD, and then I start to tell her, etc. (...) I start to talk about all kinds of things, my daily life, etc. And then all of a sudden, my heart starts beating, really hard and fast. She sees that I’m out of breath when I talk, and I’m trying to hide it. She herself has had a lot of anxiety in her life, right. So she noticed it. So she said to me, “We’re going to do something. I’m going to move the table, and you can lie down in my bed for 5 minutes. I’ll prepare us a little dessert. Make yourself comfortable.” I, like, lay down in her bed. I got calm. I waited for it to pass. And then, when I felt better, I got up and went to find her in the kitchen. After that, I couldn’t stop apologizing, like 36,000 times. She was like, “Stop apologizing!” But even if I was ashamed of what took place, still I experienced it, and she also had a reaction like “Ohh, it’s just life, it’s normal, it’s not exceptional. I’ve also had them. And you too, if you are going to have them, you’ve had them, you’re going to have them again.” [*translation mine*]

of mental health and illness, representing differentiated experiences and voices through which women can negotiate their own experiences of mental illness through the practice of self-care.

In this chapter, I consider how the women who participated in this project identify with different "networked publics" (boyd 2010) that take shape on Instagram, depending on their embodied experience of mental illness. My participants' practices reveal various modes of relatability that take shape on Instagram. In some cases, participants find validation and relief in content that appears more normative. In other instances, their practices are geared towards more overtly feminist and intersectional content that is critical of postfeminist and therapeutic cultures and their uneven relatability.

The notion of relatability and how it has been theorized to make sense of the "feeling rules" (Hochschild 1979) of neoliberalism in postfeminist contexts is especially relevant to this chapter. As explored in Chapter 1, women in a postfeminist media landscape are constantly encouraged to feel confident, empowered and positive, which appears in contrast to the more "negative" feelings normally associated with the experience of mental illness. According to Akana Kanai (2019), who has studied the circulation of feminine cultures on Tumblr blogs, women are encouraged to feel a certain way through relatability as a key affective relation. Kanai (2019) draws on Berlant's notion of intimate publics to consider how femininities are affectively produced through a normative framework of relatability within neoliberal cultures. Kanai understands relatability "as an affective relation produced through labour that reflects a desirable notion of common experience to an unknown audience." (2019, 4). Kanai builds on Berlant's critique of women's culture in the United States and how it has worked to produce a "fantasy of generality" (Berlant cited by Kanai 2019, 5) that rather serves to maintain inequalities of race, gender and class. By connecting Berlant's framework to contemporary discourses of

individuality and autonomy, Kanai argues that pleasure is used as an affective structure that promises belonging to the ones who participate in this public. This process is articulated through what she calls “spectatorial girlfriendship” meaning “the expectation of shared knowledge of feminine popular culture, rules, conduct and sociality upon which feelings of relatability depend.” (2019, 6). These connections, whether imagined or not, rely on a “pleasurable point of connection” (2019, 6) made possible by the “relational premise” (Dobson 2015, 156) of social media that call upon women to look at representations that circulate on social media and see themselves.

Kanai’s theorization of relatability is important to understanding how the pleasure that these affective relations provide may be transformative in the lives of women who are lacking proper care. However, it remains limited in providing a more complex and nuanced understanding of how validation and relief are accompanied by more difficult and "negative" affects such as sadness, anxiety and other emotional realities of psychological distress. In her analysis of sad girl culture, Thelandersson (2023) builds on Kanai, as well as Gill and Kanai’s (Gill and Kanai 2018) analysis of relatability in confidence culture, to consider a more capacious understanding of relatability. Her analysis of sad girls on Instagram and Tumblr points to the duality of the expression of sadness. It can reproduce the normative paradigm of relatability at the same time as it opens alternative modes of identification. For example, she notes that the sad girls’ expression of sadness as something one should embrace rather than try to overcome points to a normalization of mental illness, depression and anxiety – as experiences that are part of the human experience and not extraordinary conditions – that can provide important spaces of belonging and validation while simultaneously risking romanticizing sadness. The argument I make in this chapter concurs with Thelandersson (2023) that when multiple ways of

understanding mental illness are available, such as within the online spaces she studied and those that my participants relate to, it gives people more possibilities to find networks of validation and support.

I build on Kanai (2019) and Thelandersson (2023) by turning to how women negotiate these configurations of relatability to better understand how these mediated affective relations shape women's experience of mental illness. To find validation on social media when living with mental illness is a process that relies on relatability as an affective relation. In the context of this dissertation and the topic of self-care, I argue that validation is the process through which one *feels* that their emotions, thoughts or experiences are recognized and accepted as understandable and legitimate. Validation is the feeling that our inner experiences are real and worthy of respect and that our symptoms, distress or struggles are not exaggerated or "in our heads" but are rooted in real suffering that require real care. To feel validated, even if it is just for a short time, can help one feel that they are cared for and that they are not alone. I make the argument that looking at relatability from the standpoint of mental illness and validation provides a more capacious understanding of the complex and at times ambivalent articulation of relatability in women's media practices of self-care --- and by consequence a more nuanced reading of how these practices shape how they make sense of mental illness. My participants' practices reveal the coexistence of complex and plural modes of relatability that provide validation in the face of stigma and medical bias.

Affective Relationality

I make sense of the complex and at times ambivalent ways in which women find validation on Instagram through Sara Ahmed (2004)'s understanding of affect as social and

relational force. She sees emotions not simply as private feelings but as relational forces that shape social bonds and structures. Her main argument is that emotions are relational and produced in the encounter between subject and object, in this case between content and users. She insists that “if emotions are shaped by contact with objects, rather than being caused by objects, than emotions are not simply ‘in’ the subject or the object.” (2004, 6). In other words, emotions do not reside in individuals, but they move between bodies and stick to objects, people, and signs, shaping how we perceive and relate to others. This argument is important for two reasons. First, Ahmed’s theorization of emotions as relational points to the importance of encounters (between objects, content, images, users) in the production of affect and whether one relates to something and perceives it as beneficial or harmful. The production of emotion depends on both how I am affected by the object and what the object projects. This also points to affect as “orientation,” meaning that emotions direct us toward or away from others in the organization of social life. As I will show, women decide what content they decide to orient towards in the doing of self-care according to what makes them feel good or not. These emotions, however, are not just individual, but they depend on the histories that stick to certain objects and subjects (i.e. the irrationality of women) and the communities that form around common feelings and attachments. As I demonstrate, some women may find validation in a normative framework of relatability while others may not, depending on their social position and racial identity. Second, feelings are collective and have the potential to form communities around shared emotional investments. This opens the possibility of thinking how the practice of self-care to seek validation on Instagram can produce a sense of collective support through the social force of emotions. Living with mental illness is itself an orientation that shapes how we relate to

ourselves and others. This orientation guides how we decide to engage or not with online content in the doing of self-care.

Seeking Responses when Living with an Understudied Condition

In a context of scarce mental health resources, many women turn to Instagram to leverage the lack of mental health research and services that attend to their specific health needs and experiences. For many of the women I interviewed, Instagram acts as a first step towards a better access to information and resources about mental health and potential care and services. The app is sometimes the first point of access for more specific information or resources that women would not have had access to otherwise, or for whom the research would have taken months, maybe years, if it hadn't been for the pages they follow. Clémentine explains how Instagram is part of a whole when it comes to accessing mental health information:

Il y a Facebook, Instagram, puis il y a mes recherches personnelles que je vais carrément aller lire des articles scientifiques, puis tout ça ou je vais tomber sur des sites sur Google que je vais aller chercher par moi-même. C'est une partie d'un tout, je dirais.¹⁸

Instagram doesn't replace therapy, as alarmist popular commentary suggests, but it is an “immediate *everyday* source of knowledge” (Kanai 2021, 2) in the lives of women who seek to access the information and care they need, especially when living with understudied conditions. As seen in chapter 1, the stigma surrounding women's mental health has direct impact on research pertaining to women's health and their access to proper care. This is the case for many physical conditions that affect people with a uterus such as endometriosis and uterine cancer, but

¹⁸ "There's Facebook, Instagram, then there's my personal research that I'll do myself and go and read scientific articles, then all that or I'll come across sites on Google that I'll go and look up on my own. It's all part of a whole, I'd say." [Translation mine]

also mental health conditions such as Premenstrual Dysphoric Disorder (PMDD). It is the case for Clémence, a 27-year-old cis-gender white woman living in France who found life-saving validation on Instagram.

When she was studying in Montreal a couple of years ago, Clémence started having extreme depressive periods that came on and off every month. When she noticed it usually came around the same time as her period, she did some research and learned about Premenstrual Dysphoric Disorder (PMDD) thanks to Instagram posts. PMDD is a hormone-based mood disorder that affects people who menstruate during the luteal phase of their menstrual cycle, typically in the days leading up to menstruation. PMDD is characterized by intense emotional, psychological, and physical symptoms that interfere with daily functioning and can cause distress. Unlike premenstrual syndrome (PMS), which is generally milder and less debilitating, PMDD symptoms can disrupt work, school, relationships, and other areas of life (Office on Women's Health 2025). The symptoms may include severe mood swings, irritability, anxiety, depression, fatigue, and physical symptoms like bloating, headaches, and joint or muscle pain. PMDD is understood to involve a heightened sensitivity to hormonal changes, particularly fluctuations in estrogen and progesterone, though the exact cause is still being researched. Despite the distress it causes many women, there was no official diagnosis or consensus on a definition until recently¹⁹.

It took years of medical appointments, research and self-advocacy for Clémence to receive a diagnosis and appropriate care. She went through months of diagnostic delay until she came across the Instagram pages of @stmtamère and @tdpmetmoi, two French women who

¹⁹ PMDD is a relatively “new” condition. PMDD was added to the DSM-5 in 2013 and categorized as a depressive disorder. However, it was only added to the ICD-11 in 2019 which helped normalize the condition as a legitimate medical diagnosis worldwide.

have gained an important following for sharing about their journey with PMDD through memes, testimonies and other informational content. To Clémence's surprise, these pages came in handy and helped her understand what she was going through after several years of seeing doctors and therapists with no answers. At some point, the lack of direction as to how to feel better created even more distress:

Tout ça n'est pas formulé. La psy elle te dit : « Bon écoutez on va essayer, peut être que je me trompe, peut-être qu'on bosse sur ça... ». C'est moi qui a fait le travail à postériorité. Du coup, à tout moment, tu te dis, je ne sais pas ce que j'ai. La psy elle est en train de me faire travailler sur ce que j'ai. En fait, tu te sens démuné. Tu te dis que tu es encadré, je vais chez un psy, ça n'avance pas. C'est forcément moi qui ai un problème et je ne vais jamais arriver à le régler tu vois. Et encore en rentrant chez mes parents, ça a été le cas parce que ça prit un an et demi avant que je trouve... Mais je me disais, putain, mais ça revient quand même tous les mois. Donc après, j'ai trouvé des stratégies, tu vois, avant de voir ce médecin qui m'a vraiment enlevé mes symptômes.²⁰

During these years, Clémence couldn't help but think that *she* was the problem, since no one could validate what she was going through. That's why she started digging for information. She couldn't bear to think that she was the problem and that there was no solution – a reality many women must face alone. She also criticizes the lack of basic accessibility to mental health information, a problem that is exacerbated by psychologists themselves when they fail to share certain information with patients or even gatekeep basic knowledge:

Je buvais beaucoup moins et déjà je pense que ça, ça m'a fait du bien. Mais pareil ça tu vois, si par exemple ton psy il pourrait dire genre : « Bah en ce moment vous êtes dans... » Tu vois, moi je ne savais pas par exemple que la cigarette tout ça c'était genre ça aggravait les dépressions. Les pysys pourraient le dire quand même. Des fois, je sortais

²⁰ "None of this is formulated. The therapist tells you: 'Well, let's try, maybe I'm wrong, maybe we'll work on that...'. I'm the one who did the subsequent work. So, at any moment, you say to yourself, I don't know what's wrong with me. The therapist is making me work on what I have. In fact, you feel helpless. You tell yourself taken care of, I'm going to see a therapist, but it's not working. I'm the one with the problem and I'll never be able to solve it, you see. And even when I moved back in with my parents, that was the case because it took a year and a half before I found... But I thought, fuck it, it still comes back every month. So after that, I found some strategies, you know, before I saw this doctor who really took away my symptoms." [Translation mine]

et je ne me sentais pas bien le lendemain... Je ne peux pas penser que c'est physiologique, en tous les cas.²¹

In this context, Instagram became a life saver for Clémence who was left with little to hang on to. The page @stpmtamère, created by French influencer Leslye Granaud and @tdpmetmoi by community organiser and writer Priscilla Lubin, a French Black woman who speaks of her own experience with PMDD, are both pages that blend personal storytelling, informational content, humor, and advocacy to address taboos around menstruation and PMS and PMDD-related mood swings. This variety of content produce a cohesive and relatable space for women's health advocacy to which they can relate in various ways.

When addressing understudied conditions, humour and personal stories are useful ways to create relatability through shared experiences and affect. In a post published on February 4, 2021, Lupin particularly addresses the consequences that spending years not knowing what was happening to her had on her psychological wellbeing. The post is a photo montage representing a long road, the start being the start of her symptoms and the end the moment she received a diagnosis. On the road are juxtaposed words to indicate what she went through from the moment of her first symptoms to her diagnosis. We can read the following: feeling crazy, incomprehension, psychiatrist n.45, desperation, fatigue, gynecologist n.345, solitude, anger and Doctor n.122. An arrow pointing towards the diagnosis ties everything together to indicate that this represents a timeline of 10 years. In the caption, Lupin wrote: "Mon érrance médicale en une image avant d'avoir pu poser un mot sur mes maux: trouble dysphorique prémenstruel. Ce mot a

²¹ "I drank a lot less and I think that did me a lot of good. But like that, you know, if, for example, your therapist could say something like: 'Well, right now you're in...'. You see, I didn't know, for example, that smoking and all that stuff were, like, aggravating depression. The therapists could tell you that. Sometimes, I'd go out and I wouldn't feel well the next day... I can't think it's physiological, in any case." [Translation mine]

changé ma vie pour le meilleur et pour le pire.²² » According to Kanai, these kinds of digital texts invite reading as an "affective practice, understanding the post as an articulation of someone else's experience, whilst also recognising it as one's own." (2019, 2). In a simple image that is common language to everyone, this photo montage sheds light on the consequences that medical bias has on the lives of women and the need for more research on PMDD all the while telling other women like Clémence that they are not alone and that their experience is valid.

Memes are another common medium used by Lupin and Granaud to represent their lived experience of PMDD because of their affectivity and relatability which have the potential to impact women's lives at both personal and social levels. Memes are useful tools for sharing experiences of mental illness and psychological distress because of their "emotional resonance" (Miltner 2017) and relatability (Ask and Abidin 2018; J. Adams 2021). Richard Dawkins (1976) coined the term "meme" to talk about how culture spreads through reiterations. As recalled by Limor Shifman, he defined memes as "small units of culture that spread from person to person by copying or imitation." (cited by Shifman 2, 2013). In digital media, memes, Shifman argues, can be defined as "units of popular culture that are circulated, imitated, and transformed by individual Internet users, creating a shared cultural experience in the process." (Shifman 2013, 367). They are media objects with their own characteristics and mechanisms that make them "spreadable" (Jenkins et al. 2013) through shared cultural symbols (Shifman 2013a), affect and laughter (C. A. Rentschler and Thrift 2015b). In other words, memes are a group of digital elements that share common forms, content and/or ideologies and discourses that take on diverse forms and meaning through replication. While internet memes spread at micro levels, so at a

²² My medical wanderings in one image before I could put a word to my ailments: premenstrual dysphoric disorder. This word changed my life for better or for worse. [Translation mine]

smaller scale (for example in the social networks of young women), they can have an impact at a macro level—for example in challenging users perception on women’s mental health and moving us towards new critical directions (Shifman 2013; Bore, Graefer, and Kilby 2017).

Humour is used strategically to disseminate the message effectively through affect.

In a meme posted on March 2, 2022, Granaud juxtaposed two images of Simon Levy, known as the *Tinder Swindler* for having scammed women out of millions of dollars using the dating app Tinder. On the left, Levy is shown in a suit, smoking a cigar on a terrasse. On the right, is another picture of him when he was in detention. The picture on the left represents the ovulation phase while the picture on the right is the SPM symptoms. According to Adam (2021), memes are relatable because of the affective dissonance they translate and that’s how women can relate them to their personal experience and find emotional validation. She identifies this as “quirkiness” which she theorises as the “affective aesthetics” of femme-authored memes.

Although the memes Adam explores in her study are more bizarre than those in question here, the quirkiness of PMDD memes lies in the dissonance between the images of popular culture used and the reality of the women it aims to represent. The dissonance is clear in this meme between the fact that a cisgender man is used to represent a condition that only affects people who menstruate. Where it becomes interesting, however, is that this man also hurts women and that he does so very insidiously. Through this juxtaposition, the meme suggests that your uterus is like a man who dresses well. You never know when it can turn on you. Affect is produced by this contrast. There is humour in comparing a man who hurt so many women with an organ that also causes us harm. Humour affords people like Clémence, who had trouble finding answers about their conditions, the opportunity to feel validated and seen through the experiences of others while finding relief in laughter.



Figure 21 Ovulation be like Tinder Swindler, Posted by @spmtamère on March 2, 2022

As Kanai (2019) notes, the expectation of shared cultural knowledge between women is necessary to produce relatability. Granaud uses this strategy to bring awareness to an understudied condition and help women like Clémence. The meme becomes a tool for not only creating knowledge about an invisible and understudied conditions, but to make that condition more known. Memes that produce humour from celebrity culture “bridge the gap between feminist counter-narratives and mainstream culture, while at the same time disrupting the trope of the humourless feminist (...).” (Rentschler and Thrift 2015, 20). PMDD memes bring to the forefront issues that are usually ignored in mainstream culture, even laughed about such as premenstrual symptoms and pain. The affective dimension of PMDD memes is what makes it spread in the network and how women can connect it to their own lives. At the same time, both Granaud and Lupin made careers out of living with PMDD and monetizing their pain. They both

published books on their experience and have made countless appearances in French media. For Adam, memes can be an example of Berlant’s cruel optimism: “Memes promise emotional liberation through catharsis, but that liberatory process becomes a mechanism of value that entices the author to continually undergo catharsis as creative and emotional labor that demands one continually live through experiences from which they seek detachment.” (2021, 14).

Granaud and Lubin not only have to “remain in their pain”, but their income now depends on it too. The use of their own suffering and vulnerability translates into what Kanai (2019) defines as a gendered digital economy of relatability. But while it is important to remain critical of pages like Granaud and Lupin, especially how they were able to monetize their own suffering and profit from women’s vulnerability (a phenomenon Thelandersson (2023) has noted is present in other mental health meme pages such as @mytherapistsays)— these memes were also central to Clémence finding care. And by the number of followers each of these pages have, and the number of follower testimonies they share, we can only assume that they have helped many others. Clémence believes that 50% of her recovery has been made thanks to these Instagram accounts because they made her feel normal and less alone in her suffering, and that alone can be transformational.

The Emotional Repository of Comics and Illustrations

Comics and illustration-based content have been growing in popularity on Instagram for the creation and dissemination of mental health narratives (Mazowita 2022b; 2022a). These illustrations often blend visual storytelling with textual elements to create narratives or scenarios that represent lived experiences of mental illness. According to Amy Mazowita (2022a), whose research focuses on mental health comics, “graphic medicine narratives all contribute towards

furthering mainstream acceptance and understanding of mental illness and disability experiences while also contributing to the self-care of the individual who is drawing their experience.” (2022, 3). While this is certainly the case for many people, comics and illustration stood out in many of my participants’ practices not necessarily because they represent mental illness per se, but because of their ability to convey emotion and soothing feelings in a way that isn’t necessarily possible with other mediums.

Julie has an aesthetic experience of Instagram, and she doesn’t mind saying it. She doesn't necessarily stop to read long captions unless she knows she will find something relevant. If it is just someone sharing their life story, she is less interested. For her, Instagram remains a visual experience before a textual one and comics and illustration embody that perfectly:

J'aime beaucoup les contenus dessinés. J'ai remarqué que les choses que je repartage c'est beaucoup comme, et j'aime ça quand c'est un artiste que je peux encourager. J'ai déjà acheté des *prints* d'une fille qui fait des super de belles illustrations. J'aime beaucoup ce qui est doux comme des couleurs pâles un peu. J'aime ce qui a des animaux. Ça paraît quétaine mais j'aime vraiment ça.²³

During that moment of the interview, she particularly recalled an illustration by Canadian artist Geneviève Andersen representing a little girl falling into the arms of a bear and how viewing this simple image made her feel validated in the need to feel secure and taken care of. In this example, mental illness doesn’t have to be represented or even suggested for Julie to find relief in the content. Affect is produced in the contact between Julie and the illustration. This is an enactment of Ahmed (2004) affective relationality and the point of encounter between subject and object that produces affect. Illustrations like the one Julie recalled may not directly be about

²³ I really like drawn content. I've noticed that the things I repost are a lot like, and I like it when it's an artist I can encourage. I've already bought prints from a girl who does beautiful illustrations. I really like soft things like pale colors. I like things with animals. It sounds cheesy but I really like it. [Translation mine]

mental illness, yet they afford emotions that produce feelings of relatability and validation when viewed by people with whom they resonate.

Clémentine is another participant who appreciates illustrated content because it helps her make sense of complex emotions:

Ça (l'illustration) me permet aussi des fois d'avoir des images pour régler des choses que je n'aurais peut-être pas été capable de mettre en mots. Puis eux, ils savent le mettre en images puis c'est super sympa aussi pour ça. Ça donne des outils pour communiquer des émotions que j'ai, puis que peut être, que je ne me sens pas à l'aise d'écrire forcément ou que je n'ai pas l'énergie pour écrire ou que je sais pas comment dire.²⁴

Because Clémentine can relate to the feelings represented, these drawings become tools to communicate her own emotions when she doesn't know how to. She especially enjoys comics and cartoons for this purpose. One post by @howdoyouadult she shared with me in the pre-interview questionnaire illustrates this dimension. The post shows an illustration of a conversation between a person and their brain:

Brain: We're a failure and no one likes us!!
Person: You have no legitimate reason to think that.
Brain: Let's worry about it anyway.

The illustration represents the anxious brain as its own entity that is sometimes hard to control when anxious or living with a generalized anxiety disorder. At the same time, the fact that the person and their brain are pictured as two different beings allows the viewer to take a step back from their anxious brain and understand that it will tell them what it wants to regardless of how

²⁴ "It (illustrations) also sometimes give me images to sort out things that I might not have been able to put into words. And they know how to put it into images, so that's nice too. It gives me the tools I need to communicate the emotions I'm feeling, or that maybe I don't feel comfortable writing, or that I don't have the energy to write, or that I don't know how to express." [Translation mine]

much they try to control it. This comic also helps normalize what it's like to have an anxious brain.

Clémentine finds posts like these much more useful than testimonies or personalised posts where people tell their stories. She feels there's something heavy about individual expressions of mental illness such as those of the Instagram sad girls. She feels like these posts demands that she take on the emotions of others, whereas drawings are more about connecting to her own feelings and emotions. Illustrations, she finds, invite viewers to create a link between what is represented and their own emotions, and thus better grasp an issue we might also be experiencing:

Ça (l'illustration) simplifie la complexité de la santé mentale. Ça rend ça moins sérieux dans un sens parce que quand tu es anxieuse, puis que tu écris, puis tu te rends compte que ça n'a peut-être pas d'allure, bah quand tu le mets en dessin, ça dédramatise la situation un petit peu.²⁵

These illustrations help her to play down her emotions, not to suppress but to better make sense of them. When she's not feeling well, Clémentine doesn't necessarily want more heaviness. For her, it's a way of distancing herself from the emotions she's feeling:

Je n'aime pas ça quand c'est plus des photos, c'est comme trop réel puis trop proche, ça ne met pas assez de distance entre le sentiment puis la présentation tu sais. Quand il y a des dessins, puis des petites BD, ça met une espèce de distance, tu sais, quand même une BD fait que ça reste ludique, ça reste des couleurs. Ça ne veut pas dire que c'est pas réel, mais juste ça, ça te permet de mettre une distance entre toi puis les sentiments que tu vis.²⁶

²⁵ "It (the illustration) simplifies the complexity of mental health. It makes it less serious in a way, because when you're anxious, then you write, then you realize that maybe it doesn't look right, well, when you put it in a drawing, it de-dramatizes the situation a little bit." [Translation mine]

²⁶ "I don't like it when it's more photos, it's like too real and then too close, it doesn't put enough distance between the feeling and the representation, you know. When there are drawings, then little comics, it puts a kind of distance, you know, when even a comic makes it playful, it's still colors. That's not to say that it's not real, but it just allows you to put a distance between yourself and the feelings you're experiencing." [Translation mine]

This distance doesn't mean distancing oneself from one's emotions but rather taking a step back to better grasp their scope, better observe them to better respond to them. On the contrary, when someone talks about their own feelings, Clémentine can't prevent her empathy from taking over. Instead, she feels that if the person has drawn the emotion, in a sense they've already gone through the process of analyzing it; the drawing itself helps them, and she doesn't feel the need to empathize as much. She can instead concentrate on her own emotions which is ultimately why she is drawn to this type of content.

The combo between text and image also makes it possible to represent emotions and feelings that can't simply be described in words. With her anxiety, Clémentine has cleaned up the type of content she follows on Instagram, unlike platforms like Facebook, where it's more difficult to filter news or posts by family members that we can't delete from our online lives:

(...) Quand je regarde mon Instagram, ce n'est pas un média social qui est stressant versus Facebook. C'est beaucoup stressant pour moi. Qu'il y a beaucoup d'actualités, beaucoup. Quand t'es anxieuse... De voir beaucoup de choses, moi ça me touche énormément ce qui se passe dans le monde. Puis avant j'étais super engagé, puis là avec mon anxiété, je me rends compte que je ne peux pas me permettre de faire. J'ai coupé ça beaucoup, mais sur Instagram j'ai genre bien des photos des jolies affaires puis là ça m'inspire pour partir, pour faire des choses.²⁷

For Clémentine, these illustrations are part of a whole. They help her validate her own emotions they make her feel soothed and at the same time they inspire her in her own artistic practice.

²⁷ "(...) When I look at my Instagram, it's not a social media that's stressful like Facebook. It's very stressful for me. That there's a lot of news, a lot. When you're anxious... Seeing a lot of things, I'm really affected by what's going on in the world. I used to be super committed, but now with my anxiety, I realize that I can't afford to do anything. I've cut out a lot of that, but on Instagram I have, like, a lot of photos of pretty things, and that inspires me to go and do things." [Translation mine]

Clémentine and Camille find illustrations particularly soothing not just because they help them make sense of their own emotions, but also because they resonate with the soothing act of drawing itself. As noted earlier, the act of drawing can be an act of self-care for comics and graphic illustrators (Mazowita 2022b). For Clémentine and Camille, this dimension resonates and makes them feel good by association. Clémentine makes a direct link between the act of looking at a drawing and the act of drawing itself:

Alors tu ne peux pas être en pleine crise puis faire un dessin random très très vite puis que ça soit clair puis que ça soit intense. Justement comment ça t'aide à... Je dessine un petit peu, puis ça m'aide à me calmer, puis à écrire soit quand tu dois transformer ton information en autre chose pour le transmettre à d'autres, bien ça t'aide à analyser ce qui se passe dans ta tête puis à peut-être calmer déjà des choses.

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To her, the act of looking at a drawing evokes the very embodied act of drawing and making sense of emotions that the illustrator has previously gone through. This is what Anna Gibbs refers to as “affective resonance”. Affective resonance is “the positive feedback loops created by affect, and in particular to the tendency of someone witnessing the display of affect in another person to resonate with and experience the same affect in response.” (Gibbs cited by Thelandersson 2023, 161). Thelandersson (2023) uses this concept to make sense of how a "sad girl affect" is created on social media through the sharing of content by individual sad girls. When connecting with comics, the affective resonance that Clémentine experiences is not just around the experience of a common affect, but through a connection to the very act of drawing as a form of self-care for the illustrator and it makes her feel good by association.

²⁸ "So you can't be in the middle of a crisis, then make a random drawing very, very quickly, then make it clear, then make it intense. How it helps you to... I draw a little, and it helps me to calm down, and then to write, or when you have to transform your information into something else to pass on to others, well it helps you to analyze what's going on in your head and then maybe calm things down already." [Translation mine]

Camille is very critical of the mental health content she sees on Instagram, but she appreciates how certain accounts use the medium of illustration to try and communicate what it can be like to live with mental illness. For Camille, drawing has always been a therapeutic practice:

Pour moi la pratique du dessin et de l'écriture, mais surtout du dessin, de l'aquarelle, c'est une pratique thérapeutique en soi parce que c'est un des rares espaces où je suis vraiment capable d'être dans ma bulle et de décrocher et d'être bien. C'est comme vraiment une bulle d'apaisement. Quand je fais de l'aquarelle, je me mets chez moi, je mets de la musique et je peux être là pendant des heures je ne vois pas le temps passer. Je suis bien. Je ne me sens pas envahie ou dérangée par le trouble alimentaire, ou l'anxiété, et je prends mon temps et ça fait du bien donc pour moi il y a une valeur thérapeutique.²⁹

When she sees illustrations on Instagram that try to communicate a particular feeling using similar mediums, she connects to the drawing, and it reminds her of how she feels when she is painting. This is not to say that for Camille Instagram is a therapeutic tool in the same way that painting could be. It doesn't necessarily make her feel better or make her forget about her anxiety, she tells me. But it is through the affective resonance with the act of painting that these illustrations provide ways to speak about mental health that she can connect to because of her own media practice and the place it has in her personal life. Conversely, that visual aspect is also what makes her uncomfortable about sharing things that are too personal on Instagram. She prefers to refrain from that.

As suggested by Mazowita (2022a; 2022b), comics, graphics and illustrations appear as interesting alternatives to mental health care because of how they help make sense of lived

²⁹ "For me, the practice of drawing and writing, but especially drawing and watercolor, is a therapeutic practice in itself, because it's one of the rare spaces where I'm really able to be in my own bubble, to let go and feel good. It's really like a calming bubble. When I'm doing watercolors, I put myself at home, put on some music and I can be there for hours, I don't see the time go by. I'm at ease. I don't feel invaded or disturbed by the eating disorder, or the anxiety, and I take my time and it feels good, so for me there's a therapeutic value." [Translation mine]

experiences. The practices evoked in this section further reveal that it is also because illustrations provide a sense of relief through affective relationality and resonance that stand out from other representations of mental illness available on Instagram. As suggested by Clémentine, it can be difficult to relate to other's negative affects when you're already going through something difficult, and drawings allow for other modes of identification that provide validation while being soothing at the same time. Not only that, but Julie, Clémentine and Camille's stories show that these illustrations don't necessarily need to be about mental health and illness to provide relief but that the feelings they convey, whether they are represented in the illustration or simply suggested by the act of drawing, are enough.

Thus, as Mona Cholet noted in their essay on online images, this research of images is not superficial, nor purely aesthetic or intellectual. « We seek images that we can inhabit, in which we can project ourselves. Photos of interiors, of architecture, of houses, treehouses, are very successful; but most images, regardless of subject, seem chosen because they offer a shelter, even if it is not a literal one. » [translation mine] (Chollet 2022, 151). The idea of not only looking at images but inhabiting them is revelatory because it can echo the need to better inhabit one's bodymind when one lives with a mental illness, a notion I'll explore further in Chapter 5.

Representing the Authentic and Vulnerable Self

Rosalie is a participant who is more open about sharing her lived experience of mental illness on social media. In her case, relatability comes in handy to create a relatable self and connect with her followers, but also to validate her own experience through self-representation. This is to be understood in relation to Gill and Kanai (2018)'s argument that the "feeling rules" of neoliberalism push women to express their emotions through a careful balance between being

“relatable” and “confident”. In this context, women are urged to share vulnerability effectively to show the right amount of negative affect while still proving that one can overcome them and stay confident. In this section, I show that while this framework doesn’t necessarily provide women with the empowerment it is pretending to sell, it does offer tools for women to think about their relationship to their bodyminds that can nonetheless provide forms of validation we cannot overlook.

Rosalie, a 24-year-old white woman who studies psychology in Montreal, was going through therapy for depression when she started to post about her journey with mental health on Instagram. Her depression was deeply related to self-esteem and how others perceived her:

Je suis quelqu'un qui est assez connu à l'Université vu que je fais les partys. Je suis tout le temps invitée partout, tout le monde apprécie mon image, bien, ma personne. Mais je me suis rendu compte qu'il y a personne qui m'aimait, qui m'appréciait vraiment comme qui était vraiment proche de moi dans le fond. C'est ça qui m'a fait tomber en dépression. Puis je n'allais vraiment pas bien là. J'allais plus à mes cours. J'étais tout le temps fâchée là.³⁰

She also realized in that same period that she had bulimia and that whenever she would be down, the eating disorder would take over. Therapy made her realize that she had difficulty with vulnerability and showing her “true” self to others:

Mon psy m'a fait rendre compte que j'avais bien de la misère avec la vulnérabilité. Puis c'est justement pour ça que les gens autour de moi ne se sentaient pas vraiment proches de moi. Ils m'appréciaient. C'est comme si l'image que je voulais projeter, c'était toujours une image forte, une image... Ça faisait en sorte que c'est quand même un bouclier là. Oui, ça me protégeait des gens mauvais. Mais comme ça me protégeait des blessures, ça me protégeait aussi d'avoir des amis proches.³¹

³⁰ "I'm pretty well known at the university because I do the parties. I'm invited everywhere all the time, everyone likes me, well, my persona. But I realized that there was nobody who really liked me, who really appreciated me, who was really close to me. That's what made me fall into a depression. Then I really wasn't doing well there. I stopped going to class. I was angry all the time." [Translation mine]

³¹ "My therapist made me realize that I had a lot of trouble with vulnerability. And that's precisely why the people around me didn't really feel close to me. They liked me. It's as if the image I wanted to project was always a strong

She came to the realization that she was never really herself with others and that she was always projecting a persona which was very far from her “true” self. On top of that, she experienced depression itself as a loss of self: “Parce qu’à un moment donné, pendant la dépression, tu te rappelles plus, t’es qui.” (“Because at one point, during your depression, you forget who you are.” [translation mine]) During therapy, she had a need to come closer to who she is and to project that image to others as well, to let go of what she calls her “persona”:

J'avais ça en tête depuis déjà un petit bout : essayer de m'approcher de ma personne. Je vais utiliser le mot persona. Le *persona*, c'est ton image sociale, c'est l'image que tu veux démontrer aux autres. Je me suis rendu compte que mon *persona* était loin de ma personne, mais comme. C'était quelqu'un d'insensible, quelqu'un qui n'avait pas d'attachement.³²

What inspired her to start sharing on Instagram is the account of another woman, who had a similar body type. She remembers seeing her photos and thinking that she had so much confidence, she wished she had that too. That’s when she started taking pictures in her underwear, showing her stomach and her belly rolls even though she didn’t like them. They were the first pictures where she didn’t try to hide who she was, she tells me. That’s what started everything. She started posting pictures of herself and sharing her thoughts in the caption of her stories. The response was automatically positive, but when I asked her what motivates her to post, she tells me its first and foremost for herself:

C'était vraiment moi à prime à bord. (...) j'étais tannée. J'avais tout le temps peur de rencontrer du monde parce que je suis comme : « Aie aie, peut-être qu'il se fait une mauvaise image de moi et je vais le décevoir. » Il y avait vraiment

one, an image... It was like a shield. Yes, it protected me from bad people. But just as it protected me from injury, it also protected me from having close friends." [Translation mine]

³² "I'd been thinking about this for a while, trying to get closer to my persona. I'll use the word persona. The persona is your social image, the image you want to show to others. I realized that my persona was far from my person, but like. It was someone who was insensitive, someone who had no attachment to others." [Translation mine]

plusieurs raisons à ça : de me rapprocher de ma personne, d'être capable de verbaliser ce que je ressentais à l'intérieur de moi. Que les gens voient que je peux être vraiment vulnérable et sensible. Aussi du fait qu'il voit mon corps faire comme : « Hey regardez, c'est mon corps. Je suis tannée de me cacher. Ne sois pas surpris. »³³

Rosalie uses Instagram to shape how she wants to see herself as well as how she wants others to perceive her. As argued by Dobson regarding self-representation on social media, how one decides to show themselves online is always a construction “to give off impressions about the self and foster particular narratives about one’s life and identity for a particular audience, most often for peers.” (Dobson 2015, 9). Rosalie is clear about the fact that she likes the idea of helping others as she is helping herself, which points to the constructed yet relational dimension of self-care as it materializes on Instagram. As Rosalie says it herself, she wants her persona, the person she projects to others, to be as authentic as possible. To her, this is done through self-representation on social media. According to Ervin Goffman (1959), self-presentation requires both identity construction and social performance. Individuals strategically use verbal and written communication to shape other’s perception of their identity. Social media allows users to self-present and choose how they want to do it through selfies, but also visuals and texts.

Rosalie chooses to show herself in her underwear because to her it represents herself in the most authentic way. Stefanie Duguay (Duguay 2016) argues that authenticity in self-representations online is "not an inherent quality but is instead generated through shared beliefs and interactions with others." (2016, 353) Rosalie uses the codes of body diversity content such

³³ "It was really about me (...) I was fed up. I was afraid to meet people all the time because I'm like, "Ouch, maybe he has the wrong idea about me and I'm going to disappoint him.' There were really several reasons for that: to get closer to myself, to be able to verbalize what I was feeling inside. For people to see that I can be really vulnerable and sensitive. Also the fact that they see my body going like: 'Hey look, that's my body. I'm tired of hiding. Don't be surprised.'"[Translation mine]

as showing her stretch marks, cellulite and other bodily textures which communicate a shared notion of authenticity in comparison to the glossy and retouched photographs of magazine covers. While authenticity can be translated by grainy images, in Rosalie's case it's the very textures of her body that communicates this message. She tells me that she chose to do it this way because she was tired of people being surprised when they saw her, especially when she was going on dates. By showing what her "real" body looks like, with no filter or retouching, she wants to tell people "This is me, whether you like it or not." While encouraging those who look like her to feel confident too: "Puis aussi les filles, mes amies, faire comme : « Hey, arrêtez de vous en faire avec votre corps, vous êtes fucking chix! » J'avais ce chapeau-là quand j'ai fait ça."

³⁴ She further translates this authenticity through sharing her thoughts in the captions of her photos or in her stories: "En regardant la photo, je regarde comment je me sens. Je vais placer mes photos à l'avance puis après ça, je vais l'écrire. » (« When I look at the photograph, I think about how I feel. I first place my photos and after that I write. » [translation mine]). She always writes the post based on how the photo makes her feel. Sometimes she's inspired, other times not, but sharing her struggles with her own body while sharing a picture of it participates in creating that authenticity. In a story posted on July 20, 2020, Rosalie shared the caption of one of her photos where she shares the shame that can come with having belly fat and how we should enjoy life regardless of how society wants us to look. By posting a photograph of her own body with that caption, she embodied the very message that it's okay to embrace your body as it is.

³⁴ "Then also the girls, my friends, being like, 'Hey, stop worrying about your body, you're fucking hot!' I had that hat on when I did this." [Translation mine]

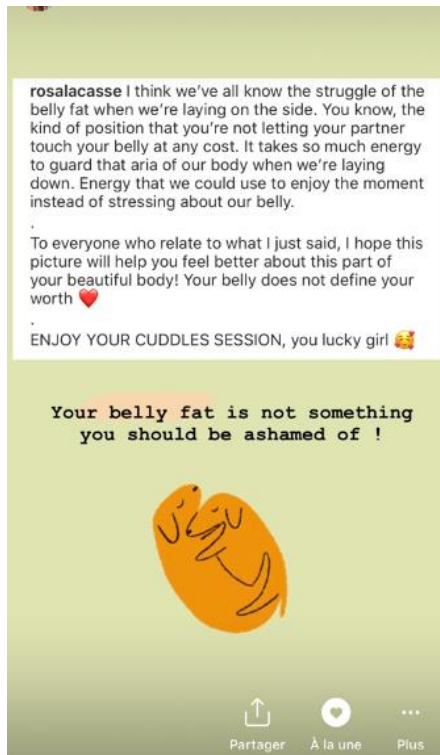


Figure 22 Screenshot of a story shared by Rosalie on July 20, 2020

She describes these photos and thoughts as sharing her vulnerability, and to her it has a direct link with depression:

En gros, je parle surtout de vulnérabilité, puis le Body positivity peut rentrer dans la vulnérabilité. Donc le lien entre la dépression puis le Body positivity, c'est surtout la vulnérabilité. C'est d'être capable de faire comme : « Hey, j'ai eu mal. J'ai eu des problèmes. J'ai eu besoin d'aide, comme c'est normal. » Au même titre que le Body positivity, c'est de : « Hey, j'ai mes défauts. »³⁵

The authenticity of Rosalie's self-representation nonetheless relies on a constant negotiation between showing vulnerability, but also confidence so that her followers can find her inspiring. As Duffy and Hund (2015) argue, women's online presence has its own ways as they negotiate

³⁵ "Basically, I'm talking mainly about vulnerability, and then Body positivity can be part of vulnerability. So the link between depression and Body positivity is mostly vulnerability. It's about being able to be like: 'Hey, I've been hurting. I've been having problems. I needed help like I'm supposed to.' In the same way as Body positivity, it's about: 'Hey, I have my flaws.'" [Translation mine]

sharing content that is authentic yet strategic in making them relatable to the public (Duffy & Hund 2015). Rosalie uses the codes of authenticity, but also those of confidence culture such as believing in yourself, embracing your flaws and loving your body (Gill and Orgad 2015, 2017, 2022). This message is especially present in her caption on belly fat when she invites her followers to “feel better about this part of your beautiful body!”. These imperatives may erase the social injustices that women encounter and rely on the individual labour of self-love, but that labour is also what helped Rosalie connect with a part of herself she had lost. The feeling of never being “enough” and the constant labour demanded of us is necessary for platforms and capitalism to flourish. At the same time, these same codes and norms helped Rosalie make sense of herself in a moment when she needed it the most. She found validation and a sense of self she did not find elsewhere in her life, and it helped her make connections to other women she may have never met.

Rosalie engages in self-work that requires personal emotional work, and her content produces value through its affective resonance. Posting and sharing about one’s struggles with eating disorders and depression demands a level of vulnerability and emotional work that is not only demanding, but that can be risky as well. Every time she shares about her struggles, Rosalie exposes herself to the possibility of receiving backlash, even as she receives no compensation or form of security from the app or potential sponsors. As we saw earlier, people who talk about mental health struggles online have a higher chance of being shadow banned by the platform than of being protected.

Furthermore, her practice is a type of aspirational labour since she presents herself in ways that produce hope for herself and her viewers. Brooke Erin Duffy (2016) defines aspirational labour as a particularly gendered “forward-looking, carefully orchestrated, and

entrepreneurial form of creative cultural production.” (2016, 443). Aspirational laborers, as she defines them, usually “seek to mark themselves as creative producers who will one day be compensated for their talents.” (2016, 446) Aspiration is an activity in which young women engage online in the hopes of one day being paid for doing what they like. It is therefore based on hope and possibilities, a form of affective attachment to ideals that may not necessarily be good to us in the long run that Lauren Berlant (2011) calls “cruel optimism”. While Rosalie is not looking to get paid for her work, but is rather doing it for herself, the strategies she employs resemble those of aspirational labour since these practices afford her a feeling of hope that she will one day feel better about herself, all the while projecting that same message to her audience by projecting a combination of authenticity and confidence. Aspirational labour here is double-sided since it both serves to produce an affective relationship with the followers, who can recognize themselves and find a sense of belonging, while at the same time making them feel better through the framework of hope. Although Rosalie is not an influencer, her self-care practice uses similar strategies of affective and emotional labour in order not just to gain attention from her followers, but to feel a sense of worthiness through these very practices. Rosalie can do so not just because of the codes she uses, but also her very identity as white cis-gender women, which fits into the trendy frameworks of aspirational labour and confidence culture.

Aspiration and the Valence of Hope

The aspirational framework used by many social media influencers and content producers is another area where women find relatability. It is the case for Julie who follows a lot of body

diversity content. During the pandemic, she realized, like many, that the images she was seeing on Instagram were really affecting her perception of herself which was already low:

Comme je te disais, j'ai toujours eu des problèmes d'image corporelle. Ça m'a suivie longtemps, je pense. Moi je viens d'une famille avec juste des gars. J'ai été super aimée, j'ai été cajolée et tout ça mais je pense qu'il n'y avait personne autour de moi qui me disais vraiment que j'étais jolie. Je courrais plus vite que tous les gars de l'école tu vois le style. Après ça j'ai étudié en danse et je pense que c'est là, au CEGEP ça a vraiment *clashé* sur le fait que t'es devant un miroir je sais pas combien d'heures, 8 heures par jour tu es devant un miroir avec 100 autres filles. À chaque jour pendant 2 ans. Tout le monde est en léotard, tout le monde se compare. Il y a toujours une fille qui saute plus haut que toi, qui est plus flexible que toi, qui est plus mince que toi, qui est plus toute que toi et c'est difficile de te voir pour qui tu es. C'est là que c'est vraiment venu me chercher pourtant pendant ce moment là de ma vie c'est là où j'ai été le plus en forme de ma vie. J'étais en *shape* de feu, pis c'est aussi là où j'ai été le plus *low*, comme je ne me voyais pas pour qui j'étais.³⁶

She gets particularly ramped up talking about this since she feels there is a growing pressure to feel good about us at all costs which makes it difficult for women to have compassion not only towards others, but towards themselves as well:

Ça fait du bien de se faire dire ça, surtout comme ces temps-ci on se fait tellement bombarder et je pense qu'on est tellement en panique qu'on a de la misère à avoir de l'empathie ou de la compassion envers les autres, mais envers soi-même aussi. On n'a pas le droit genre. On n'a pas le droit d'avoir une journée off, on n'a pas le droit.³⁷

³⁶ "Like I said, I've always had body image issues. It's been with me for a long time, I think. I come from a family with just boys. I was super loved, I was cajoled and all that, but I don't think there was anyone around me who really told me I was pretty. I was running faster than all the guys at school, you know. After that I studied dance and I think that's when, in CEGEP, things really clashed since you're in front of a mirror for I don't know how many hours, 8 hours a day you're in front of a mirror with 100 other girls. Every day for 2 years. Everyone's in tights, everyone's comparing themselves. There's always a girl who jumps higher than you, who's more flexible than you, who's skinnier than you, who's overall better than you, and it's hard to see yourself for who you are. That's when it really came for me, yet at that moment in my life, I was in the best shape of my life. I was in so much shape that's also when I had the lowest self-esteem as I didn't see myself for who I was." [translation mine]

³⁷ "It's nice to be told that, especially as we're being bombarded so much these days, and I think we're in such a panic that it's hard to have empathy or compassion for others, but also for ourselves. We don't have the right, like. You're not allowed to have a day off, you're not allowed." [Translation mine]

Here, Julie refers to what Rosalind Gill and Shani Orgad (2021) have identified as “confidence culture”, the late capitalist cultural injunction directed at women to always be comfortable in their own skin and believe in themselves. Not only does this phenomenon flatten out structural problems, putting them on the shoulders of individuals, but as Julie says, we must love ourselves at all costs and we never get a break from it. One post she shared by @thebirdspapaya is in direct conversation with this phenomenon and it illustrates the kind of content she likes to follow and have on her daily feed. The post features a photograph of @thebirdspapaya’s stomach with stretch marks and belly rolls. On top of the image, the creator added the words “its ok if you don’t love it”, the word love being circled. In the caption, she wrote “I’ve yet to have a day where I see myself and think ‘This is it! We made it!’”. This post particularly encapsulates the constant push and pull of pressure on women to love their bodies, presented as the goal by both the ideology of confidence culture and @birdspapaya’s caption, while also feeling the need to just inhabit our bodyminds as they are.



Figure 23 "It's ok if you don't love it", Post by @thebirdspapaya, Shared by Julie on August 24, 2020

Julie has adapted many strategies to feel better about herself, such as going to therapy, and she gained more confidence through her work and studies. But she also notes that movements towards body acceptance and body diversity played a big part in it too. Seeing other women who look like her helped her realize that she was beautiful too and that she deserved to feel that way as well. For Julie, this is not just a superficial need, but one that had an immense impact on her life since she was little and living with an eating disorder. While Instagram is often a space where we are compelled to compare ourselves, Julie's testimony points otherwise. It helped her see that other women's beauty doesn't take away from hers:

Et je pense que ça a eu lieu avec comme il y a de plus en plus de mouvements d'acception de soi et de diversité corporelle. Quand j'ai commencé à voir des gens comme moi, comme moi j'ai des bonnes fesses quand même, je suis quelqu'un, je suis en shape, là, mais j'ai toujours eu des bonnes fesses. Ça paraît naïeux mais on veut des fesses, mais faut qu'elles soient parfaitement rondes comme Kim Kardashian genre. Pas de cellulite. C'est de voir ça et trouver des vêtements dans lesquels j'étais

confortable ça aussi ça a été quelque chose que j'ai réalisé éventuellement que quand je me sens pognée dans un vêtement. La vie est trop courte pour te sentir squeezé dans tes jeans. Donne tes jeans et trouve des jeans méga stretch. Feck ça a comme été un effet boule de neige sur plusieurs années, mais surtout dans le dernier 4 ou 5 ans.³⁸

Not only did this content help her come to peace with her body image, but it is how she “hacked” the platform to create a feed that better reflected her needs. She started being more attentive to the content she follows, actively unfollowing those that made her feel uncomfortable and training the algorithm to share more propositions of body diversity. Body diversity content provides her with a sense of relatability since she can relate to the stories of other women like content creator @birdspapaya and their process of accepting their bodies and thus opens the possibility to imagine it for herself as well.

This is possible because of Instagram’s aspirational logic (Duffy 2016). Julie likes this type of content because it gives her hope that she too can feel confident enough to post a picture of her deepest insecurities and not care about it. In fact, most of the women I interviewed said that this was one of the reasons they preferred Instagram over other platforms. The content was generally more positive than negative, and it gave them the boost they needed when they felt down. Although no one pointed to the fact that they disliked “negative” content, in fact they are generally more critical of content that is too aspirational, it stood out that none of them were interested in content that depicted mental health in a negative tone. This was reflected in the images I collected from my participants in both the colour and the themes addressed in the

³⁸ "And I think that took place with as there are more and more movements of self-acceptance and bodily diversity. When I started seeing people like me, like I have a good butt anyway, I'm somebody, I'm in shape but I've always had a good butt. It sounds cheesy but we want butts, but they have to be perfectly round like Kim Kardashian's. No cellulite. No cellulite. Seeing that and finding clothes I was comfortable in was also something I eventually realized that when I feel stuck in a piece of clothing, life's too short to feel squeezed in your jeans. Give up your jeans and find mega stretch jeans. So it was like a snowball effect over several years, but especially in the last 4 or 5 years." [Translation mine]

content they liked and shared. The dominating colour palettes were bright colours (20.2%), with yellows, blues and oranges, and pastels (27.5%) with light blues, baby pinks and earth tones (Figure 24). When it comes to content topics, out of the 140 images I collected from my participants, aspirational content stood out (17.3%) after mental health-related content (Figure 22). Body positivity (10.8%) also represented an important proportion, once again confirming a draw towards aspirational content over the representation of more “negative” experiences such as depression (2.9%) and trauma (2.2%). Not only are women looking to “feel good”, but they are engaged in a type of “aspirational labour” (Duffy 2016, 2017) not towards getting paid to do “what they love”, but rather to live a life where living with mental illness is possible, even desired.

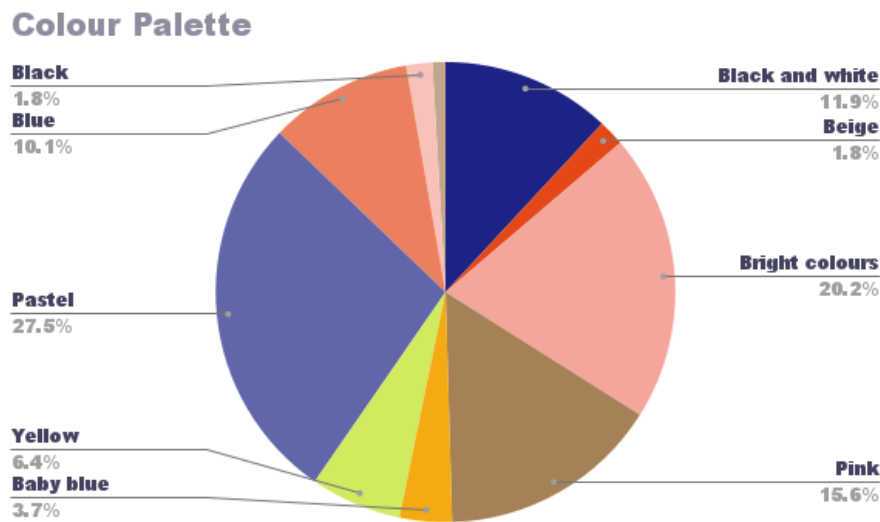


Figure 24 Colour Palette from Participants' Liked and Shared Posts

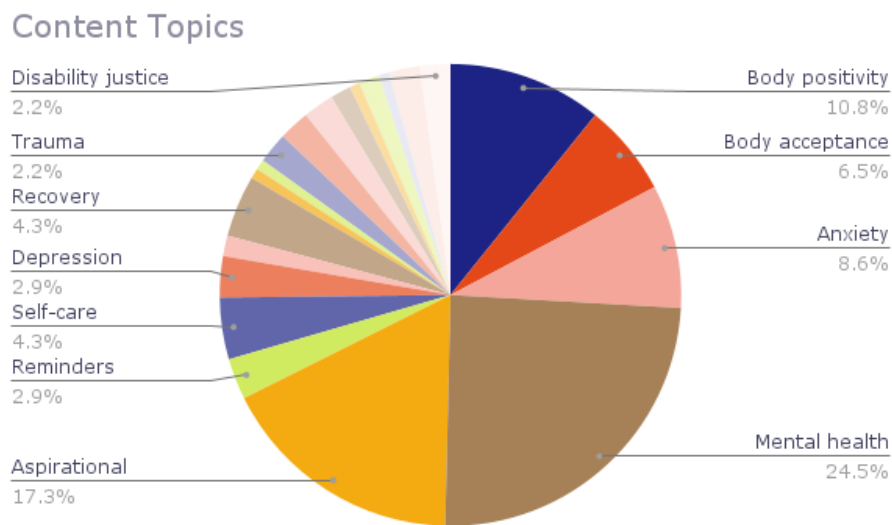


Figure 25 Content Topics from Participants' Liked and Shared Posts

The aesthetic dimension of these posts plays an important role in the production of affect and relatability. The gendered dimension of the content my participants create or interact with does not always explicitly address issues that affect women, but it is in their aesthetics that it speaks to or engages a more “feminine” audience notably through the question of aspiration. As Duffy (2016) argues, aspirational labour on social media is a highly gendered entrepreneurial endeavour that demands the labours of both social media aspirational labours and their followers. “Aspirational labourers,” she writes, “pursue creative activities that hold the potential to hold the promise of social and economic capital; yet the reward system for these aspirants is highly uneven.” (Duffy 2016). My participants, in their pursuit of a better life living with mental illness, are confronted with these dynamics of inequality present in how they can or not relate to content. This creates what Lauren Berlant (2008) calls an “intimate public”, i.e. a culture or community structured around the circulation of “texts and things” that claim to represent or address the interests and desires of participants, with the aim of creating a sense of belonging and shared

experience around these common attachments. Berlant concurs that women's culture operates as an intimate public shaped by the interplay of sentimentality and femininity wherein both form and content produce the ambivalent anxiety associated with the feminine. Berlant notes, "women's culture" was one of the first to be massively mediatized as an intimate public in the United States, notably through the circulation of writings by white middle-class women who produced the idea of a common space for them, and one that was intended to be for "all" women. Women's culture rests on the idea of a similarity between women based on a common gender identity and history. As far as mental health content is concerned, the sense of belonging is created around the experience of common, or similar, suffering and the need to feel better. The uniformity of this content comes above all from its aestheticism, which is "coded" for women: pastel colors, cute designs and/or drawings, elements of popular culture. Gendered content in mental health is akin to "women's culture" in that it can create an ideal of recovery that does not always address the specificities of mental illness, nor the various oppressions experienced by marginalized women. On the contrary, this content is often made to appeal to or suit young, wealthy, white, thin and able-bodied women. As a result, some of these images offer the possibility of recovery only to certain women, reinforcing inequalities for others. It can also become difficult to distinguish the content that inspires us because we find it beautiful and aspirational, from that which inspires us to make a concrete change. Relatability and aspiration, remain unequal affective relations.

Julie remains critical of the content she sees, especially in the wellness spaces of Instagram: "Instagram m'a fait faire la paix avec mon gros problème d'image corporelle, mais pas dans le genre 'ah j'ai trouvé le régime keto' - non, au contraire. Ah oui, tantôt tu me demandais les choses qui me tapent sur les nerfs, les régimes pas possible, pu capable. »

(« Instagram allowed me to make peace with my huge body image problem, but not like « oh! I found the Keto diet », no. The opposite. Oh yeah, before you were asking me what annoyed me, it's impossible (and unfeasible) diets. » [translation mine]).

According to Ahmed (2004), whether something feels good or bad always involves some kind of process of reading or reflection before one gives significance to an object or, in this case, a photograph. This encounter, according to Ahmed, always involves the subject and the histories that come before them. When we decide what emotions we feel towards something or someone, we are intentionally taking a stance on the world, what we think the world is about, and how we want to orient ourselves in it. Ahmed argues that emotions can work "as a reorientation of our relation to social ideals and the norms they elevate into social aspiration." (2004, 15). Julie is attracted to body diversity content because it gives her an alternative to the curated images of celebrities and influencers she is used to seeing, but also because of their familiarity – their whiteness -- and how she is able to identify with them. Yet, to her, this is the creation of new points of articulation that have the potential to transform how she lives in her bodymind. Ahmed theorizes this point of articulation between different bodies, objects, and discourses as having the potential of creating different affects in the relationality that is being operated. There is a possibility for transformation when we decide to orient ourselves differently to the world we inhabit. Although our orientation to certain objects or images contains their own histories, this reorientation towards other content is what allows Julie to feel otherwise when on Instagram. When she is critical of content that pertains to diet culture (like the keto diet), it's because she is critical of her own use of the platform and how she may have used it in ways that were not beneficial to her mental health:

Ça permis aussi d'avoir un petit range de gens, par les réactions qu'ils m'ont faites, m'ont fait comprendre que eux aussi la santé mentale ils sont ouverts à ça, ils peuvent

en discuter. Et ça a fait aussi que le plus que ça avance, le moins que je publie. Tsé un moment donné je pense que j'utilisais Instagram pour me valoriser peut être, mais j'ai pu besoin de ça. Je remarque que je me suis beaucoup détachée de mon image à moi là-dessus. Je trouve encore que je passe trop de temps dessus. Je pense que je passe trop de temps sur mon téléphone tout court, mais c'est moins. Tsé j'ai pas besoin de représenter de quoi. (...) Ça m'a aidée beaucoup à ce niveau là, je n'ai juste pas besoin de ça pour me sentir acceptée pi valorisée, pi gratifiée là tsé.³⁹

These images allow Julie to not only imagine her life differently but embody those possibilities through the affective practice that is self-care. As Wetherell (2012) argues, affective practice is "a figuration where body possibilities and routines become recruited or entangled together with meaning-making and with other social and material figurations" (2012, 17). Practice, she further argues, is a way of "conceptualizing social action as constantly in motion while yet recognizing too that the past, and what has been done before, constraints the present and the future." (2012, 20). In the life of Julie, this translates into a change in how she uses Instagram as a whole. While the content she follows on the platform, and the people she interacts with, has helped her make sense of herself, it also made her realize that she doesn't need to post to feel accepted or gratified. Instead, she realized that posting less had more benefits on her mental health.

Julie's complex relationship to body diversity and confidence culture shows how content that use the codes and norms of gendered neoliberal relatability can nonetheless provide validation in a context where alternative representations are not that common. In fact, it reveals that women are not duped by the content they follow and engage with, but are in constant negotiation with it, especially when it comes to practices of mental health care.

³⁹ "It also allowed me to get a little range of people, through the reactions they gave me, to understand that they too are open to mental health, they can discuss it. At one point, I think I was using Instagram to promote myself, maybe, but I may have needed it. I've noticed that I've become much more detached from my own image on there. I still think I spend too much time on it. I think I spend too much time on my phone, but still less than before. So I don't need to represent anything. (...) It's helped me a lot in that respect, I just don't need it to feel accepted or valued, or gratified you know." [Translation mine]

Relatability at the Intersection of Race and Gender

Another way that some of my participants have been turning to Instagram for validation is in relation to their socially situated experience of mental illness at the intersection of race and gender. Émilie and Rebecca are two participants who have been particularly critical of the whiteness of mental health spaces on Instagram and the difficulty of relating to it. Relatability in mental health-related practices produces a sense of shared promise and common desire to “feel better” all the while reuniting women around the notion that “it’s okay to not be okay”. Yet, and as Kanai (2019) observed in her analysis of feminine digital cultures, relatability remains attached to postfeminist standards against which women can measure themselves and be reassured that they are not alone but also that some have it worse. Facing body positivity content daily, Émilie, a Black woman who lives with generalized anxiety disorder and is recovering from an eating disorder, feels a growing pressure to be confident and love herself as she is, as if not doing so was going against her own wellbeing. She doesn’t recognize herself in the dominantly white conversations around body diversity, and it makes her feel guilty of not being body positive *enough*. While body diversity content can help women like Julie and Rosalie, it remains attached to gendered and racialized beauty standards that Émilie finds neither relatable nor aspirational. During our media go-along, Émilie stumbled on the photograph of a very fit and sculpted white woman posing in her underwear. The photo is accompanied by the hashtags #imperfection, #naturalbeauty, and #loveyourbody. This, to her, embodies the very contradictions of body positive content because this woman, who is a personal trainer, has a body that corresponds to the norm, yet she is claiming a discourse that is meant to celebrate diversity. For Émilie, this doesn’t sit right, and it only aggravates her feelings of guilt. More than anything, this content pressures her to feel better as fast as possible: “I don’t need to hurry up, I

don't need to be a model of virtue for anyone." Émilie's opposition to this type of content points to the fact that not only is the "spectatorial girlfriendship" of Instagram unequal, but again it shows that women are not duped by the content they see; they decide what they want to relate to or not. Émilie's reaction to body diversity content reflects the "uneven mode of belonging," (Kanai 2019, 4) of relatability, through which the self is mediated, produced and made into a shareable experience.

Émilie found that she identifies more with content that address her experience as a Black woman. While Clémence (who lives with PMDD) didn't find validation in the medical system, Émilie encountered boundaries when it came to talking about her experience as a mixed-race child in therapy in Québec. She didn't feel like her experience was reflected in therapy, nor did she feel like she could relate to trendy women's health content on Instagram. She started using Instagram in 2013 when she was doing her yoga teaching course. A lot of the content she was following was from her yoga practice and she soon became overwhelmed with their individualized dimension and started to look for content that addressed the social dimensions of mental health. For women of colour, the stigma of race and the lack of culturally adapted resources and services compounds the lack of information on understudied conditions. Much like Black women in the United States during the 1970s were advocating for proper access to health care, women of colour today continue to face barriers in the health system based on their race. When I asked her what kind of content she likes to follow she replied as follows:

Je te dirais dernièrement c'est beaucoup la spécificité des contenus qui renvoie à ma réalité de personne, soit de personne de couleur, soit de femme qui évolue dans un milieu performatif de personnes anxieuses. Il y a comme une forme de précision qu'avec le yoga on ne prend pas vraiment compte la parce que c'est plus universel et blablabla. Feck il y a comme quelque chose de plus précis, qui renvoie plus à des situations précises, qui évidemment sont peut être universelles, mais qui me donne vraiment l'impression de s'adresser à moi là. Feck j'ai moins l'impression d'être dans

un espèce de kumbaya « aime-toi, découvre-toi toi même, carpe diem » etc. ⁴⁰

On top of finding that her specific experience wasn't really reflected in the content she used to follow, Émilie also felt like there were limits to what she could discuss with her white therapist:

Le côté d'être une femme de couleur ça je sentais que, tsé, va falloir que je lui explique toute et je suis même pas sur qu'elle va comprendre c'est ça, c'est la lacune que je voyais. Pis le fait qu'à ce moment là j'avais des prises de position, j'affirmais beaucoup mes prises de position. Pas que je pense qu'elle ne les partageait pas, mais que on dirait qu'elle essaie de m'inviter à ne pas toujours mélanger les deux. C'est peut être ma perception mais je sentais qu'il y avait quand même des parties qui étaient plus difficilement intégrables à son approche, mais je suis pas prête à dire que ses soins n'étaient pas de qualité.⁴¹

At that time, Émilie was herself digging deeper into her experience of blackness and it was new to her as well. That's where Instagram content came in handy, since it provided her with information about how her identity as a Black woman can intersect with her mental health in a context where both her and her therapist didn't necessarily have the tools to address it. Most of the content she follows on Instagram allows her to further make sense of her experience as a Black woman of an immigrant parent, a part of her identity that she cannot easily address in other areas of her life, including therapy. The pages she follows, such as @browngirltherapy and @blackfemaletherapists, provide her with formulations and ways of speaking about her struggles

⁴⁰ "Lately, like I told you it's the specificity of the content that reflects my reality as a person, either as a person of color, or as a woman evolving in a performative environment of anxious people. There's a kind of precision that yoga doesn't really consider, because it's more universal and blah, blah, blah. So, there's something more precise, which refers more to specific situations, which obviously may be universal, but which really gives me the impression that it's addressed to me. So, I don't feel like I'm in some kind of kumbaya 'love yourself, discover yourself, carpe diem etc.'" [Translation mine]

⁴¹ "Being a woman of color, I felt like I'd have to explain everything to her, and I'm not even sure she'd understand. And the fact that, at the time, I was taking a stand, I was very assertive about my positions. Not that I think she didn't share them, but it's like she's trying to tell me not to always mix the two. Maybe it's just my perception, but I felt that there were parts of her approach that were more difficult to integrate, but I'm not ready to say that her care wasn't of high quality." [Translation mine]

that she cannot easily formulate herself. This content brings precision and validation to her experience that she feels is missing in therapy or in her personal relationships: “People have a general tendency to universalize experiences, and Instagram brings a specificity to experiences and feelings.” (Émilie) For example, she told me that it was through an Instagram post that she learned how to better identify microaggressions, the traumas they may trigger, and how to talk about them. During our interview, Émilie also recalls seeing a post by @browngirltherapy which says: “For children of immigrants, it’s not uncommon to develop self-sabotaging behaviors for various reasons” and crying in front of her screen because it resonated so much with her own upbringing. She automatically related to the post because she felt that the author was talking about her own experience. In a context where it’s hard for Émilie to share her experience and find people who will understand, this post provided a sense of relief that she was finally being seen.

Rebecca, who is a non-binary person of colour, is another participant who is critical of neoliberal mental health content. They prefer to follow accounts that post about multiple intersecting issues such as race, queerness, disability or the environment. They find that accounts that focus exclusively on mental health tend to target “healthy straight white women” and they don’t feel like their reality is really reflected or understood in this kind of content. They also find that affirmation-based or self-help genre therapy discourse tends to be patronizing or overly simplistic. Instead, they prefer to engage with content that addresses trauma and mental illness in ways that are politically engaged, artistically represented (whether that is visual arts or poetry) or address trauma through laughter such as survivor-authored memes. They find that political content is much more relatable because it connects to their experience and what they think is

needed for their own healing. One post they shared with me particularly echoes these notions.

This is a post by @alokvmenon which is a reshare from a Tweet that says:

Going to therapy makes you better at resisting fascism. It is WILD how closely fascist politics map on to the ways that we, as individuals, avoid shame, intimacy, and vulnerability. How much the walls we build around our communities mirror the walls we build around ourselves.

This post is relatable to Rebecca whose own experience of mental health is connected to their activist work and how they can better their community, not just themselves. I address these notions in more detail in the following chapter.

The affective relation that Émilie and Rebecca experience with content that addresses their intersecting realities as women of colour who live with mental illness is produced in opposition and response to the normativity of the paradigm of relatability theorized by Kanai (2019). Their practices reveal the existence of different modes of relating and orienting oneself that question hierarchies of power and open the reshaping of emotional economies, a reworking of what sticks to whom, and how bodyminds are drawn together in the doing of self-care.

Imagined Care

The affective relation of relatability through which women find validation not only produces a feeling of being seen but also creates a sense of belonging and care. As recalled by June in the introduction to this chapter, just knowing that someone else out there is experiencing the same thing as you and that she could reach out to you is enough for her to feel like she is supported. This relation is produced through the social force of emotions and their potential to bind people together (Ahmed 2004, Papacharissi 2014). The women who participated in this project do not need to engage with the content (in comments or DMs) to feel cared for, but that

affective relation is enough. The fact that Instagram provides women with feelings of connection without having to necessarily engage with each other is one of the core reasons why some of my participants prefer the app over other social networks like Facebook or Twitter (X). This is possible thanks to the platform's visual affordances. Clémentine prefers Instagram to other platforms because she feels like she has more liberty to follow what she wants and control, to a certain extent, the content she sees on her feed:

Il y a plein de gens qui sont comme : « Ah j'aime pas Instagram, c'est super fake. » Bah ça dépend de qui tu suis, puis qui sont tes amis. Parce que moi j'ai beaucoup de photographies et quand je regarde mon Instagram, ce n'est pas un média social qui est stressant. ⁴²

She compares Instagram to platforms like Facebook where she is constantly confronted with negative stories and things she doesn't want to see when she's on social media.

Quand tu es anxieuse... De voir beaucoup de choses, moi ça me touche énormément ce qui se passe dans le monde. Puis avant j'étais super engagé, puis là avec mon anxiété, je me rends compte que je ne peux pas me permettre de faire ça. J'ai coupé ça beaucoup, mais sur Instagram j'ai genre bien des photos de jolies affaires puis là ça m'inspire pour partir, pour faire des choses. ⁴³

Women not only negotiate the affordances of the platform, but what Nagy and Neff (2015) termed imagined affordances, meaning the affordances that “emerge between users' perception, attitudes and expectations; between the materiality and functionality of technologies; and between the intentions and perceptions of designers.” (2015, 1). In discussing the difference between platforms, Clémentine shares that it's precisely this public-yet-more-“discreet”

⁴² "There's a lot of people who are like, 'I don't like Instagram, it's super fake.' Well, it depends on who you follow and who your friends are. Because I have a lot of photographs and when I look at my Instagram, it's not a stressful social media." [translation mine]

⁴³ "When you're anxious... Seeing a lot of things, I'm really affected by what's going on in the world. I used to be super committed, but now with my anxiety, I realize I can't afford to do that. I've cut out a lot of that, but on Instagram I have, like, a lot of photos of pretty things, and that inspires me to go and do things." [translation mine]

dimension of Instagram that appeals to her. On Facebook, she notices that when she comments on posts or participates in self-help groups, her friends can see her comments and they worry about her, something she doesn't necessarily want. She just wants to find help and advice. The dynamic is completely different on Instagram. You can maintain a certain intimacy while still being able to interact with other accounts:

Je n'ai rien non plus de très privé, mais à l'inverse, quand tu commentes sur quelque chose, c'est bien rare que les gens qui te suivent sur Instagram le voit. Ça me dérange moins que des inconnus que des amis à moi qui le voit.⁴⁴

The sense of belonging that woman find through these practices of self-care is produced through affective relationality which mediates the connection of bodyminds.

For Franceska, the ability to find validation while remaining anonymous is exactly why she stays on Instagram even though the visual dimension of the app can be a source of anxiety to her. A student in a communication studies master's program, Franceska lives with multiple symptoms of anxiety, depersonalisation and PTSD. Although she is conscious that her symptoms resemble those of a mental illness (she has been given verbal confirmation that she lives with borderline personality disorder), she doesn't want a diagnosis. For the 25-year-old student, this diagnosis would be more limiting than freeing. Before studying in communication studies, she was doing a certificate in criminology and that's where she learned about labelling theory. Labelling theory refers to study of how social labelling affects individuals, especially when they encounter the penal or judiciary system. This concept suggests that individuals can be stigmatized and treated differently because of the labels that "stick" (Ahmed 2004) to them

⁴⁴ 'I don't have anything very private either, but conversely, when you comment on something, it's quite rare for people who follow you on Instagram to see it. I don't mind strangers seeing it as much as friends of mine.'
[translation mine]

which can have an influence on their behaviour and identity. In mental health, labelling can have a great impact on someone's accessibility to care especially with highly stigmatized diagnoses such as borderline personality disorder (BPD). People with a BPD diagnosis are often labelled as dangerous, unpredictable and unable to function in society. For those reasons, not only does Franceska refuse to have an official diagnosis, but she also doesn't want others to know that she engages with BPD-related content on Instagram. For that reason, she decided not only to not post anything, but also to disengage with the content that pertains to her mental health directly. However, it is not because Franceska chooses to disengage from the content she sees on Instagram that she doesn't relate to it. By not engaging with content in which she recognizes herself, Franceska actively chooses not to be "seen" by others and the platform. Franceska's desire to remain unseen while still "feeling" seen by the content reveals that not everyone who lives with mental illness finds relief in visibility. She also finds that the focus on representation and visibility encourages a form of self-performance that can run counter to what we really want to do with the app, which is to find information, educate ourselves and feel supported. This relates to Hendry's concept of "imagined intimacy" wherein she argues that social distance is what affords the feeling of being understood and recognized (2020, 7). When living with mental illness, one doesn't always need or want to engage with others online and just knowing that others, although at a distance, are consuming the same content is enough to feel connected. Building on this notion, I argue that my participants find "imagined care" in the feeling of support that is afforded by the feeling of having one's emotions recognized and legitimized through the affective relation of relatability. Like imagined intimacy, imagined care operates at a distance and through women's negotiation of how they decide to engage with the content or not.

Conclusion

This chapter demonstrates that the experience of relatability can be a force that helps women living with mental illness to find validation and make sense of their emotions, while at the same time being attached to notions of “sameness” that are unrelatable to some. The more women can reproduce these norms, the more they are able to create connection with other women. Relatability removes distance between women through an affective relation that promises a desirable sameness, yet that distance can be augmented when that sameness is unreachable. My findings, however, reveal how women negotiate and respond to the norms of that paradigm and choose to orient themselves differently in creating or finding validation and resources that pertain to their embodied realities. Variations in how women relate to content depending on their experience of mental illness, their social position and their own media and artistic practices are clear here. The stories shared in this chapter reveal that women who live with an eating disorder, like Julie and Rosalie, find validation in self-representation whether it’s in others (i.e. body positivity content) or through their own practice of self-representation. When it comes to generalized anxiety disorder, Julie finds more comfort in illustrations and comics, and so does Clémence B who also relates to this format because of her own artistic practice. This also echoes in Camille’s relatability to drawn content not necessarily for the topic represented, but the relation she makes to the enjoyment and calmness she finds in drawing. For the queer women and the women of colour who participated in this project, like Émilie and Rebecca whose stories I share in this chapter, validation is not necessarily found in self-representation, but in textual content that speaks to their embodied experiences and help them make sense of their own realities. For Clémence, who lives with the understudied condition of PMDD, it was first and foremost content that could help her make sense of her symptoms that she was looking for. These

findings show that although relatability is often shaped around a premise of shared experiences, worlds and attachments that rely on regulatory racist and classist norms, women negotiate with these demands to find alternative spaces that offer the possibility to inhabit their bodyminds differently. In this chapter, I have demonstrated that relatability as affective relation materializes in heterogeneous and multiple ways in women's practices that reveal how connecting and caring for ourselves online relies on one's embodied experience and a constant negotiation with the resources available to us.

Chapter 5

Feminist Networks of Care: Practices of Collective Support and Mental Health Awareness

“And that is why in queer, feminist and anti-racist work self-care is about the creation of community, fragile communities, assembled out of the experiences of being shattered. We reassemble ourselves through the ordinary, the everyday and often painstaking work of looking after ourselves; looking after each other.” (Ahmed 2014)

This chapter examines how the women I interviewed use the built-in, social, and imagined affordances of Instagram in ways that produce care for themselves and others. The argument I make in this chapter is that these practices, which rely on the validation explored in the previous chapter, produce what I term feminist networks of care. I argue that these networks are characterized by women’s use of Instagram affordances as tools to create spaces of support for each other while simultaneously spreading awareness on their variegated experiences and psychosocial realities. I also demonstrate that women are conscious of platform biases and that they actively negotiate the possible moderation of mental health-related content⁴⁵ (McCosker and Gerrard 2020) and the socially driven norms of postfeminism in the creation of those networks. My participants are conscious of what content gets more visibility, for example visually pleasing

⁴⁵ In a study of depression hashtags on Instagram, Ysabel Gerrard and Anthony McCosker (McCosker and Gerrard 2020) observed that the platform heavily monitors mental health-related content, shadow banning conversations that are judged too “risky” according to the platform's list of problematic topics. These dynamics are directly related to questions of visibility and how people negotiate with the platform to be able to foster conversations. Gerrard and McCosker found that people engage with depression through ways that are not necessarily trackable, such as memes and other practices that allow them to negotiate their visibility and the level of intimacy they wish to share not just with others but with the platform itself.

posts will get more traction than those that are less aesthetics, and how to navigate around potential shadow bans. This chapter positions these feminist practices of care within the larger context of networked feminisms and the use of digital tools for feminist activism. The practices explored in the sections that follow, on top of revealing how women care for each other on Instagram when living with mental illness, provide important insight on how the doing of feminism materializes in women's lives through their everyday social media engagement.

Feminist Networks of Care

Feminist media's conceptualization of networked feminisms is particularly useful for making sense of the feminist networks of care that are the topic of this chapter. Here I draw from feminist media scholars' theorization of network in reference to the "doing-it-ourselves" of feminism online and the multimodal, interconnected, and participatory dimension of networked feminisms (Clark-Parsons 2022; MacDonald et al. 2021; Rentschler and Thrift 2015a). Aristeia Fotopoulou (2016) defines networked feminisms as "a form of contemporary political action that is characterized by complex connectivity and which operates at the intersections of online and offline, and across campaigning activities, feelings, and people." (49). This complex connectivity, as noted by Rosemary Clark-Parsons, relies on "careful negotiations, as feminists navigate the strengths and limitations of their networked media tools." (2022, 14). The term "network" here is used not only to refer to how women are connecting with each other online, but in reference to "both the technological affordances and social affordances of feminists media tools." (Clark-Parsons 2022, 14). In other words, networked feminisms are characterized by their use of platform affordances to spread their message, the decentralization of knowledge and the foregrounding of a plurality of voices. Although tensions and contradictions can exist within

these spaces, the generation of feminists who turn to social networks to *do* feminism “aspire toward more intersectional gender justice platforms” (Clark-Parsons 2022, 14) that consider privilege and oppression in foregrounding the differentiated realities of women⁴⁶. I understand feminist networks of care as emanating from this movement in their desire to spread awareness on the lived experiences of women at the same time as they provide alternatives or add-ons to the medicalization of mental illness and individualistic discourses of mental health. These networks of feminist care take on the characteristic of networked feminism which is that of using everyday media technologies to build communal support, challenge the current moment and negotiate technologies’ limitations (Clark-Parsons 2022). In doing so, these networks challenge the individualistic nature of neoliberal mental health care in favor of a decentralization of power, a collective approach to care, and a recognition of the plurality of experiences and the interconnectedness of power and oppression in women’s lives (online and offline). In using the term network, and its focus on decentralization, I focus on the relationships that form between users and how women make use of the platform’s affordances to care for each other and spread awareness. In doing so, feminist networks of care have the potential to not only challenge normative discourses of mental health, but also tackle platforms’ promotion of individualism, consumerism and white feminism to mobilize critical responses (MacDonald et al. 2021).

A particularity of the networks I explore in this chapter is that they form around different types of practices that vary from managing a public page to more intimate practices such as re-

⁴⁶ For a more thorough review of networked feminism and the tensions that may arise within the activities of online feminism, see Rosemary Clark-Parsons (2022)’ book *Networked Feminism: How Digital Media Makers Transformed Gender Justice Movements*. See also Sarah Banet-Weiser (2018)’s *Popular Feminism and Popular Misogyny* for an account of how the visibility and spread of popular feminism online is stripping feminism of its political roots in profit of individual success.

sharing in private Stories and taking screenshots. In her study of mental health comics on Instagram, Mazowita (2022b) explores how the option to comment on posts is an Instagram affordance that provides the possibility to create what she calls “networks of graphic care”. She argues that the ability to comment on artists’ representation of their lived experience of mental illness allows users to “make meaningful connections while contributing towards a community of virtual support.” (2022b, 7). Mazowita’s analysis offers a first insight into how the affordances of the platform can be used in the creation of networks of care. My participants’ practices reveal ways of building support that are in some instances more visible, and at other times more intimate than those explored by Mazowita. These varying dynamics of care and how it manifests on social networks sheds lights on how different practices can depend on the communities involved and the rich understandings that comes from attending to their specificities. Here, I concur with feminist disability scholars in arguing that online activism may look different for people with disabilities who cannot necessarily access public spaces or for whom debilitating symptoms make it difficult to participate (Fournier 2018, Wollen 2015, Hedva 2020). This also connects to Hendry’s argument regarding the “risk” that being visible on social media may represent for people living with mental illness and how anxiety-inducing it can be as well. Many of the women I interviewed (and whose stories I tell in this chapter) shared that they didn’t necessarily need to talk about their own experiences or comment on others’ posts to feel like they were participating in a collective effort, but it is through practices such as re-sharing, taking screenshots and talking about posts with friends that a sense of community and collective care materializes. What produces a sense of care is the feeling of community that takes shape not through physical closeness or adhesion to an organized group, like previous feminist support groups, but the “networked structures of communication at a distance.” (Rentschler and Thrift

2015a). I relate these media practices to Rentschler and Thrift (2015a)'s argument that the doing of feminism not only materializes through the subject of the content shared, but the very act of media making that reflects what they term a "doing of feminism in the network" (2015, 3). In the case of these feminist networks of care, the doing it reflects is both the one of feminism and the one of care.

Fostering Community as Self-Care

The women of colour who participated in this project have an approach to self-care that is geared more towards community-building and addressing their multiple identities and marginalizations. While White women may more easily identify with the mental health content that already circulates on Instagram, we have seen that women of colour don't always find it relatable. Émilie, for instance, found that she related more to content that addressed her reality as a Black woman with an immigrant parent. Others, however, had more difficulty finding their communities in accounts that already existed and therefore decided to create their own. These accounts are an example of how feminist networks of care take shape.

Ayushi, a PhD student in India who has gone through a difficult phase of depression, created the page @mentalhealthtalksindia with one of her friends to tackle the stigma around mental health in India while also addressing mental health from a culturally adapted perspective. Ayushi finds this work contributes to her mental health since although Instagram can be a tool for spreading awareness, it also produces a commodification and westernization of mental health that can be detrimental in the long run. She feels it is critical to address mental health from a social perspective that considers not just the reality of Western countries, but those of each country in their specificities:

I personally definitely feel that mental health is not just like an individual issue. It is a larger social structural issue. In India, the current political climate is not at all conducive to anybody's mental health and just very messed up. Minorities are being executed right, left, and center. (..) The class hierarchy's very strong, the gender roles are very rigid and all of those do add to a person's deterioration of mental health, because I can also see that because I have seen that happening with my own self. So people don't recognize that, because in India a lot of people then keep just the biomedical approach to mental health.

She feels that it's important to carve a space for these conversations also because of the commodification of mental health that is happening on the app. Mental health talks, she tells me, now center around trends and hashtags which deviates the conversation from those who started it:

There are a lot of like super rich girls and boys who are also trying to hold on to this mental health dialog and conversation. And because they already have like a lot of cultural capital and a lot of capital all over the world, a lot of Instagram capital for that matter, they try to hijack those conversations and make it about themselves. And then they don't have any lived experience of mental health issues. So that has been annoying me a lot lately because I'm like, you should not make a trend out of it.

Instead of addressing the structural issues that affect individual's mental health, it is transforming mental health into something people must perform to gain more followers and visibility on the app according to the interviewee.

Ayushi decided to start her own page after an incident with a roommate. She was having a panic attack, and her roommate would not help her, claiming that "mental health doesn't exist". When she tried to talk about it with the people around her, Ayushi found that there was no one to listen and that's when she turned to social media:

And that was almost like out of spite I formed the page because I was like, because I just could not find people to talk to. I was like, nobody is listening to me. And I was using social media before forming this page, I used to use social media very heavily in terms of talking about my mental health and my own experiences. Then I started to speak. And then a month or two later, the other friend of mine joined us and because I was like it's, initially it was supposed to be my rants. It was literally just supposed to be my rants. I would write down. Yeah, absolutely, because I was like because I was

just so disappointed and more than disappointed, I was just shocked about the kind of experience that I was having and receiving from people, that is. But then eventually it started building up and people used to relate to a lot of stuff.

For Ayushi, having a community and people she can speak to is critical when living with mental illness because you need other's support to make it out:

When you live with a mental illness, you can't just rely only on yourself. It's a very risky illness to have because your illness and your wellness is heavily dependent on the people around you. You can't exist in isolation from them. Of course, you have to do your work and everything, but if people are going to be assholes, then it's going to fuck you up very badly.

What Ayushi is referring to is the fact that people's attitude towards us greatly impacts how we can live with mental illness. As mentioned, she condemns how conversations are hijacked by influencers to gain more followers and be part of the trend that is now becoming mental health. Not only is this steering the conversation away from those with lived experiences and transforming mental health into a product we must "own" or perform for productivity points, but it can also be dangerous and misleading too. This was the case when Santoshi Shetty, an Indian influencer, offered mental health advice to her followers even though she is unqualified to do so. In a video she shared, Ayushi tells me, Shetty invited her followers who were struggling to come talk to her and she would share good vibes in exchange for money. For Ayushi, the danger lies in the fact that Shetty is not a licensed professional and that "positive vibes" alone cannot help someone in distress and may cause more harm than anything.

Through her personal account, Ayushi is creating a space of care for herself:

Running the page really helps because it's just I don't know, it's like almost like cathartic in a lot of ways. And because then I see that there are so many people who are also able to relate to it. That I really like I mean, that makes me feel less alone. And I'm like, great, amazing because I know that I had been in that situation of feeling like, oh my God, I have no one for me to listen to. And so now that I know that, ok, I can make a difference.

She situates this practice as part of her self-care routine, in the same way that she likes to watch movies or consult the digital self-care toolbox she is building in her phone. On her personal page, she likes to share her own writing which she describes as cathartic as well:

So, some major self-care, I think, would be that when I have a lot of my breakdowns and shit, I really like writing. So that is when I make these Instagram posts of mine wherein I just write whatever is there in my head and because that really feels very cathartic. And I'm like, OK, I've released it out there in the world, but now people like it or people don't like it. I don't give a fuck, but I just wanted to say it out loud because I just wanted to share my point of view on whatever.

She also posts about her experience with suicidal ideation for other Indian mental health pages like @desi_brotherhood.

While neither Ayushi nor her friend are mental health specialists, they use their account to do mental health awareness and advocacy through education and their own lived experience and experiential knowledge of mental illness. Carousels or slideshows are a great way to do this kind of work since they can be used to summarize concepts and notions and present them in a digestible format. Delia Dumitrica and Hester Hockin-Boyers (2023) identify this phenomenon as “slideshow activism” which consists in condensing complex political causes or issues into short texts that are easily shareable. What makes the slideshow or carousel different from other types of templates is that it is conducive to shareability. In a context of political activism, Dumitrica and Hockin-Boyers (2023) see the slideshow as a type of alternative media that is adapted to the affordances of Instagram. Slideshows are also great when it comes to collaborations and mixing knowledges. For example, Ayushi and her friend often collaborate with doctors and consultants who write posts for them and the slideshow becomes their tool for communicating that information. Slideshows embody the mix between traditional knowledge, personal testimonies and user interaction that is characteristic of networked feminisms.

Rebecca, on the other hand, manages a page for LGBTQ+ communities in New Brunswick. They created the page – whose handle they did not share for privacy reasons – with one of their friends because they felt that there was little representation of queer people in New Brunswick. On this page, they share a lot of information on mental health and other things related to LGBTQ+ rights and overall wellbeing. To them, mental health issues always intersect with race, queerness, disability and the environment. They rarely follow mental illness focused accounts exclusively because they tend to be targeted towards otherwise “healthy” white cisgender women, and they don’t see their experience reflected or understood there. They also tell me that they have “a history of finding affirmation-based or self-help genre mental illness discourse patronizing or overly simplistic, and they prefer to engage with content that addresses trauma and mental illness in ways that are either politically engaged, or artistically represented through visual arts or poetry, or in ways that allow for laughter”. During the summer I interviewed them, they were working on finding mental health funds for Black and Indigenous people in various regions and reposting those on their Instagram so that people could find the help they needed. They also started this page because Pride in Fredericton is uniformly white and there were no discussions of intersectionality, let alone representations of people of colour.

Ayushi and Rebecca’s engagement with practices that are more community-based reflects how the labour of self-care articulates itself differently for different women. While Rosalie and Cécile may feel like individualistic practices provide them with a sense of hope, as seen in the previous chapter, the same practices do not offer this feeling to Ayushi and Rebecca, who instead engage in work for the community. Lisa Nakamura (2015) defines women of colour and people of sexual minorities who post, re-post, and comment in public and semi-public social media spaces as “knowledge workers.” (2015, 107). The work that women of colour do online to

educate each other, share documentation and protest inequalities is unpaid work that is seen as “natural” and therefore feminised and devalued (2015, 108). Yet, she says, this work nonetheless produces value for the people engaged in it for whom every new reader or follower is someone who potentially might listen to their demands. Similarly, Ayushi and Rebecca both find meaning and value in community-work as it allows them to care for themselves and their communities. When she writes a text about her struggles with depression and suicide ideation, Ayushi knows that it can help someone in her community who, like her, doesn’t have anyone who believes her.

Stories as Sites of Feminist Care

The Story function is the Instagram affordance that stood out the most in my participant’s practices when it comes to caring for themselves and others. Sofia P. Caldeira (2024) theorizes Instagram stories as “a site of everyday feminisms” wherein women share their struggles and spread awareness on political issues. She describes the act of re-sharing in Instagram Stories “as an everyday feminist practice” (Caldeira 2024) through which women decide what issues they want to give more visibility to while leveraging the affordance in maintaining a certain level of intimacy and protecting their vulnerability. She adds that “Processes of selection and re-sharing, facilitated by the affordances of Stories and their cultural use, become productive and tangentially political in themselves, relying on judgements on what issues to give visibility to and which to exclude.” (2024, 8) This relates to the argument I make about these networks of care taking shape through the *doing* of things with media. When women re-share in their Stories, they are engaging in everyday little, yet meaningful gestures of taking care of themselves and others. When my participants re-share in their Stories, they are thinking not just of themselves,

but of the other people they can help in the process, which creates an imagined relationship. This is based on their very own relationship to Stories which they see as extensions of the people who share them. When she sees a Story, whether it is shared by a friend or not, Cécile is reminded that she is not alone:

Pis ben me faire rappeler aussi que – même si c'est pas les personnes qui font ces posts-là à qui j'écrirais si ça allait pas bien – mais ça me rappelle dans un sens aussi, autant que mon psy est disponible, mes amies sont disponibles, même s'ils connaissent pas ça, il me connaissent moi et qu'ils m'aiment moi, et ça me rappelle aussi que je suis pas toute seule, je peux reach out à des gens et je suis pas pognée avec ça. De pas en avoir honte aussi.⁴⁷

The story function was introduced to Instagram in 2016 to integrate a function that became popular through Snapchat, the app's biggest rival in the visual social media landscape at the time. Snapchat was the only social media platform that focused on ephemeral content. Seeing that Snapchat was stealing the attention of one of its most prized demographics, youth, Instagram integrated their own Story function in August 2016. Before the launch of Stories, people were spending less and less time on the app. Instagram had gained the reputation for being an app for aesthetic photography and therefore people carefully curated the content they posted on their feed but spent less time browsing and viewing other users' content once they had posted. Instagram CEO at the time, Kevin Systrom, insisted that Stories provided a space where people felt more comfortable sharing and discussing different topics and aspects of their lives that were not necessarily "instagrammable". Instagram went on to add many other features to the Story including the option for Live video, filters, as well as stickers, polls, and other communication

⁴⁷ "But it also reminds me that - even if it's not the people who make these posts that I would write to if things weren't going well - but it also reminds me in a way that my therapist is available, my friends are available, even if they don't know about this, they know me and they love me, and it also reminds me that I'm not all alone, I can reach out to people and I'm not stuck with this. I'm not ashamed of it either." [translation mine]

and creative tools. These additional functions allowed people not only to express themselves through the Story function by adding elements to shared posts or photographs, but also to generate conversations with other users and create engagement. Instagram stories also created a context for people to spend more time on the app.

With the Story function also came the introduction of a vertical visual aesthetic which further confirmed the fact that people were consuming Instagram content from their mobile devices. There is a clear difference between Stories and Instagram posts, not just in the way my participants make use of them, but also the options laid out for them by the platform itself. Stories are not just visuals and users have the option to write a post to present a quote, a thought or other kind of content that doesn't have to include a photographic element. The story function also enables users to annotate the posts they reshare, as well as interact with other users in ways that other functions on the app do not. Users can ask questions through a question box, create polls, and even add an appreciation slider which all allow different modes of engagement in the production of knowledge. This is of course on top of the Story reactions and comment box.

Instagram Stories are an interesting tool for women to share about mental illness and other social struggles because it doesn't require the same kind of labour or emotional reveal that producing content does. Caldeira (2024) notes that re-sharing in Stories can accommodate the participation of users who would otherwise be reluctant to participate in conversations such as those of feminism and social justice. I argue that this is also the case when it comes to discussing mental illness and issues that pertain to women's mental health. As discussed in the previous chapter, using social media to speak about mental health, especially when already in a marginalized position, can be a source of additional anxiety. Many women won't share on their grid for fear of being surveyed, judged by others or bullied. According to Caldeira, sharing

content that is politically charged on Stories, instead of one's feed, can minimize the risk for potential backlash (Caldeira 2024, 12). Re-sharing in Stories appears as a low-risk activity for caring for the self and others.

The question of labour also plays a big role in how people who live with mental illness, especially when they are experiencing debilitating symptoms, engage with social media. Liking or simply re-sharing is an easy and low-stakes way to engage with content and feel its benefits without having to “do” too much. It's an easy way to help others as well. If she decides to re-share something on her story, Clémentine does it because she thinks it might help someone else out there. She finds that content giving relationship advice, for example, often lacks complexity and presents things in a very uniform way. She herself has tried to refer to it when she was trying to get out of a toxic relationship, but often couldn't find her way around it, which was more of a justification for staying rather than helping her to get out. That's why, when she finds content that she finds helpful, she's quick to share it, to prevent anyone finding themselves in the same situation as her. In this sense, re-sharing a story isn't just about telling your own story, it can also be about caring for others around you and spreading a message you judge useful.

Franceska, who I introduced earlier, will share in her Instagram Stories only when she feels like the post could resonate with others, and it is not too obviously related to herself specifically. If she likes a post, she might go back to unlike it later, scared that someone will see it and discover the “truth” about her. Instead, she prefers to save these posts so it's more anonymous. When I asked her if she would share things about living with Borderline Personality Disorder, even if general and not related to her, Franceska reacted strongly:

Oh mon Dieu, je ne partagerai jamais rien sur les TPL, genre. Mais des trucs grand public, mettons, Bell cause, des affaires de mêmes. Ça, c'est sûr que je vais partager, c'est sûr. Mettons des journées de comme awareness, mettons troubles alimentaires,

anxiété ou mettons des journées précises ou des collectes de fonds, ça, je vais le partager.⁴⁸

For her, the symptoms she experiences like depersonalization are not common enough for her to share information about, whereas addressing the stigma around mental illness and mental health awareness campaigns, for example, are topics that affect many more people and can benefit a larger number of people. It's understandable that when Franceska shares content, there's an orientation that's much more focused on community care than on her own identity and personal issues. Franceska's difficulty in sharing her struggles with mental illness is based on social media's "premise of self-production" and claims to authenticity that frame how self-representation is understood by other users (Dobson 2015). The notion that one's social media profile is an "authentic" representation of self always subtends how we read other people's social media practices regardless of how much we know these representations are constructed and curated. This is even more true when it comes to content we share in stories since narrative is even less clear than text or visual representations compounded by the fact that sharing in stories is seen as more instantaneous and unmediated.

Julie's account is private, but she uses the Story function in similar ways, to foster conversations with her friends. She sees the act of re-sharing in her Story or in DMs as an act of care for them. Since she works in education with a vulnerable population, her account is private, and she only allows people she already knows to follow her. That way, she feels more comfortable re-sharing mental illness-related content because she knows she is directly engaging

⁴⁸ "Oh my God, I would never share anything about BPD. But mainstream stuff, let's say, Bell Let's Talk, things like that. That I'll share, for sure. Let's say awareness days, let's say eating disorders, anxiety or let's say specific days or fundraisers, I'll share that." [translation mine]

with her friends. She believes the more we talk about mental health with each other, the more these conversations have the potential to reduce stigma:

J'ai commencé à partager beaucoup sous forme de Stories, là. (...) J'en partage presque à chaque jour. C'est des choses qui me font sourire, qui me font réfléchir. Et il y a tellement de mes amies qui me disent "ah je me sens de même", "ah c'est trop parfait" et ces amies-là aussi ont commencé à faire la même chose, petit à petit, à publier, à partager des choses que j'avais partagé ou d'autres trucs.⁴⁹

When she chooses to post in her personal stories, Julie negotiates the platform's multiple audiences and imagines what audience she is targeting to create an affective connection (Litt and Hargittai 2016). Her and her friends share posts between each other, and she knows that even though they might not be ready to say they have a diagnosis or to seek help, at least it can make them feel good when they connect on Instagram. This is based on the assumption that if something makes her feel good, it might also work for her friends. These re-shares can look like memes, infographics or inspirational quotes. One of these Stories, which she shared with me in the pre-interview questionnaire, features a meme about anxiety. We can see the famous picture of Nick Jonas, from the Jonas Brothers, buried in the sand with only his head coming out. He is wearing party glasses and his face looks perplexed. On top of the image, we can read "Trying to enjoy life when you're buried in anxiety like." As we have seen in the previous chapter, the quirkiness of the situation featured in the photograph creates humour and allows the viewer to take a distance from their own debilitating symptoms and laugh about them. The use of the Story function to share the image augments the humour and relatability of the situation whether her

⁴⁹ "I've started sharing a lot in the form of Stories. (...) I share them almost every day. It's things that make me smile, that make me think. And there are so many of my friends who tell me 'ah I feel the same', 'ah it's too perfect' and these friends also started to do the same thing little by little to publish, to share things I had shared or other stuff." [translation mine]

friends like it or not. The meme normalizes, even laughs, about what it's like to live with anxiety, and the conversation created around it through the Story function compounds the feeling of connection. When her friends reply saying that they feel the same thing as her, it makes her feel reassured, since a lot of her anxiety is related to feelings of security. She has even built relationships with people she may not have built such a strong bond with otherwise. Speaking of one of her closest friends, she tells me that it's through sharing memes and other posts that they became vulnerable with each other:

C'est sur Instagram les petits posts qui m'ont permis d'atteindre cette amitié qui est du donnant-donnant parce que moi aussi je lui ai déjà écrit "aujourd'hui j'ai passé la journée à brailler, y'a rien qui marche pis je ne comprends rien à ma vie" pis comme je sais qu'elle ne me juge pas. C'est probablement la personne qui me juge le moins au monde.⁵⁰

The posts helped them put words to their feelings and sharing them with each other opened other conversations that eventually developed into a friendship held by support and care.

⁵⁰ "It's the little posts on Instagram that have allowed me to reach this friendship that is give and take because I too have already written to her 'today I spent the day crying, nothing is working, I don't understand anything about my life anymore' and I know she doesn't judge me. She's probably the least judgmental person in the world." [translation mine]

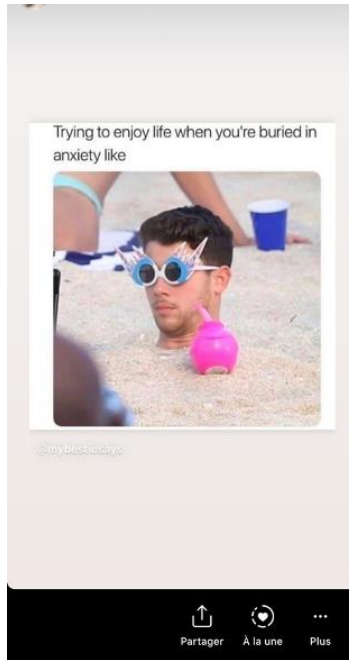


Figure 26 Screenshot from Julie's Instagram Story archive, Shared on August 24, 2020

Social connection plays an important role in not only preventing mental health problems, but for people who live with mental illness, in their ability to seek help and to maintain a certain level of wellbeing (Holt-Lunstad 2024). While research suggests social connection doesn't have to be with people who have similar experiences, but rather can be found in feeling that people care for you, my participants' practices point to a need for connection with women who have similar experiences, not only to bond but also to feel cared for. They feel that they are not alone, and that if they needed to, someone would be there for them.

Cécile and June use the Story function in similar ways, but they like to add comments when they re-share in their stories to connect the re-shared post with their own lived experiences in doing care both for themselves and others. Cécile chooses to share her recovery journey in her Instagram Stories because it allows her to mix text and image. She prioritizes the Story function

because of its immediate and ephemeral dimension which provides a sense of authenticity and intimacy to the content she creates. Instead of planning when she will post on Instagram, Cécile prefers to share her thoughts whenever they come to mind, and she makes sense of them as she is sharing. It allows her, in tandem with her journaling practice, to formulate her thoughts and make sense of her feelings through the embodied doing of things. Additionally, the story function allows her to share her thoughts, but also other people's posts while also adding commentaries, URLs to eating disorder help groups, and other resources. The process of adding a comment on someone else's post allows her to further emphasize the importance of the post and connect it to her own lived experience and experiential knowledge. In one of her stories, she reshared a post by @saraclarkyoga saying "Shoutout to everyone re-teaching themselves how to eat in a world that's constantly telling us not to." to which she added: "Because it's been a while since I didn't share something about eating disorders. Have a great dinner." This process highlights the networked dimension of care and how it takes shape in the everyday practices of women like Cécile. Through the process of resharing this post and adding her own commentary, Cécile cares for herself as well as for her followers who may be going through similar experiences. Sharing in Instagram stories reflects "epistemologies of doing" (Rentschler 2019), meaning "ways of ways of knowing the world by engaging in practices of making." (Rentschler 2019, 130). Through the sharing of Stories, Cécile makes sense of her own experience of living with an eating disorders whilst caring for others in the process.

Cécile tells me that when she shares in her Stories, she likes to think that because what she is sharing is helping her, it will help someone else as well. However, she doesn't need people to respond to her Stories to get a confirmation. The act of sharing alone is enough to produce that feeling of care and community. Contrary to what the platform encourages users to do, which is to

share to as many people as possible, Cécile tells me that even if she only reaches one person, it's enough for her to feel like she might have helped someone feel better :

Je sais que moi quand j'en partage justement, mes amies plus éloignés dans mon cercle vont réagir ou vont juste comme écrire "merci celle-là fait du bien aujourd'hui". Feck je leur envoie pas à eux ou à elles personnellement mais je sais que probablement que, si c'est une story je les adresse pas directement, je les tags pas, mais je sais que c'est notamment à elles que j'espère que ça peut faire du bien.⁵¹

Just knowing that others may connect to her content is enough to produce feelings of connection. The feeling of belonging is created through what Hendry (2020) calls “imagined intimacy”. She calls imagined intimacy social media practices such as sharing mental health-related content in stories that “afford a feeling or emotional recognition, affective community or intimate co-presence.” (2020,1). While Hendry refers to social media images and practices that are “invisible” and not coded as “mental health-related”, the concept applies to my participants’ practices since although they share images that pertain directly to mental health, they do not need a response from others to feel the emotional or affective connection and idea of co-presence. Other of my participants don’t even need to talk to other creators to feel like there is a connection. Just seeing a post, at times liking or screenshotting it, is enough to reap its benefits.

Cécile also uses the aesthetic dimension of Instagram strategically when re-sharing. She doesn't shy away from the fact that it plays a role in her decision to re-share a post or not:

Si je vois un truc qui est beau visuellement – parce que y’a ça aussi avec Instagram qui est l’fun, l’esthétique – si je trouve que le message parle et je trouve ça esthétique, je vais repartager avec un petit commentaire ou pas du tout tsé. À un moment donné j’avais juste partagé un truc que je trouvais super beau, super parlant, et j’avais juste écrit entre parenthèses en bas genre « bon samedi » là. Juste comme « by the way je

⁵¹ "I know that when I share, my more distant friends in my circle will react or will just write 'thank you, this one feels good today'. So, I don't send it to them personally, but I know that probably, if it's a story, I don't send it to them directly, I don't tag them, but I know that it's to them in particular that I hope it can do some good." [translation mine]

vous dérange » parce que je sais que vous allez être comme 200 à aller voir ma story et SURPRISE je vous parle d'anorexie.⁵²

But more than just posting for visual pleasure, Cécile uses the aesthetic dimension of Instagram to get her followers' attention on issues that matter to her, in her case recovering from an eating disorder. She has a deep understanding of how Instagram works and she uses it to her benefit. This also shows that the image plays a double role here. On the one hand, Cécile chooses to share an image because of its aesthetically pleasing dimension and because she knows it will get traction. On the other, for its message and pertinence.

In one of her stories, June shares a post from the @thefabstory page featuring an illustration of a lung on a blue background with the words “Take deep breaths until the lungs are full.” To this repost, June adds “For anyone who needs it (I did).” Two types of conversations take shape here. First, there is the one created by the original poster, @thefabstory. In the ways of conversational images, this infographic is shared to the account's followers and other people who might see it in their “for you page”. The post aims to promote the self-care practice of deep breathing and meditation, and people can comment on it or share it in their stories or to their friends in a private chat. Secondly, by sharing it in her story and adding a commentary, June creates a new conversation. With this simple comment, she connects her experience with that of her followers, for whom this message could be reasoned, thus forming a conversation and an affective relationship between her, the image and her followers. This affective chain contributes

⁵² "(...) If I see something that's visually beautiful - because that's also what Instagram is all about, the fun, the aesthetics - if I think the message speaks for itself and I find it aesthetically pleasing, I'll share it again with a little comment or not at all, you know. At one point I'd just shared something I thought was super beautiful, super meaningful, and I'd just written in brackets at the bottom like 'happy saturday' there. Just like 'by the way I'm bothering you' because I know you're going to be like 200 to see my story and SURPRISE I'm talking about anorexia." [translanton mine]

to the promotion of mental health, as it allows the message of taking the time to breathe to resonate, a trivial action that can drastically reduce symptoms of stress and anxiety, and minimize the risk of developing psychological distress. For someone experiencing symptoms of generalized anxiety disorder without knowing what they are, a breathing technique can make a big difference. Through this process, June not only invites other users to relate to her posts, but by creating a Story where she mixes someone else's post with her own story, she creates a chain of affect and relatability that has the potential to touch other women.

This connection is also made possible by the comments, which become spaces for exchange and conversation through the image itself. For June, these comments enable her to connect her personal experience with that of others, and feel less alone :

Encore une fois, trouver les mots tout simplement et au-delà de trouver les mots, même quand je les ai déjà, des fois, d'autres personnes vivent exactement ça aussi. Ce n'est pas juste moi, c'est pas juste dans mon cercle d'amis, c'est beaucoup plus large que ça. Tsé entre guillemets, je ne suis pas un phénomène isolé. C'est ça, il y a d'autres personnes et tsé j'ai pas envie de forcément d'être amie avec cette personne, pas forcément envie de parler avec cette personne, juste savoir que cette personne a la même chose que moi. ⁵³

While comment spaces are usually seen as spaces where people can connect, for June it's not so much the possibility to connect that makes her feel seen but just the ability to imagine that other people have similar experiences, and she is not alone. The simple act of reading the comment provides June with a feeling of recognition, of being validated and not the only one going through this, without her having to engage directly with the comment. It's the feeling of

⁵³ "Again, simply finding the words and beyond finding the words, even when I already have them, sometimes other people have similar experiences. It's not just me, it's not just in my circle of friends, it's much wider than that. You see, I'm not an isolated phenomenon. There are other people out there and I don't necessarily want to be friends with them, I don't necessarily want to talk to them, I just want to know that they're going through the same thing I am." [translation mine]

not being an isolated phenomenon that's reassuring. She's not saying she'll never connect with these people, but for now that's where she's at in her journey. She doesn't necessarily feel the need to talk to these people. It's more a question of representation:

(...) c'est un peu comme quand tu vois une personne de différentes morphologies exactement comme toi dans, souvent, des publicités comme des vêtements par exemple. Bah tu n'as pas forcément envie d'être avec cette personne-là. Juste, elle existe. Fait que c'est plus ou moins valide que j'existe aussi. C'est se sentir représenté plus ou moins. C'est ça.⁵⁴

In addition to opening up a conversation on a topic that may still be taboo for many people, this sharing enables the creation of connections between June and the people who follow her, but also between the people who see this publication and their own bodily experience of anxiety. Far more than just conversation starters, these images become tools in the creation of relationships of care between self and others, self and mental illness.

⁵⁴ "(...) it's a bit like when you see a person of different morphologies exactly like you in advertisements for clothes, for example. Well, you don't necessarily want to be with that person. It just exists. So it's more or less valid that I exist too. It's feeling more or less represented. That's what it's all about." [translation mine]



Table 2 Screenshot of a story, shared by June on July 2, 2020.

Beyond her personal use of Instagram, June likes to share in her Story to participate in the effort to raise awareness and promote mental health. In one of her Stories, she shares a publication from the @thetiredproject page, a black and white photograph of a woman's back, on which is written “I'm tired of hiding the effects of my anxiety.” This publication appeals to the stigma present in society surrounding mental illness and, more specifically here, symptoms akin to generalized anxiety disorder. By sharing this message, June amplifies the message that having to hide the effects of anxiety and/or any effects related to a mental illness, can have direct effects on the person's own health, creating a vicious circle of debilitating symptoms from which it is difficult to escape. It's also about putting forward the fact that this is a societal problem. If

we lived in a society where mental health and mental illness were less stigmatized, people wouldn't feel the need to hide. June notes that when she posts this type of story, people sometimes come and talk to her about it, or she knows that certain members of her family will see the messages, for example, and that it can help them too, or simply make them aware of what an anxious person like her might be feeling. For June, it's a collective effort that we all need to be part of:

J'ai envie que ça (la santé mentale) soit sensibilisée, j'ai envie d'être plus à l'aise, mais pour ça, comme je disais, j'ai envie que la société de manière plus générale change, puis ça passe aussi par le collectif qui passe par un ensemble d'individus. Donc si je peux passer moi, un individu, un message à un ensemble d'individus, peut-être qu'il y aura un changement donc...⁵⁵

If June makes these kinds of Stories, it's not necessarily for herself directly, but for the collective good. Sharing in her story is part of larger actions and mobilizations for mental health. It's a mobilization action to destigmatize mental health and share knowledge. Seeing other people talking about mental health makes her optimistic. It makes her think that maybe one day she'll feel comfortable talking about her mental health issues openly, and not just to people who are already sensitive to the topic.

⁵⁵ "I want this (mental health) to be made more aware, I want to feel more comfortable, but for that, as I was saying, I want society in general to change, and that also involves the collective, which involves a group of individuals. So if I, an individual, can pass on a message to a group of individuals, maybe there'll be a change, so..." [translation mine]

Re-Sharing as Everyday Feminist Engagement

Sharing in Stories enables to amplify and spread messages in the doing of care for the self and others⁵⁶. Caldeira and other scholars remind us that, although re-sharing is not always a political practice, it can nonetheless participate in producing meaning around political issues; it can signal our agreement with the content shared, augment the visibility on certain matters as well as nourish connections (Tiidenberg, Hendry, and Abidin 2021; Caldeira 2024). When women living with mental illness share experiences that relate to their own struggles with mental illness and embodied experiences, they are not only taking care of others who may relate to the content, and thus creating support, they are also doing “small acts of feminist engagements.” (Caldeira 2024) in spreading awareness on social issues that are important determinants of women’s mental health and that are not necessarily addressed in traditional mental health care. This is the case of my participants who share stories of sexual violence and racism as part of their self-care practices.

Franceska, who normally chooses not to share about her personal experience with mental illness, doesn’t refrain from being more vocal when it comes to issues that pertain to women’s rights and gendered experiences of discrimination and violence. In that case, she feels more open sharing her own journey because she knows it might help others and she feels like there is already a network of support for those issues, unlike BPD which is still highly stigmatized. In the

⁵⁶ Re-sharing in Stories can also be a practice of self-representation. Although this aspect did not stand out as being a primary concern in my participants’ stories, it is worth noting that re-sharing in Stories signals our agreement with content and works as a form of identity signaling. Regarding Twitter, Papacharissi (2015) writes that “People use the platform to tell stories not just about news and current events but also about themselves, sometimes in the context of reacting to current events and frequently in the context of responding to the publicly available conversations hosted through trending hashtags.” (2015, 96). In similar ways, re-sharing in Instagram Stories shapes user identity and how they want others to see them based on what they decide to re-share or not.

summer 2020, Québec experienced a significant resurgence of the #MeToo movement marked by a wave of public denunciations of sexual violence and misconduct across social media platforms with a focus on cultural institutions and academia. This movement was catalyzed by the creation of various anonymous Instagram accounts such as @victims_voices_montreal and @victims_voices_academia which provided survivors with spaces to share their experiences and name alleged perpetrators if they wished to. Franceska shared her testimony on @victims_voices_academia, and it really helped her cope with the situation and feel less alone. But because she knew that other women could relate to her story, she also shared it in her Stories and put it as a highlight, so it stayed visible. She also actively shared content related to this #MeToo summer wave. The four Stories she shared with me in the interview questionnaire were about this specifically. One of these posts is an illustration by @floramaille in which two cartoon characters are shown having a conversation. One tells the other: « Je ne te l'ai jamais dit parce que j'ai de la difficulté à me l'avouer à moi-même... mais tu m'as violé. ». Another post by @juripop.qc is a text that says “On te voit, on te croit, on t'entend” to which Franceska added a GIF of holding hands, suggesting solidarity with the posts and people who denounced their aggressors.



Figure 27 Screenshot of Franceska's Story posted on July 12, 2020, illustration by @floramaille



Figure 28 Screenshot of Franceska's Story posted on July 12, 2020, post by @juripop.qc

In sharing her own testimony and re-sharing posts that suggest support for people who have been sexually assaulted, Franceska cares for herself and others at the same time as she is

participating in the larger feminist movement that was this #MeToo summer wave.

Simultaneously – and this is one of the particularities of these feminist networks of care -- she is spreading awareness on an issue that disproportionately affects women and that has been proven to be an important social determinant of women’s mental health but that continues to be overlooked in the profit of medicalization and psychologization.

Another dimension of women’s mental health that continues to be ignored in traditional mental health care is the intersection of marginalization in women’s lives and their differentiated experiences of gender discrimination. This is something that many participants have criticized and especially the fact that a lot of the mental health content that is viral on Instagram tends to focus on individualized approaches that ignore their embodied and situated realities. Camille B., who herself identifies as non-binary, dislikes how some of the content that was previously helpful to her also ignores that not everyone is empowered in the same way:

Il y a eu un débat récemment entre @theholisticpsychologist et d’autres thérapeutes sur Instagram qui l’ont accusé d’être apolitique. C’est vrai que nous avons un certain pouvoir sur nos pensées, et c’est important de se sentir empowered, mais ignorer la dimension sociale de la santé mentale c’est adresser le problème à moitié. Selon moi on ne peut pas parler d’empowerment sans adresser les inégalités sociales et le fait que nous ne sommes pas toutes appelées à être empowered de la même façon sur Instagram.

⁵⁷

The mental health content that circulates on Instagram is not without tensions and contradictions, yet what stood out in my participants’ practices is the desire to give visibility to issues and realities that are normally ignored in mainstream mental health content and practices, and their

⁵⁷ "There was a debate recently between @theholisticpsychologist and other therapists on Instagram who accused her of being apolitical. It's true that we have some power over our thoughts, and it's important to feel empowered, but to ignore the social dimension of mental health is to address the problem halfway. In my opinion, you can't talk about empowerment without addressing social inequalities and the fact that we're not all called upon to be empowered in the same way on Instagram." [translation mine]

firm belief in antiracist pedagogy and feminism when it comes to mental health care accessibility.

Émilie and Rebecca, who are both women of colour, like to re-share posts that resonate with their realities and reflect their opinion regarding about mental health care and how it should improve. Émilie, who we have seen feels like it is more difficult for her to speak about her experience of blackness and womanhood with her therapist, likes to re-share posts that relate to the specificities of her experience. Two of the four stories she shared with me before the interview are examples of the kinds of content she likes to share. One post she re-shared by @letterstoblackwomen is just a black square with the following text written in simple white font: “Dear Black Girl, Find ways to de-stress during these stressful times. Take a walk. Read a book. Start a blog. Do something constructive for your mental health. Love, This Black Woman.” To which Émilie added a heart on the top right, as if co-signing the message and sending love to other Black women who may view this posts and relate to it. During that same week, she re-shared a post by @embracingblackculture. That post is a screenshot of a tweet by @quintabrunson that reads: “Being black is having a good day and then seeing another black person was killed for no reason. Then you have to think about/talk about that all day. Or don’t and numb yourself. It’s a constant emotional war.” Both these posts were re-shared in the context of the resurgence of the Black Lives Matter (BLM) movement during the summer of 2020 after George Floyd, a 46-year-old Black man, was killed by police on May 25, 2020 in Minneapolis, Minnesota. The brutal ending of Floyd’s life was recorded by bystanders and widely circulated on social media which provoked global outrage. In that video, we can hear Floyd repeatedly saying “I can’t breathe”, haunting words that became the slogan of the movement. The posts Émilie re-shared refer directly to the psychological toll of seeing yet another killing of an

innocent Black person, a reminder of the ongoing struggle of being Black in America and the erasure of their embodied experiences from mainstream media and mental health care alike. By re-sharing these posts, Émilie spreads the message to other Black women and people of colour in her followers that she sees them, and she shares their pain while reminding them of the importance to take a break when faced with so much collective trauma, grief and anger. The circulation of these posts, in contrast to those of anti-black violence, have potential for collective solidarity and healing. At the same time, Émilie is also spreading visibility to the specific racial trauma that Black women experience on top of the gendered one. Doing so has the potential to not only change perceptions but raise awareness on the need to attend to women's differentiated experiences and cultural specificities in traditional spaces of mental health care such as therapy. Émilie mentioned during the interview that therapy has been useful to her and that she wishes it was more inclusive of her struggles and cultural differences, that it did not assume women all occupied the same social position.



Figure 29 Screenshot of Émilie's Story, Post by @letterstoblackwomen



Figure 30 Screenshot of Émilie's Story, Post by @embracingblackculture

Rebecca likes to re-share posts that directly speak to individualistic and neoliberal mental health talks. These posts do not address issues that pertain to women's mental health directly but, similarly to Émilie, to the intersection of oppression and more generally the need for a mental health system that addresses them. This is also part of mental health care for Rebecca since they can't dissociate their intersecting identities (i.e. person of colour, non-binary, disabled, ...) to their overall experience of mental illness. To address how their life is impacted by politics and imagining how it could be improved is a form of care for themselves and others. A post by @takedownthepatriarchy shared in their Stories particularly resonates with that notion. The post is a screenshot of a tweet by @YoloAkili that reads: "I really hate how suicide prevention month every year is reduced to 'check on your friends' and not universal health care, to defund the police, accessible mental health services, and peer support programs. That analysis is corny." The author of the tweet refers to the individualistic tangent of neoliberal mental health messages that tend to focus on individual responsibility rather than addressing systemic issues such as police violence and the lack of accessibility to mental health services. By re-sharing this post, Rebecca signals their agreement with the message while augmenting its visibility by sharing it to a wider audience. While taking care of themselves implies doing this political work, they are also calling for better social policies and mental health care for her community which translates into a form of collective care. For Rebecca, re-sharing is cathartic. It makes them feeling safe and in community; it gives them a space to think about difficult topics with other people who are writing about it as well. They tend to self-isolate because of how mental illness presents in them so it gives them a context to exchange with other people who are dealing with similar

experiences even if they aren't in direct conversation with them. The ability to share thoughts and empathize with others feels good to them.

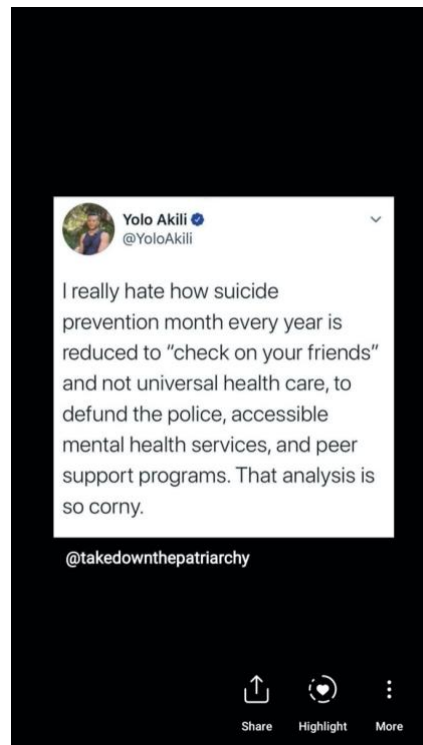


Figure 31 Screenshot of Rebecca's Story shared on September 5, 2020, Post by @takedownthepatriarchy

Additionally, Rebecca finds that doing this advocacy work is different on Instagram than on other platforms. They note that the tone of the content is much more violent on platforms like Twitter (X) and even the pace is slower on Instagram: "Twitter is where you go to basically fight people and Instagram is where you go to self soothe in some ways. I think for me it's because I'm really visual and I like going there to find art and pictures of cats." Rebecca notes that Instagram is slower and more interesting for doing activist work without feeling the pressure to always engage. On Twitter there is a pressure to answer directly to content while Instagram is made to be an aesthetically pleasing and comforting experience. While this dimension does have its

downside, it's also what makes it appealing for doing social justice work especially in a political context where it's easy to get emotionally overwhelmed and triggered. For example, they mentioned how tweets bleed into Instagram and become a totally different object. What Rebecca likes is that you can still comment and interact with the post but without the pressure to do so. This is exemplified in some of the Story re-shares I presented where tweets are shared in the form of Instagram posts and allow for a slower engagement. Unfortunately, Rebecca notes, these are necessary conversations we're having on social media regarding mental illness, disability and intersectionality yet they are not happening in medical institutions or academic institutions and other places where we need accommodation.

These practices of re-sharing reveal how feminist networks of care take shape through women's everyday practices as "small acts of feminist engagements" (Caldeira 2022). This relates to Ahmed's (2014) essay on self-care and the idea that when marginalized communities direct care towards themselves, "they are redirecting care away from its proper objects" meaning that "we are not caring for those we are supposed to care for; we are not caring for the bodies deemed worth caring about." (2014). When women take care of themselves on Instagram through Story re-shares, they are prioritizing themselves and their communities rather than "caring" for the status quo. The practices explored in this section reveal this reorientation: When Franceska is sharing about her experience of sexual assault, she is showing care for herself over her abuser; when Émilie is sharing about police brutality, she is showing care for Black people whose emotions tend to be pushed aside in profit of white fragility; when Rebecca is critiquing neoliberal mental health care, they are calling for a reorientation of mental health care towards accessibility and collectivity.

Embodied Communities

The sense of collective support that takes shape through these practices can also be understood through an actualization of Alison Piepmeier's (2009) concept of embodied community. In her study of feminist zines, Piepmeier argues that zines produce embodied communities because of the materiality of the medium, enabling the production of an imagined relationship of community through their exchange, sharing and gifting. These embodied communities recall processes of media making and the physical doing of things with media. She argues that zines, because of their affective and material characteristics, reconnect us to our bodies and to other human beings. This is possible thanks to the visual and sculptural aspects of zines, but also how they mobilize human experiences that are linked to the body, such as vulnerability, affection, and pleasure. The author argues that the physical form of the medium has an impact on what women say or do, as well as how they feel. This refers to the DIY process of zines that imply activities such as cutting, gluing, writing and drawing to convey a message. When speaking of digital culture and social media, we often forget the material dimensions of technology and how they convey a feeling of closeness to others. First, because our phones are always with us, thus providing access to others although at a distance. Second, because viewing images online always implies not only looking but by touching (a screen, a keyboard) and being touched (emotionally or physically) (Graeber 2016). According to Graeber, "meaning is not only communicated through the visual content but also through the affective and sensuous experiences that users have through interaction with these online environments." (Graeber 2016, 523). Accessing feminist networks of care implies not only looking at, but also touching, sensing, and feeling. The screencapture, for example, implies not only that we are capturing a screen, at a moment and time, but we are also grabbing it, which implies a sensory experience

beyond the gaze. In relation to selfies, Theresa Senft (2008) argues that “spectatorship functions less as a gaze than a grab. By ‘grab’ I mean to clutch with hands, to seize for a moment, to command attention, to touch – often inappropriately, sometimes reciprocally.” (2008, 46)

Women must touch the screen, flick it, pinch it, scroll on it to access content, but also for affect to materialize. Graefer (2016) argues that, in the context of blog reading, “a tactile experience comes to fore when we acknowledge that the user needs to touch the mouse(pad), the keyboard, or the screen to participate in the blog experience. (..) It also matters how I touch the screen surface.” (2016, 526). Using the concept of skin, Graefer “draws attention to the intimate connection between touching, moving, and feeling that makes for the blog ‘reading’ experience.” And how it “involves affective feedback loops that engage the whole body, rather than only the eyes.” (527). Mental health-related content is not read like traditional image or text, but much like reading blogs, “it is a multisensory interface through which the reading body(mind) moves while being moved.” (2016, 527). How online images affect us doesn’t only have to do with the content represented but also “the process involved in their materializations on the screen.” (528).

These practices of care enact what Puig de la Bellacasa (2017) calls “touching visions” and the possibilities of care as a relation that reduces distance. Care, as material doing, is affective but also embodied and embedded in relations of contact between people, emotions and technologies. Care, even when it is involved with non-living beings, is lived in the flesh. Through their Instagram practices, women touch and are touched by digital images. Puig de la Bellacasa writes that “the haptic holds promises against the primacy of detached vision, a promise of thinking and knowing that is ‘in touch’ with materiality, touched and touching.” (2017, 95) Touch, compared to vision or sound, remains an overlooked sensorial universe yet one that helps explain, literally and figuratively, the doing of care. Attending to touch allows

different cultural atmospheres to emerge than those of visual modes of being in the world. Like Donna Haraway called for alternative ways of seeing through reclaiming technologies of vision and reappropriating the dominant sphere of vision, Puig de la Bellacasa (2017) seeks to reclaim touching technologies, touch devices and sensors, “as a way to keep close” the speculative commitment of feminist vision. Through the concept of “touching visions”, Puig de la Bellacasa troubles the distinction between touch and vision: “On the contrary, vision-as-touch works rather to increase a sense of the entanglement of multiple materialities, (...).” (2017, 114) Touch, like vision, implies that the world comes to us through touching and seeing.

In relation to the material aspects of DIY culture and the sensorial relations with digital technologies, embodied communities are therefore produced through the *doing* of things with media. As we saw with Cécile, for instance, when she shares a post on her Instagram story, she connects the post to her very own personal journey with trying to get back to “healthy” eating habits. Here, the act of making an Instagram story — from scrolling through her phone, finding an image that fits her mood, adding text and links – helps Cécile make sense of her embodied experience of living with an eating disorder, all the while implying her whole bodymind in the production of the story. Creating Instagram stories implies a series of decisions about which aesthetics and media she will use that is usually associated with print or paper media like zines. As we saw through the various examples of Stories discussed in this chapter, when we post in our Stories, we make a curatorial choice about what kinds of photos, colors, fonts and GIFs we are going to use to better share a message in the doing of care. These decisions become crucial because they can augment the affective nature of posts especially when sharing one’s experience.

Advocacy Beyond the Screen

One particularity of networked feminisms is how the advocacy work of doing feminist activism online materializes into real life actions and demands (Clark-Parsons 2022). We can think for example of the online organizing that led to the Women's March in 2017 after the first election of Donald Trump as president of the United States, or how the galvanization of the #MeToo movement has led to the arrest and trial of many sexual assault predators (although not always and not enough). In similar ways, feminist networks of care spill into the everyday lives of women in ways that aren't necessarily visible to other users (i.e. re-share or comment) or quantifiable by the app (i.e. likes and saves) yet that have transformational potential at both individual and collective levels.

It's not uncommon for my participants to bring Instagram posts to their therapy sessions to discuss notions with their therapists. As explored earlier in chapter 3, Instagram can be a life-saving tool for validating symptoms when living with understudied conditions such as PMDD or lived experiences such as those of immigration or racism which are still underconsidered in traditional psychology. It is also life-changing for women (like Francesca) who live with a stigmatized condition like BPD and don't necessarily wish for others to know about it, yet who still find the app useful for finding information, resources and other kinds of virtual support they may need. In these three cases, participants have addressed how they used the content they saw online to advocate for themselves when seeking appropriate care and support outside Instagram. For Clémence, the simple fact of seeing that she wasn't alone living with PMDD, and that other women were able to find appropriate care, have helped her advocate for herself and find a medical professional who would listen. Not only did this realization save her time, but it also

gave her the confidence to require proper care, which isn't always easy for women whose pain and symptoms continue to be overlooked or misdiagnosed (Pratt 2024).

The screenshot comes in handy as well to take content out of the network and discuss it in therapy. This is a common practice among the women I interviewed, particularly in Émilie and Francesca's stories. The screenshot has become a popularized practice in digital culture, especially to immortalize ephemeral moments or share conversations and images with others. A screenshot is a mimetic recording of a computer or telephone screen that speaks of a specific moment that is displayed on the screen (Jaynes 2019; Cramer et al. 2023). While a traditional photograph is typically taken with a camera, a screenshot is captured through software or hardware mechanisms that record the content on display. The resulting image file can be saved and shared just like any other picture. Screenshots are commonly used for various purposes, such as capturing specific information, documenting issues, or sharing content from a digital interface. It goes to say that multiple people can screenshot the same image of an Instagram post, but each of these screenshots capture a different moment of human-machine interaction from the perspective of the user. Christopher Moore (2014) argues that the screenshot is a form of virtual photography that can be understood as having cybernetic, affective, and remediation capacities as people use them in online performance of the self. "As with photographs," he writes, "screenshots are echoes -- footprints and traces of connected moments, combining personal memories with communal narratives, documentary evidence, and a collective mass-mediated past." (2014, 145) Screenshots testify to an embodied encounter between physical and mediated objects such as Instagram posts. Screenshots can therefore be viewed as active gestures of media making in which women are making the deliberate choice of selecting, capturing and archiving a moment in their digital lives.

Although Francesca chooses not to engage with content, she uses the screenshot when she wants to discuss a post with her therapist. It's her way to keep a memory of the post without having to save it on the platform or leave any digital mark. Francesca's refusal to engage directly with BPD content also reshapes what we consider as feminist media-making in doing online feminism. Even though the app may not be able to quantify her likes and shares, and her followers may not know she lives with BPD, she actively seeks to find the content, read the information and discuss it with her therapist, which translates into a form of *doing* with media, one that points once again to women's need for more information about mental illness and not always more visibility.

Camille B. also mentioned in the pre-interview questionnaire that she has referenced things she learned on Instagram with her therapist. She did that because she wanted to have her opinion, to let her know which approaches/ideas interested her, which ones she applies in her life, and to let her in on her journey and reflections outside of their sessions. She started following mental health-related content when one of her roommates suggested she follow @theholisticpsychologist. She started a therapy session right after and recalls how this account helped her put into words what she was experiencing. In that way, she sees Instagram as a complement to therapy. Instagram doesn't exist in a vacuum but in conversation with her therapy sessions. If it was just for her, Camille B. would see her therapist more than once a week so in a way, Instagram also fills a gap between sessions. Not only does it help her pursue other conversations, but it allows her to continue the "work" of therapy outside of the therapist office, a dimension I explore into more details in the next chapter. She sees that what she does with Instagram is different from what she does with her therapist, yet they are both part of a same process to make sense of her emotions and they are interconnected:

Des fois justement c'est ce qui est le plus vulnérable tsé je vais lire là-dessus sur Instagram pis peut être deux mois plus tard je vais être capable d'en parler à ma psy. Ça m'aide à me préparer aussi pis à faire ce travail-là pour moi. Ben ça me fait c'est ça un genre de "safe space" aussi. Pis on dirait que ça m'aide à me sentir plus indépendante de ma psy comme je peux pas lui parler à tous les jours tsé.⁵⁸

Contrary to the belief that Instagram hinders therapy, Camille B. sees it as helping her progress.

The platform becomes an alternative “safe space” to her therapy sessions. She also admits being impatient, not because her therapist is slow, but because she is so happy with the results that she wants more. The feelings provided by therapy versus Instagram remain different for Camille B.

While therapy is an individualistic process, she feels like even though she doesn't connect directly with people on Instagram by way of private messages or comment sections, the sociality of Instagram still provides a sense of connection and validation. She feels that if she wanted to talk, she could talk with people who would understand her and since it is part of her everyday life, it helps normalise a lot of things daily.

The fact that these Instagram practices can help women seek care outside the network expands the work of feminist networks of care outside of digital spaces, into the lives of women and the everyday activist engagement that is advocating for one's right to proper care. These actions have transformational potential since they can help women find the care they need, but also eventually change social perceptions and the treatment of women's mental health in the long run. Every time a woman advocates for her rights, it has the potential of helping others as well.

⁵⁸ "Sometimes that's exactly what's most vulnerable: I'll read about it on Instagram, then maybe two months later I'll be able to talk to my therapist about it. It helps me prepare myself too and to do this work for myself. Well, it's a kind of 'safe space' for me too. It seems to help me feel more independent from my therapist, since I can't talk to her every day." [translation mine]

Conclusion

This chapter demonstrates how feminist networks of care are produced through the everyday self-care practices of women. I argue that what characterizes these networks is women's use of Instagram affordances as tools to create collective support while simultaneously spreading awareness on their embodied and psychosocial realities. These networks manifest in different ways, whether in the creation of community-based Instagram accounts or the practice of re-sharing in stories. These practices reveal that networks of care take shape in different ways and that it depends on the kinds of accounts and communities that already exist. For example, I showed that some of the women of colour who participated in this project didn't find communities that responded to their specific needs, and therefore created their own accounts, and participated in their self-care practice while caring for their community as well. For others, practices of re-sharing in stories were more appropriate and helped them spread the awareness started by others. I also shed light on the importance of these practices for women living with mental illness, since they are more intimate, thus exposing them to less risk or stigma, while affording the possibility to participate in a movement without having to disclose too much information about themselves. I further argue that practices of sharing and re-sharing create a sense of closeness and community between the women who participate in these practices not just because they are speaking of experiences that relate to their embodied experiences, but also because of the material doing of things with media such as scrolling, pinching and tapping. Finally, I argue that these feminist networks of care materialize into the everyday lives of women because when they use Instagram mental health-related content to advocate for their rights, they continue to spread awareness through their demands. These feminist networks of care provide additional insight into networked feminisms and the doing of feminism online, how it may

manifest in unexpected ways (like in the therapist's office) and how it may materialize in practices that are not "obviously" feminist (like sharing a post that doesn't speak directly of feminism) yet that participate in the creation of feminist support and kinship.

Chapter 6

“A Series of Little High Fives”: Self-Care as Habitual Practice

The final chapter of this dissertation explores the habitual dimension of women’s self-care practices and how they articulate within the online and offline lives of women⁵⁹. As implied throughout the dissertation, Instagram is becoming part of women’s everyday self-care routine. These habits help them find validation in the face of debilitating symptoms or overlooked experiences of discrimination, relate to others with similar experiences and create networks of support. The affective and sensorial dimension of visual social media play a central role in how these practices produce meaning in the lives of women, but I have yet to attend to how they materialize into potential transformations. This means to account for how the care generated through these practices can transform women’s embodied experience of mental illness from one of suffering to one of acceptance. This doesn’t mean that women no longer experience distress or debilitating symptoms, but that they learn to live with them through the development of habits and routines that are entangled with their media practices. In this chapter, I consider habit as a core concept to attend to the sensorial habituation of these affective practices as they become part of women’s everyday lives through processes of accumulation, repetition, and intensification. Women orient themselves toward images and discourses that produce different affects, but what they do with the images also allows for these emotions to get habituated beyond the viewing experience into "meaningful cognitive, psychic and embodied change." (Pedwell 2017, 149).

⁵⁹ The ideas developed in this chapter were originally published in *Feminist Media Studies* (Gravel-Patry 2022).

Affect, Habit and Mental Illness

Habit is a contentious topic when it comes to mental illness because of its dual role: on the one hand, it can perpetuate distress, on the other it has the potential of aiding in attenuating symptoms. Avoidance and rumination are common behaviors for people living with mental illness and the more they are repeated, the more they reinforce symptoms and create distress (Harvey et al. 2022). Let me tell you a little bit more about my own experience with obsessive compulsive disorder (OCD) to make sense of this point. I started having OCD symptoms when I was 20 years-old and living abroad on my own for the time. I was very lonely during that period and started to play with my memories and realized I could alter them with a simple thought which sent me into a spiral of mental obsession and compulsion. OCD is characterized by this cycle of obsessions and compulsions. Obsessions can be intrusive and unwanted thoughts, images, or urges that cause significant anxiety and distress. Compulsions are the repetitive behaviors or mental acts performed to reduce the anxiety triggered by these obsessions or prevent a feared event. In my case, the obsession manifested as intrusive thoughts where I doubted my own memories. In order to reassure myself that my memories were real, I started compulsively mental checking that I remembered things correctly, but the more I dove into my memories, the less I remembered, and the OCD symptoms intensified. At one point, I was in such distress that I no longer knew what was real and what wasn't, stuck in a loop of mental compulsions that aggravated my distress each time. This is one example of how the habitual repetition of behaviours such as mental checking and rumination can intensify debilitating symptoms. Conversely, habit also has the potential to help us reduce these symptoms in the process of learning to live with mental illness. In my case, I was able to “stop” the mental checking by talking my brain out of it. This means that I treated my intrusive thoughts as an

uninvited guest, and every time a thought would appear and try to make me believe that my memories were wrong, I simply told it I did not have time right now and to come back later. Most of the time, the thought ended up disappearing because I wouldn't give it attention and the symptoms resorbed themselves on their own. This habit did not form overnight, but it is through the repetitive and conscious practice of not letting myself fall into the spiral and ignore my intrusive thoughts that I was eventually able to feel some relief. I want to note here that these habits do not depend solely on the free will of individuals, but also the social conditions and environmental structures available to them. For instance, I did not discover out of the blue and out of intellectual superiority that I had "power" over my thoughts, but it was the result of many therapy sessions. I was also aided by the anti-anxiety medication I take to reduce my intrusive thoughts, and I have had great support from my family and friends. These conditions made it possible for me to feel "better," but they are not accessible to all.

While medical and psychological discourses want us to believe in cures, those of us who live with mental illness know that it will always be a part of our life. Although it maybe not always be felt at the same intensity or severity, for us it's a way of being that we simply need to learn to live with. For us, self-care is not a reward or a treat, it's everyday habits that are necessary to our wellbeing and survival. Anne Gaëlle, a participant who has been living with an eating disorder and borderline personality since her teens, shared that, for her, mental illness is something "we always live a little bit with it. To me, it's not something that is going to go away with time. You only learn to manage it better." Learning to live with mental illness requires everyday actions to maintain our heads above the water and be equipped whenever a flare up may happen. As one of the women I interviewed noted, drinking wine in your bathtub after a

seventy-hour week won't undo the toll of a stressful schedule. But implementing everyday habits that feel good may help reduce stress levels in the long run.

Habit also plays a role in the production of gender discrimination and social inequality. As explored in the first chapter, the accumulation of mediated discourses and representations of women as mad has created a cultural conflation between women and madness (Showalter 1987). These representations and their accumulation in the media have had critical impact on the perception and treatment of women's mental illness—from confinement to individual responsibility. The idea that women are inherently mad, irrational, and insane has pervaded through the accumulation and repetition of these gendered discourses of mental health. This relates to what Ahmed (2004) describes as a “stickiness,” meaning that emotions “stick” to objects, bodies, and ideas through their historical repetition and circulation in culture. It is through this accumulation that they acquire affective value, and the more these emotional associations circulate, the more affective attachments are reinforced. The “stickiness” of madness upon women's bodies is reflected in postfeminist gendered pressures to self-optimize, suggesting that—to be “sane” and “healthy”—women must have control over themselves. Women under neoliberalism are constantly encouraged to take on a series of everyday routines and performances that mark their bodies as either normal/abnormal, sane/insane, or healthy/unhealthy within what Rosemarie Garland-Thomson calls the “ability/disability system” (Garland-Thomson 2011). Activities such as healthy eating, practicing sports or journaling can be beneficial to one's mental health, but they can also be markers of women's “sanity” under neoliberalism. Ahmed's conceptualization of affect as relational, however, opens the possibility of thinking about the repetition and circulation of affect as having the potential to create *new* affective attachments. Thelandersson (2017) alludes to this question in her analysis of Tumblr

sad girls and their practices of sharing and re-blogging. She writes that it is through the practice of sharing “affective images that the subject position of the sad girl emerges and becomes available for users to inhabit.” (2017, 8). Through the accumulation of affective images of sadness, the sad girl comes into being and women find a sense of community by identifying with those affects. The process of habituation I refer to in this chapter is different yet contributes to the idea that social media practices mediate how women make sense of their experiences of mental illness. While Thelandersson (2017) shows that this is possible through inhabiting the subject position of the sad girl, I show in this chapter that similar processes can participate in making women feel better and imagine their lives with mental illness otherwise. It is this potentiality of the relationship between affect and habit that I attend to in this chapter.

Digital Habituation and Affective Value

Scholarly conversations around habit and social media have especially focused on the role that habit plays in upholding neoliberal logics of individual empowerment and self-enterprising and its erosion of the collective. Media scholars of affect have considered how social media “bind” us into inaction (Dean 2010). Jodi Dean argues that we upload, scroll, like, and save in search for affective reactions which can trap us into an endless quest for emotional awakening. Habit, Wendy Chun argues, is what makes “imaged and imagined connections” (Chun 2016, 3) possible in digital media and within neoliberalism societies. Habits take the place of society and become the key logics by which we come to live with digital technologies. Chun doesn’t see habits as mindless routines but as deeply structured ways of being in the world formed through repetition and through which power operates subtly. Although these arguments provide key understandings of how neoliberalism works and how it is embedded in digital

technologies' very structure, they fall short in dressing a more complex portrait of habit's paradoxes especially its transformative potential and how people make do under these conditions. As argued throughout this dissertation, in the context of mental illness, to only consider how media subjugate women only further overlooks their agency, and their self-reflexivity regarding their social media practices, and the fact that feeling just a small sense of relief can be transformational when living with mental illness. Maybe women bind to images because of their "cruel optimism" (Berlant 2011), but maybe they also bind to them because they feel good and not much does.

To attend to the transformative potential of habit, I follow Carolyn Pedwell's (2017; 2021) argument that habit is a generative concept for making sense of change because of its double nature: Habit has the potential to attune us to the automated mechanics of social media that allow for the reproduction of gendered patterns of inequality, while also accounting for the role of habituation in creating meaningful transformation. Here I propose the concept of "digital habituation". Digital habituation is the process through which women learn to live with mental illness through doing things with digitally mediated objects. In doing this, I want to make sense of how these self-care practices are "changing" our experience of mental illness not only through relatability and the *doing* of feminism, but also through their habitual dimension. Pedwell (2021) notes that accounts of affective transformation offer "enticing narratives of how sensation or feeling might spark embodied change, but less compelling explanations of the processes through which that change might produce more durable effects." (2021, 34). Studies of mental health-related practices that focus on affect tend to leave behind the habitual nature of social media practices that allow them to take shape, and their capacity to drive enduring forms of embodied transformation. Digital habituation fills this gap.

The concept of “habit” formation is necessary to shed light on the way digital gestures such as viewing, liking, re-sharing or screenshotting mental illness-related content can transform women's experience of mental illness in meaningful ways. By contrast to scholars who argue that social media are binding us into inaction, Pedwell (2021) posits that the habits we form through our use of social media are actually what allow us to inhabit our sensorial reactions to images. For Pedwell, the interaction between processes of affecting and being affected, and of habituation is what opens up the possibilities for transformation: "I suggest that while our affective responses to images can produce a powerful spark that moves us (at least temporarily), affect (...) protracts our relationship with an image (or visual environment), compelling us to inhabit the sensorial intensity of our encounter and its critical implications." (2021, 152). However, she argues that without habits, change may appear, but it may not survive. Thus, she understands change not in terms of "affective revolutions" but rather "through the accumulation and reverberation of seemingly minor affective responses, interactions, and gestures and habits." (2021, 152). It is through the circulation, repetition, and accumulation of the image that these habits get taken up. Like meaning forms through repetitions of the same discourses, affect produces value through accumulation. Digital habituation extends these arguments to consider the role of social media self-care habits in crafting transformation in the lives of women living with mental illness. As argued by Rentschler and Thrift (2015), digital habits not only foster ideas of community, but they are “ways of doing” that reflect an “embodied relationship to technology, a learned and socially habituated ways of doing things with machines, tools, interfaces, instruments, and media” (Rentschler and Thrift 2015, 242). Digital habituation can transform mad subjects into “healthy”, self-monitoring ones, as much as it can foster new

possibilities for transforming bodies through enacting different gestures and affects to combat the force of “negative feelings”. It is to this later dimension that I turn to here.

In other words, digital habituation is the process through which mental health-related practices become “medium[s] of action”, that have the potential to transform both “the very material of culture” (Rentschler and Thrift 2015, 341) as well as “the very material of bodies” (Pedwell 2021, 131). This is how knowledge about mental illness becomes embodied through sets of affective practices. Margaret Wetherell (2012) defines affective practice as the way emotions appear in social life in their relational forms. Affect is not only grounded in material lives through bodily reactions, but also produced through sets of practices, rituals, and habits. Emotions get attached to bodies and objects but also negotiated through processes of habitual repetition and accumulation (Ahmed 2004). Thus, Instagram is not just a space where people blindly look for affective sparks, it is where people make and unmake emotions. The routines and relational patterns that are created through the affective practices of creating or following mental health-related content are themselves creating meaning, which materializes through the embodied actions of screen capturing, scrolling, re-sharing, but also journaling and discussing posts in therapy.

As images circulate and accumulate in women’s feeds, they produce affective value that provides a sense of validation and a feeling of being seen. The affective intensity of this content is amplified through accumulation. The more an image is shared, the more there is social interaction around it, the more it gains traction but also the more it becomes meaningful and validates the experience represented. This intensity can be explained with Ahmed’s concept of “affective economies”. Drawing on Marx’s theory of capital, Ahmed explains how affect is transmitted and gains value through circulation and accumulation: “Affect does not reside in an

object or sign but is an effect of the circulation between objects and signs (the accumulation of affective value). Signs increase in affective value as an effect of the movement between signs: the more signs circulate, the more affective they become.” (Ahmed 2004, 45). The kind of value that the content gains varies depending on the message, the public and how it circulates. The women who participated in this project engage in these practices not because of their economic and market value, but because they produce affective value as they accumulate on their feeds, in the save section of Instagram, in their journal entries or in the camera roll of their phones. They enjoy seeing and engaging with this content and it provides relief, whether it lasts or not.

Curation and the Accumulation of Affective Value

Choosing to orient ourselves towards content that makes us feel good is not just a question of affective resonance in the present, but a matter of habituation. As explained earlier in this dissertation, Instagram is part of my participants’ everyday lives, and this is why it’s easy to turn to the app for mental health support. To orient oneself towards content that “feels good” is a habitual media practice. For most of my participants, the accumulation of content is formed through a curation of their Instagram feed with content that makes them feel good. Anne Gaële sees Instagram as an extension to her mental health toolbox:

Quand je vois que comme mes skills que j’ai dans ma petite boîte à outils ne fonctionnent pas, dernière étape avant de passer à l’acte là, je vais aller sur Instagram. Un petit truc là. Ça peut être des affaires niaiseuses là. Tu sais, juste comme. « OK. Ah bien ça, ça m’amène vers lui. Une quote positive. Puis là après ça c’est quand tu défiles t’en as d’autres, puis après ça t’amène à une autre page. » Ça change un peu les idées de place. Fait que ça, c’est mon recours à moi quand ma boîte à outils fonctionne

plus. Des fois aussi, ça peut être tu ouvres le search button, puis t'as plein de petits trucs, puis t'es comme « ohh »⁶⁰

The access to and accumulation of content that feels good can completely change her mood. To her, this content can go from aspirational citations to comics and memes. But it's never just one image that changes things, but rather their accumulation as she scrolls.

Clémentine notes that what she sees on the app directly affects her mood and how she feels in the long run. Curating the feed with inspiring stories and helpful information further helps her to cope with her own difficulties:

Toute souffrance est plus facile à porter quand tu te rends compte que tu n'es pas tout seule. Il y a d'autres personnes qui ont traversé, puis les gens ne sont pas tous à la même étape. Je vois du monde qui sont à une étape que j'étais il y a trois ans. Puis je vois du monde qui sont plus loin que moi, puis ça me donne de l'espoir aussi... Ça me donne de l'espoir que ça peut aller mieux, qu'il y a des solutions, puis que même si tu vois un psy et qui dit : « Oh fait ça, ça va marcher. » Bien, le fait que genre, il y a plein de gens qui disent que ça va marcher. Ouais, parce qu'ils ont la même chose que toi, puis qu'ils l'ont faite. Et que ç'a marché, ça l'aide. Même si on n'a pas toutes les mêmes solutions au problème, ça donne du courage, puis ça donne de l'espoir là.⁶¹

Hope is a generative feeling for people living with mental illness because it gives us motivation to push through, and it reminds us that whatever we are going through is temporary.

⁶⁰ "When I see that like my skills that I have in my little toolbox don't work, last step before I act there, I'm going to go on Instagram. A little something there. It can be silly stuff there. You know, just like. 'OK. Oh well, that brings me to a post. A positive quote. Then after that, it's when you scroll down you get more, then it takes you to another page.' It's a bit of a change of scene. So that's what I do when my toolbox stops working. Sometimes, too, it's like you open the search button, then you get all kinds of little things, then you're like 'ohh'." [translation mine]

⁶¹ "Any suffering is easier to bear when you realize that you're not alone. There are other people who have gone through it, and not everyone is at the same stage. I see people who are at a stage I was at three years ago. Then I see people who are further along than I am, and that gives me hope too... It gives me hope that things can get better, that there are solutions, and that even if you see a therapist and he says: 'Oh, do this, it'll work.' Well, the fact that like, there's a lot of people who say it's going to work. Yeah, because they've got the same thing you've got, and they've done it. And that it worked, that helps. Even if we don't all have the same solutions to the problem, it gives us courage and hope." [translation mine]

Similarly, Julie shared that it is not the act of posting that makes her feel better, but the accumulation and repetition of content in her day-to-day life that provides her with a feeling of self-determination in the face of debilitating symptoms. How we navigate the world when living with mental illness depends on our environment, and the resources available to us, but also the variation of symptoms we may be experiencing. Julie, who lives with generalized anxiety, tells me that for her, anxiety is not necessarily about how others perceive her but more of a constant struggle with herself:

Puis sinon je pense que l'anxiété je la vis beaucoup envers moi-même. Je sais pas comment dire ça. Je sais pas. J'ai de la misère à mettre le doigt dessus. Je pense que je vis mon anxiété avec moi-même feck plutôt que de me percevoir comme étant anxieuse dans un monde je me perçois plutôt moi anxieuse avec moi-même. Je sais pas comment décrire ça. Comme mettons je suis inconfortable dans une situation je vais pas être comme 'oh mon dieu les gens vont me juger, les gens me regardent.' C'est pas les gens qui m'inquiètent c'est plutôt moi comme je suis pas bien, moi je suis en train d'hyperventiler, moi je suis en train d'étouffer. Feck tsé je pense pas vraiment à mon reflet dans le monde.⁶²

Julie describes her anxiety as a “surprise box”. She never knows when it’s going to hit or what is going to be the trigger. Anxiety is something she must attune to daily, never really knowing when or how it is going to manifest. She is more worried about her symptoms and how to calm them than how others perceive her, especially when the symptoms have a direct impact on her capacity to navigate the world as she wishes:

(...) je ne pense pas que j'ai des problèmes d'accès en soi, mais des fois il faut que je me prépare, que je me conditionne genre: ok là je m'en vais dans un endroit où il va y avoir beaucoup de personnes, je vais pas avoir de bulle, faut que je respire, que je boive

⁶² "And then I think anxiety is something I feel a lot towards myself. I don't know how to put it. I don't know what it is. It's hard to put my finger on it. I think I live my anxiety with myself so rather than perceiving myself as being anxious in a world I rather perceive myself anxious with myself. I don't know how to describe it. Like let's say I'm uncomfortable in a situation I'm not going to be like 'oh my god people are going to judge me, people are looking at me.' It's not the people I'm worried about it's more me like I'm not well, I'm hyperventilating, I'm suffocating. So, I don't really think about how others perceive me." [translation mine]

de l'eau, faut que je m'amène de l'eau. J'ai des médicaments aussi pour quand je suis extrêmement anxieuse pi tsé faut que je me rappelle les emmener, que je les prenne au bon moment sinon ça fait plus effet. Donc tsé c'est plus on dirait que tsé comme ce qu'il faut que je fasse pour contrer mon anxiété me cause aussi de l'anxiété feck c'est comme une accessibilité limitée envers moi-même. ⁶³

Common symptoms of anxiety disorders like depersonalisation and brain fog can alter our capacity to be present and participate in the world when and how we want to. Regardless of how accessible or accepting an environment is, it can be frustrating not to be able to do what makes us happy because of our symptoms. On top of being debilitating, these symptoms can affect our sense of personal achievement and purpose, which are central to wellbeing.

When I asked her how the mental health-related content she follow on Instagram made her feel, she shared that it made her feel less alone and more reassured:

J'ai une anxiété qui est beaucoup reliée au sentiment de sécurité pis pour moi de voir ces choses là, de remplir mon quotidien de ces choses là, c'est rassurant, c'est calmant et c'est comme des petits *high-five* un peu partout qui permettent de passer au travers de ta semaine. Éventuellement ton mois et éventuellement ton année et comme j'ai juste. J'ai réalisé justement il y a une couple de semaines que j'ai passé au travers de ma montagne, mon Everest d'image corporelle. Ça va toujours m'accompagner, mais je suis plus dans l'obsession, dans l'auto-diminution. Et c'est vraiment ça [Instagram] qui m'a aidée à passer à travers. (...) Oui j'ai eu certains moments clés dans ma vie qui m'ont aidée à cheminer à grand pas, mais là c'était pas des grands pas. C'était plein de petits pas au quotidien qui éventuellement m'ont fait passer au travers de l'Everest là. ⁶⁴

⁶³ "(...) I don't think I have access problems per se, but sometimes I have to prepare myself, to condition myself, like: okay, I'm going to a place where there are going to be a lot of people, I'm not going to have my space, I have to breathe, I have to drink water, I have to bring myself water. I also have medication for when I'm extremely anxious, so I have to remember to take it at the right time, otherwise it won't work. So it's more like what I have to do to counter my anxiety also causes me anxiety so it's like limited accessibility to myself." [translation mine]

⁶⁴ "I have an anxiety that's very much related to the feeling of security and for me to see these things, to fill my daily life with these things, it's reassuring, it's calming and it's like a series of little high fives that get you through the week. Eventually your month and eventually your year you know. I realized just a few weeks ago that I'd gone through my mountain, my Everest of body image concerns. It's always going to be with me, but I'm not as obsessed, as self-diminishing. And that's really what [Instagram] has helped me get through. (...) Yes, I've had certain key moments in my life that have helped me take big steps, but these weren't big steps. It was a lot of little steps on a daily basis that eventually got me through the Everest." [translation mine]

The accumulation of content that makes them feel good in their day-to-day lives, mediated through Instagram, is what produces meaning in the lives of Clémentine and Julie. The more content that makes them feel good circulates on their feed, the more affective it becomes and the more they find relief in these emotions. The fact that Julie refers to Instagram content as “a series of little high fives” echoes the repetitive and habitual dimension of the platform, but also the accumulation and repetition necessary for this content to become affectively charged.

Curating one’s personal pages is another form of self-determination that can be transformative when living with mental illness, although not devoid of nuance and complexity. These forms of control manifest in different ways in the lives of my participants. For Rebecca, who lives with a post-traumatic stress disorder (PTSD) since 2015, depression, as well as generalized anxiety disorder, the curation of their Instagram feed plays a very different role in their life. The symptoms they experience significantly altered the way they live and how they situate themselves in the world:

I realized that my life is significantly altered and there are things and ways of living that I simply cannot do because of that, or at least not without major accommodations and, like, alterations to how those things usually work. Like, even just the fact that I had to take so much extra time to do my Ph.D. Just the way that I, like, lose energy so quickly, you know, part of the PTSD has like manifested as chronic pain. So that affects, like, a lot of my mobility, not to an extent where I can’t move, but to the point where I can't move for very long. So there's like a variety of things that I've had to think about.

Not only do the symptoms alter how they perceive themselves in the world, but accommodations are necessary for Rebecca’s self-determination, something they have struggled with because of their identity:

I did hide my illnesses, especially the mental illnesses, for a long time in academia, because I'm a brown woman who is also sick. So I already was seen as being too much and disruptive in a lot of ways because I pointed out the ways that, like, it's an

all-white department, not the problem, or there aren't enough women on the list for comprehensive exams.

Their sense of self is not only altered by their illnesses, but also how they are perceived in relation to their identity as a Latinx person. Instagram came in handy when they started to experience memory loss. They mostly use the photos and captions as a memory aid. PTSD disrupts their memory formation, especially during flare ups and trigger periods, so they have trouble reconstructing the past since 2015. They tell me that they can black out and not remember entire weeks, months, or years. They first began using Instagram as a sort of diary to give themselves dated reference points for where they were and what they were doing or thinking when they posted those photos. In the last year or so, they also started using their stories and posting art they identify with, with information about issues that are preoccupying them (mostly activism-related posts). When they lose sight of their short-term memory, they go through their archive to reconstruct their timeline. Rebecca can reconstruct their memory using the photos because of the emotions they provide them. The habits of posting photos and coming back to them when they need them provides them with a sense of control and self-determination in the face of memory loss which can be transformational when living with PTSD.

Through the habit of posting stories and revealing her vulnerability, Cécile also exercises a form of control over her journey although it manifests differently than in Rebecca's story. It allows her to project an image of self-sufficiency, independence, and productivity within the framework of her recovery journey. During our interview, Cécile confessed that she has little patience and empathy for herself. She feels that she stigmatizes herself more than society does:

C'est vraiment étrange à dire mais c'est plus moi qui a eu plus de difficulté à accepter. C'est surtout que moi mon trouble en particulier c'est un trouble de contrôle. La stigmatisation venait plus de moi qui devait accepter ma vulnérabilité, d'accepter que

j'avais besoin d'aide, d'accepter que j'allais devoir me laisser vivre des émotions négatives au complet si je voulais pouvoir comme les travailler et passer par-dessus, que je pouvais pas juste les mettre en sourdine feck c'est plus par rapport à moi. Comme tantôt je disais le terme « folle », je voudrais pas l'utiliser, mais parce que je l'ai utilisé au début beaucoup. J'étais malade, j'étais folle et je voyais juste ça tsé. C'est plus là que tsé alors que je suis vraiment pas quelqu'un qui va juger pour les troubles de santé mentale quand c'est mes amies; avec moi le jugement était - de moi à moi - était vraiment négatif.⁶⁵

Control is a core element of her disorder, she tells me, which manifests in how she deals with it. Instagram offers a possibility to have better control over herself and her recovery. Cécile says that she needs to accept her vulnerability, and that she needs to feel her negative emotions if she ever wants to overcome them – something that no one can do for her. She is very conscious, however, of the gendered pressures that led to her eating disorder and how difficult they are to deconstruct⁶⁶. She confesses that during the height of her eating disorder, what drove her to the edge was the idea that she needed to “be everything” to succeed and embody her feminist ideal. At university, Cécile is surrounded by male counterparts and she feels like she has to perform twice as much in order to prove that women can do it too: “I wanted to show that you can be intellectual, hardworking, and beautiful all at the same time.” But for this, she would workout every day and then overwork herself to exhaustion. This comes in part from the enormous pressure on women, and especially people with disability, to perform discipline to be recognized as functioning members of society, but also the very fact that psychological pain is an isolating

⁶⁵ "It's really strange to say, but I'm the one who had the hardest time accepting it. My disorder in particular is a control disorder. The stigma came more from me having to accept my vulnerability, to accept that I needed help, to accept that I was going to have to let myself experience all the negative emotions if I wanted to be able to like work through them and get over them, that I couldn't just mute them so it's more about me. As I was saying earlier about the term 'crazy', I wouldn't use it, but because I used it a lot in the beginning. I was sick, I was crazy and I just saw it that way. I'm really not someone who's going to judge mental health problems, but when my friends were with me, the judgment was - from me to me - was really negative." [translation mine]

⁶⁶ This relates directly to Bordo's (1993) argument regarding the social conditioning of women and the development of eating disorders I mention in Chapter 1.

suffering. The digital habituation of mental illness remains embedded in a postfeminist digital culture of healthism and capacity that work within the governing logics of neoliberalism. Through the act of posting stories and revealing her vulnerability, Cécile exercises a form of control over her journey. It allows her to project an image of self-sufficiency, independence, and productivity within the framework of recovery. In her Instagram practice, she seems to break away from stereotypical representations of the anorexic girl that are normally found in Instagram and Tumblr pro-ana communities to show that eating disorders are not always visible on the body. Her content is also made to help other women find help and help them feel less alone. Still, even though she rarely posts selfies, Cécile performs what L. Ayu Saraswati calls the “neoliberal self(ie) gaze” which she defines as “a mode of seeing and storifying the self on social media as a good neoliberal subject who is appealing, inspiring, and entertaining” (Saraswati 2021, 1). Cécile literally and metaphorically “storifies” herself in a way that dissociates her from the sick woman stereotype and presents herself as “functioning” and “healthy”.

This echoes what philosopher Alenka Zupancic (2009) calls the rise of biomorality, which is the idea that we live in a society wherein health and happiness have become indicators of a person’s virtue. We are more and more encouraged to transform our negative experiences into positive ones, while negativity, unhappiness, and dissatisfaction are perceived as moral faults. If someone is not happy, it quickly reads as this person’s lack of willingness to experience happiness. In other words, good mental health has become a sign of kindness while poor mental health a sign of moral failure.

In the case of Cécile, the act of sharing her recovery journey on Instagram and producing content to help others creates the image of an inspiring role model who is habitually working on herself as translated by her media practice, but also of a moral individual who is not letting

herself be "corrupted" by illness. This shows how wellness culture penetrates our lives in insidious ways while also providing a form of care in the face of limited resources. Through the habit of posting about her recovery journey, Cécile inhabits the identity of the self-optimizing woman, but it is also these very same codes and routines that provide her with a sense of self-determination and care. Cécile's story reveals once again the complexity of self-care under neoliberalism and is another example of how practices that are normally read as detrimental to women's mental health can nonetheless be transformative when presented with little resources.

The Screenshot and the Re-Mediation of Feelings

Screenshots are another habitual practice through which content accumulates and circulates in the lives of my participants, this time in ways that are more intimate and put a stop to the flow of content that can be overwhelming when navigating Instagram. The screenshot particularly stood out in my participant's self-care practices to preserve how an image makes them feel and come back to it when they feel they need to. Much like photography, the screenshot is a way for my participants to integrate the content they see, to engage with it, and appropriate it as they learn to live with mental illness.

When she saw @browngirltherapy's post about the self-sabotaging behaviors of children of immigrants, Émilie directly took a screenshot. Here, Émilie is not interested in the post because of its aesthetic or calming features, but rather because of its textual element. While @browngirltherapy does share aesthetic content, this post is a simple resharing of a tweet she saw and wanted to share with her followers. Instead of sharing this post publicly in her stories, Émilie kept it to herself by taking a screenshot. The act of taking a screenshot here is enough for her to feel seen and like her struggles are valuable and heard. The screenshot allows her to keep

these formulations and integrate them in her daily life. The screenshot offers an alternative to social media consumption for people with chronic pain or other disabilities for whom scrolling can lead to physical pain such as eye or hand strain. In the process of learning to live with mental illness, the screenshot is a way to integrate reflections that provide validation of and insight about one's experience. This is the case for Émilie whose experience as a mixed raced child with an immigrant parent is not always easy to address with her white therapist.



Figure 32. For children of immigrants, post by @browngirltherapy

Beyond the technological function of duplicating what is on a screen, screenshots are central to the negotiation of power (Jaynes 2019). They allow for new forms of persistence and habituation by making ephemeral images become more shareable – but also more archivable, collectable, and consumable within intimate spaces. For Émilie, the screenshot acts as

memorabilia, a digital object she collects for its emotional resonance. For minority groups, the screenshot is also a “receipt” when it comes to demanding accountability (Clark 2020). In Émilie’s case, taking screenshots of posts that validate emotions she felt may help address the negation of those same emotions in other spheres of her life. They work as personal reminders of the everyday racism she experiences as a Black woman. Émilie really sees her Instagram practice as a complement to therapy: “Sometimes I will read something and be like ‘yes, this is true, it reminds me of X and X’ or ‘yes, this is how I am feeling’ and it allows me to progress in therapy.” (Émilie) Doing things with the posts, such as taking a screenshot, provides Émilie with “the ability or capacity to act” (Bratich and Brush 2011), comparable to other forms of media making, in the ongoing process that is therapy. Her Instagram practice opens bubbles of reflection that she can connect to her other practices such as therapy and journaling through the act of taking screenshots.

Social media scholars have observed that screenshots are a form of currency in ephemeral media landscapes (Handyside and Ringrose 2017). Studying teenagers' use of Snapchat, the ephemeral image-sharing app that inspired Instagram to create the story function, Sarah Handyside and Jessica Ringrose (2017) argue that the screenshot became a form of "relationship currency" in teenager intimate relationships. They suggest that Snapchat images are, in the word of Karen Barad, "intra-acted" with beyond the moment when they are viewed for the first time. This ultimately means that "(...) the shifting temporalities of Snapchat offer significant scope for users to continually re-mediate their memories. " (Handyside & Ringrose 2017, 358). Screenshots become an extension of digital technology in the intimate lives of users. Images travel and transform through user engagement within the spaces of social media but also people’s personal phones and photo libraries. The screenshot is a means by which users “grab

images” but also are “grabbed in return” (Senft 2008). While there have been assumptions in the study of screenshots that they are “bad” for the intimate lives of women, my participants’ practices point otherwise to how women have been using screenshots to their advantage. The screenshot rather offers the possibility of continually re-mediating the feeling provided by the post at the moment they saw it. In the context of mental illness-related content, the content is not necessarily theirs, nor does it represent a specific memory, but it is the affective relationship to the content that gets remediated. In her eating disorder recovery journey, Cécile has taken screenshots of many posts she has come across on Instagram:

(...) l’autre fois – attends je remonte pour voir – j’ai pris le screenshot le 28 juillet et ça dit « it's normal to outgrow your clothes » pis après ça « it's normal for that to be a hard part of your recovery process » pis c’est vraiment un moment où j’étais en train de toute vider ma garde-robe, j’achetais des pantalons une taille plus grande, mon veston me faisais plus pis j’étais là « eh mon dieu que c’est superficiel d’être là-dedans et que moi ce soit quelque chose qui me crée de l’anxiété, quelque chose qui me tape sur la tête, qui me rend malheureuse » pis le jour-même de tomber là-dessus, de faire comme « ok je suis pas la seule, c’est même normal le processus », c’est con mais c’est le genre de truc qui fait vraiment du bien et c’est pour ça que je l’ai pris en screenshot.⁶⁷

The screenshot helps Cécile, like Émilie, stay connected to a feeling beyond the viewing moment. My participants' screenshots have a deeply personal and private dimension. While Snapchat moments are usually shared in private and become public through the screenshot, it is the contrary when it comes to mental health-related screenshots. My participants take screenshots of public posts to store them privately on their phones. Screenshots, contrary to posts

⁶⁷ "(...) the other time - wait, I'm going back to see - I took the screenshot on July 28 and it says 'its normal to outgrow your clothes' and after that 'its normal for that to be a hard part of your recovery process' and it's really a moment when I was in the process of emptying out my entire wardrobe, I was buying pants one size bigger, my jacket didn't fit anymore and I was like 'oh my god, it's so superficial to be in this and for me to be in something that's creating anxiety, something that's knocking me on the head, that's making me unhappy' and the very day I stumbled upon it, I was like 'ok, I'm not the only one, it's a normal process', it's stupid but it's the kind of thing that feels really good and that's why I took it as a screenshot." [translation mine]

that accumulate on participant's feeds, accumulate in my participants' phones and circulate in their intimate everyday practices. In the last excerpt from my interview with Cécile, she points to how she stumbled on a screenshot she had taken at a moment when she really needed it. This points to how these practices produce meaning in the lives of women through their accumulation and circulation in their intimate lives. Not only is the post replicated through the act of taking a screenshot, it also accumulates alongside other screenshots that produce an "archive of feelings" (Cvetkovich 2003) for the women who grab and save these moments.

Archives of Feelings

The act of archiving stands out in many of my participants' practices and in many different forms. The majority of the women I interviewed use the Instagram save option and many use their phone's photo album to constitute their own self-care toolbox where they store content that speaks to them. This is the case for Ayushi, who noticed that she was already spending a lot of time on her phone, so 'why not make it useful':

Then I have this like I'm trying to build up a care box of my own, a virtual box wherein I can keep a few things which I know are going to calm me down, which I know are going to make me feel a bit relaxed and a bit happy and I try to construct that because that can be really helpful, because I've seen that I use my phone a lot, so might as well just put it to good use.

Her toolbox becomes an "archive of feelings" (Cvetkovitch 2003) of things that make her feel good and that she knows she can revisit at any time: "I think majorly to Instagram is where I am trying to locate like, some like happy videos. Apart from that, I keep on taking screenshots of some nice poetry that I find, some nice artwork that I find." She also likes to create playlists on

Spotify and YouTube and separate them into moods: “I've made this playlist on Spotify, which is called *When You Need Pink in Life*. So that is my go-to playlist when I need something good.”

The story highlight is another Instagram function that my participants use to archive content. Highlights can become a gathering of testimonies and conversations that they can hold on to a little longer. Franceska particularly used the function during the resurgence of the #MeToo movement in Québec during the Spring 2020. While she doesn't share her experience with mental illness because she feels it is too personal, Franceska doesn't mind sharing other difficulties when it is part of a larger movement, and she has the feeling that it can benefit other women. This was the case when she shared her experience of sexual assault in her Instagram stories. During our interview, she mentioned that she had made a testimony in her Instagram Story and that it was now archived as a highlight on her profile. Through sharing about trauma and revealing her experience, Franceska releases emotional energy, which can be therapeutic and transformational. Speaking of the practice of transvlogging, Tobias Raun (Raun 2012) argues that documenting one's daily life can be used as a therapeutic tool that enables participants to “locate and release powerful emotional energy in ways that are not possible off-screen.” (Raun 2012, 165). The vlog is a medium that offers a way to cope with the oppressive politics and trauma that are experienced daily by trans people and that are reproduced through dominant culture. Raun argues for “the importance of trans vlogs as mediated affective expressions of disclosure, coming out and testimony.” (Raun 2012, 167). Similarly, Instagram Stories allow for the same mediation of emotion for Franceska as she discloses personal information and shares her testimony. The story highlight becomes an archive of posts but also of feelings as these posts both serve to share important feelings while doubling their affective value as they accumulate in the highlight archive. According to Ann Cvetkovich, trauma is "a foundation for creating counter

public spheres rather than evacuating them" (2003 15). She argues that there is the promise of cultural transformation in bringing histories of trauma and negative feelings into the public sphere. Cvetkovich argues that communities who experience trauma, like the lesbian and queer communities she writes about, need to use accounts of affective histories to change what constitutes a public sphere, and inhabit the public space from which they are excluded. She argues, however, that these forms of belonging and “publicness” are not always visible because they happen within the everyday lives of people – as do archives of feelings like the ones described in this section.

These archives of feelings extend beyond the screen and into the everyday lives of women as they care for themselves through practices of journaling, which points once again to the mediated nature of self-care and the extent to which networked practices blend into the everyday lives of women. Camille B., for example, integrated Instagram mental health-content into her practice of journaling. When she started her therapy, she notes that she would write down @theholisticpsychologist’s posts on papers or little cardboards that she would read daily like manifestations. She also followed her daily journaling questions for about four months, and it really helped her:

Des fois comme juste des concepts, là. Il y avait beaucoup de trucs la tsé mettons des manières de travailler le shadow-self je sais pas trop comment on dit. Tsé des choses que je ne savais vraiment pas c'était quoi avant, mais que je trouvais qui avaient l'air intéressantes et je voulais quand même essayer. ⁶⁸

⁶⁸ "Sometimes like just concepts. There was a lot of stuff out there, like ways of working on shadow-self I don't really know what to call it. Some things I really didn't know what they were before, but I thought they sounded interesting, and I wanted to try them anyway." [translation mine]

She eventually stopped the journal because she found it too limiting but continued with the practice and she would often integrate posts she saw on Instagram. When I asked her how it made her feel to make these notes in her journal, Camille B. said it provided a sense of hope:

De là, ben ça me donne comme une certitude de plus que j'ai l'impression d'un travail accompli la tsé. Je me dis ok ça je veux l'intégrer pi ça fait que je vois les mots encore et c'est sûr qu'il y a une certaine fierté dans le sens de faire ça pour soi. ⁶⁹

It gives her the feeling that she is doing the « work » necessary to feel better and that she is carving space for herself to feel better.

Anne Gaële likes to print posts that inspire her and decorate her agenda with them. She feels like this way she can read the messages more often and it becomes part of her daily routine.

At one point, she also printed a 30-day challenge to incorporate it in her journaling routine:

Il y avait aussi, comme un 30 jours de santé mentale, c'est une fille qui avait justement un site internet où est-ce que tu pouvais imprimer gratuitement comme chaque petite vignette. Fais qu'y fallait juste que je les coupe et que je les colle. Tsé y'a quelquefois, il y a des choses comme ça que je vais mettre en place. ⁷⁰

This practice not only helped Anne Gaële in maintaining self-care practices, which as we have seen, is not something that come easy for her, but they become part of her daily routine. Through the act of writing and printing, Instagram posts accumulate within the intimate spaces of Camille B. and Anne Gaële's journals where their remediation produces an additional layer of meaning as they learn to live with mental illness.

⁶⁹ "From there, well, it's like one more certainty that I have the feeling of a job well done. I say to myself, okay, I want to integrate it, so I see the words again and there's definitely a certain pride in the sense of doing it for oneself." [translation mine]

⁷⁰ "There was also, like, a 30-day mental health thing, and this girl had this website where you could print out, like, every little sticker for free. All I had to do was cut and paste them. Sometimes, there are things like that that I'll set up." [translation mine]

The habitual dimension of archives of feelings also creates an archive of feeling within the space of this dissertation. Shedding light on affective practices not only tells us about how self-care mediates as a habit but also works to document a particular moment in time. As Cvetkovich argues, "affect is a way of charting cultural contexts that might otherwise remain ephemeral because they haven't solidified into a visible public culture." (98) My participants' self-care practices reveal what Cvetkovitch call "sensational stories" (44) of what it's like to live with mental illness and, still according to Cvetkovich, they constitute a form of political participation that is contained within their habituated, intimate and ephemeral media practices.

Embodying a Feminist Imaginary

I want to argue in this last section that the transformative potential of my participants' self-care practices ultimately lies in the potential of habit as both practice and mechanism of accumulation and repetition. This is possible because of the affective and sensorial possibilities that Instagram habits offer, but mostly the sensorial habituation of these feelings as they become part of women's daily lives through processes of accumulation, repetition, and intensification. As demonstrated, women's contact with images and discourses produces different affects, but what they do with the images also allows for these emotions to get habituated beyond the viewing experience into "meaningful cognitive, psychic and embodied change." (Pedwell 2017, 149). Pedwell argues that "it is (...) only through material processes of habituation that new tendencies may be created which are deeply rooted and robust enough to endure." (2017, 150). If digital habituation allows bodyminds to transform, it is through little actions and habits that empower women to sensorily live in their bodyminds differently. In reaction to Jodi Dean's argument that affect binds to social media "inaction", Pedwell (2017) argues that this very same "binding

technique" can protract "our relationship with an image even after we physically turn away, compelling us to inhabit – to notice, attend to, and reflect on – the sensorial intensity of our encounter and its critical implications." (Pedwell 2017, 129) Following this argument, I contend that the digital habituation of mental illness is possible through a repetitive contact with images and text, and the affects they produce. This kind of practice enacts what Ahmed (2004) calls a contact zone, meaning a point of articulation between different bodies, objects, and discourses that have the potential of creating different affects in the relationality that is being operated. This is when feelings can turn into actions that have the potential for transformation.

As mentioned earlier, Julie describes her Instagram feed as a "series of little high fives" that help her get through the day, the week, sometimes even the year. Contrary to Cécile and Émilie who may more actively create and engage with the content they see, Julie nonetheless feels that Instagram made a difference in the way she moves through her daily life with anxiety thanks to the accumulation of daily reminders. For Julie, the simple fact of being reminded every day, through different kinds of content, that her life is valuable and that she is cared for is enough to have an impact on her life. This feeling relates to the concept of imagined care I introduced in Chapter 3, one that becomes embodied in actual relief or transformation through the processes of affective intensification described in this chapter.

Care also opens other logics than those of trade. In a digital context, this can translate into practices that stop the flow of circulation instead of nourishing it (taking the image out of the network; stopping their circulation). I want to propose here that habits of disengagement can also participate in the transformational potential of habit. This idea is most present in Franceska's story and how she actively chooses not to engage with content pertaining to borderline personality disorder (BPD), one of the most stigmatized mental disorders. This

disengagement is an affective response to the stigma that surrounds BPD as well as the pressure on women to disclose their condition and perform mental health a certain way. Lauren Berlant calls "impassivity and other politically depressed relations of alienation, coolness, detachment, or distraction" as "affective forms of engagement" (2010, 117). While disengagement is normally read as passivity, emotional detachment and withdrawal from an activity or a situation, I instead argue that when she chooses not to engage with BPD content in the eye of the platform and other users, Francesca's affective engagement points otherwise. Many of us choose to trade part of ourselves and our personal information on social media in exchange for the ability to socialize (Papacharissi and Gibson 2011), yet Francesca's practices demonstrate that sociality is still possible without having to disclose information we don't wish to share -- at least to the eye of other users since her data remains visible (and minable) to the app. This confirms Hendry's (2020) argument that mental illness reshapes what we consider to be sociality on social media to consider other spaces of connection. Francesca's disengagement is a form of care and response to the constant demand to perform and act on one's mental health while nonetheless revealing a need for connection and information.

For Émilie, much like Anne Gaële and Camille B., digital habituation really takes shape through the repetition of formulations in her daily life, whether it is with her therapist or through journaling. While the act of taking a screenshot provides her with feelings of recognition and gives her the impression that she is not alone, it is really by repeating what she sees online in her therapy sessions and her journaling practice that these emotions have a material impact. It is common for Émilie to bring some of these insights to her therapist. It helps her put into words feelings she may not have been able to identify on her own. These formulations further enable Émilie to accept some of her feelings through habitual repetitions. Émilie likes to repeat and

recall the content that spoke to her in her day-to-day life. She does this by writing down some of these posts in her diary. The process of rewriting on paper gives her the similar feeling of repeating it out loud. Rewriting gives her the impression that she is integrating what she read, that she is incorporating it into her life and her system of beliefs. Through these repetitions, Émilie is able to integrate new feelings and thought patterns into her life. Affectively habituating to content that resists the neoliberal push to self-manage her emotions helped her realize that her anxiety is not her fault and augmented her feelings of self-compassion.

While there is a common discourse implying that social media is a way to “escape” from the bodymind, my participants’ practices indicate otherwise. Instead, what we have seen in this chapter is that self-care as media practice allows women to imagine their bodymind differently, to learn to live in their bodyminds rather than overcome them. This is especially revolutionary in a postfeminist context where women are constantly pushed to overcome the “limitations” of being a woman and be the best versions of themselves.

Conclusion

In this chapter, I looked at the habitual dimension of women’s self-care practices on Instagram and their potential for producing enduring forms of care and relief through the accumulation, circulation and intensification of affect. Through the concept of digital habituation, which I theorized using Pedwell and Ahmed’s theories of affect as producing value through repetition, I demonstrated that the validation women find on Instagram produces feelings of relief and emotional transformation that hold enormous potential especially in the face of debilitating symptoms. In a first section, I demonstrated how the curation of one’s Instagram with accounts and content that feel good can be transformational for people like Julie who lives

with generalized anxiety and who never knows when a flareup may happen. Instagram, through the accumulation and circulation of content, becomes a space that is accessible and where she knows she can find relief. The following section examines the role of screenshot in my participants' practices and how they allow participants to inhabit the feelings provided by content longer through their remediation. A third section looks at how the accumulation of content in participants' personal phones and intimate lives (i.e. through journaling) produce archives of feelings where emotions further accumulate. In the final section, I argue that the accumulation of feelings through habit is what allows women to inhabit their bodyminds differently and into potential transformation. My participants' habits of self-care reveal that rather than just producing a new commodification of self-care, although they may at times take on the codes of self-optimization, these practices have the capacity to move women in new directions, towards accepting to live with mental illness and the challenges it comes with. Finally, digital habituation offers an elaborate framework for considering how women use social media to care for themselves in complex ways. The scope of this chapter remains limited, but the stories presented show features of digital habituation that open up the concept to other theoretical uses in the study of social media, women's health, and care. Digital habituation is a capacious concept to account for how digital practices can provide people whose health is neglected with experiences of empowerment and self-determination that require complex attention from scholars, social media platforms, and health professionals alike.

Conclusion

This dissertation has looked at how women living with mental illness use the visual social media platform Instagram as a form of self-care. The stories presented in this study shed light on the variegated realities of women living with mental illness and how their experiences differ depending on their social positions along the lines of race, gender-identity and diagnosis. By centering women's voices and everyday digital practices, this research has shown that Instagram is not only a platform for visibility and representation but can be an everyday tool for seeking validation and relief in the face of debilitating symptoms and limited mental health resources. Drawing on theories at the intersection of feminist media studies, critical disability studies and affect theory, this research argues that women use Instagram to sustain complex modes of care that are both empowered and constrained by the platform's affordances, algorithmic and cultural logics, aesthetics and norms, as well as varying publics.

Research Focus and Findings

This study set out to examine women's Instagram practices to make sense of how they use social media to care for themselves when living with mental illness. This question emerged in response to a continuing pathologization of women's affective worlds and social media practices in popular discourse and a need to attend to the meaning women give to their practices in the study of the convergence of social media, care and mental illness. In the literature on self-care and neoliberalism, self-care has been mainly studied as a mediated discourse that subjugates women, overlooking their practices and what self-care means for them, especially for women who are sick and/or disabled. Scholars who have considered Instagram as a space for mental

health care and support, while providing a first insight into those possibilities, have focused solely on analysis of representation and comment sections which provided a limited grasp of the rather complex and nuanced ways in which women care for themselves using social media. This dissertation filled those gaps by shifting from a focus on media as object of study (i.e. representations and discourses) to a study of media-as-practice (i.e. what people *do* with media). To do this I introduced the concept of self-care as media practice to reposition women living with mental illness from disordered and pathologized to active users of social media in shaping the worlds (and bodyminds) they inhabit. In doing so, I also challenged representation-focused studies of the mediation of women's mental illness, to explore a larger range of media practices to account for the complexity in which women engage with social media in the process of not only caring for themselves but shaping their realities and learning to live with mental illness. The practices explored in this dissertation included, but were not limited to, posting on the feed, resharing in Stories, taking screenshots and journaling.

The main finding of this dissertation is that Instagram is not just a space where women go to find representations of what it “looks” like to live with mental illness, but, I argue, it is part of a larger continuum of mental health practices for women that exist at the intersection of self-determination, neoliberal self-realization and community care that shape their embodied experience of mental illness. Three questions helped me arrive to this conclusion.

First, I asked why women are turning to Instagram and what they find on the app that they may not have found elsewhere. The stories of the women who participated in this project revealed that they turn to Instagram for multiple reasons that rely both on what the app affords, the content they find on there and what they imagine they can do with the platform.

The first reason for why they turn to Instagram that stood out is because the app is already part of their everyday lives and is therefore easily accessible for seeking mental health-related resources, validation or community. The different practices shared in this dissertation demonstrated that women who engage with Instagram have in-depth knowledge of the cultural codes and technological functioning of the platform which enables them to use it to their advantage. For example, participants like Cécile used the aesthetic dimension of the app strategically to share messages about eating disorder recovery, while others like Franceska preferred to remain anonymous (i.e. creating an alternative account) while still actively seeking information on the platform and engaging with it in therapy. Participants also expressed that it is the multimodal affordances of Instagram, including its visual aspects, that they liked that other platforms didn't offer. The visual dimension of Instagram stood out as a primary factor in why they turned to the platform. As shown in Chapter 3, Instagram offers multiple ways to address mental illness that ranged from photographs and self-representation but also texts in carousel format or the remediation of tweets, comics and illustrations. Participants like Julie and Camille, for example, found relief in illustrations that were not necessarily about mental illness yet that afforded soothing affect. The platform also affords the possibility to interact with content in ways that are less "visible" to other users. Clémentine clearly stated that it was easier to stay "anonymous" on Instagram than on Facebook because you can not only create an anonymous account, but you can also like and comment on posts without your friends necessarily seeing it⁷¹.

⁷¹ The anonymity discussed by my participants referred mostly to their friends and family and not really the algorithm or the app itself. They seemed more worried about what their friends could say or the possibility that they could worry them than being scared of being monitored by the app for example.

The second reason for why women are turning to Instagram to care for their mental health that this study reveals is regarding the kind of information and content they can find on the app. Not only is Instagram part of their everyday life, a platform they already go to connect with friends, but it also gives them access to a range of users and networked publics through which to find information and validate their experiences while at the same time getting a sense of community and support. What stood out from those practices is that the possibilities to care, connect and find support looked very different depending on women's racial identity and their diagnosis. I found that the white women who participated in this project, while remaining critical of the content they engaged with, had more opportunities to connect to more mainstream mental health-related discourses because it was easier for them to relate to the mode of identification proposed. This was well represented by the various emotions participants had around body positive content. Julie, a white woman who has struggled with an eating disorder and her body image, found validation in representations that showed bodies like hers and this content played a critical role in her recovery. At the same time, this very content was unrelatable to Émilie, a Black woman who couldn't find herself in those predominantly white representations and examples of embodiment. Émilie rather found validation in accounts that discussed the intersection of gender and Blackness in relation to mental health.

The second question that guided this research project related to the "doing" of women's practices to know what exactly it is that they do with the app and what their practices are. What I found here was that what women decided to do with content again depended on their social position and diagnosis, the imagined community with which they want to interact as well as their own process of learning to live with mental illness. As demonstrated in Chapter 4, some of the women preferred to just scroll, like and take screenshots and that was enough to provide a sense

of validation and care. Others, on the other hand, found care and even relief in the act of posting on their feed whether through self-representation, for example with Rosalie, or using Instagram as memory aid for Rebecca who lives with PTSD. In Chapter 5, I demonstrated that many of the women who participated in this project care for others while caring for themselves. I argued that through the act of creating accounts for addressing culturally specific dimensions of mental health and re-sharing in Stories, participants created what I termed feminist networks of care. These networks are characterized by their use of Instagram affordances for creating networks of support and spreading awareness on issues that pertain to women's mental health. What I found was that these networks were not only sustained through online interactions, mainly through re-shares, but that they also materialized in the offline lives of women when they used posts in therapy or to advocate for themselves in the health care system. The screenshot stood out as a key practice here to keep posts and discuss them outside the platform, but also to keep posts for later reference.

Another aspect that this dissertation has made evident is how much these practices are inscribed within the lives of women beyond the screen. In Chapter 6, I showed that my participants use Instagram in surprising ways notably by integrating posts into their journaling routine, whether as prompts for reflection or reminders, and into their therapy process. This dimension further reveals how women are not necessarily looking to replace therapy with Instagram but to find complements and add-ons to already-existing practices such as individualised therapy. What I found, in fact, is that my participants enjoyed therapy and wanted to continue, but if they turned to Instagram for additional care, it was more because of a lack of accessibility to said therapy (i.e. too expensive to have a session every week), the desire to continue the work outside the therapy session, and/or lacunae in addressing their realities within

traditional health care spaces (i.e. racism and understudied conditions like PMDD). Regardless of participants' motivation, these findings point to a need for self-determination which is not about neoliberal empowerment, although it can be linked, but more a need to have control over one's trajectory and be able to find relief on one's own when living with mental illness.

The third and final question related to the affective dimension of these practices. Here I asked about the kinds of affect and feelings that these practices provided to make better sense of how they shape women's experience of mental illness and how they learn to live with it. In Chapter 4, I showed that affective attachments and relations played a critical role in how women oriented themselves to certain content and discourses and therefore how they were able to find validation on the app. Their practices revealed that at times the simple act of following, liking and taking screenshots is enough to feel a sense of care and support. I theorized this idea under the concept of imagined care.

As many participants pointed out, mental illness is not something that will go away and they must learn how to live with it daily. This is where the question of habit came into play. Many of my participants found that Instagram offered daily access to contents and publics that had the potential of making them feel better when they weren't feeling well and that is in itself transformational for them. In chapter 6, I showed that it is the very habitual dimension of self-care as media practice that makes this transformation possible in the long run. I demonstrated that the circulation and accumulation of content in the lives of women, whether on their feed, in their personal archives or their journals, augmented their soothing affective value and made for a better habituation of their bodymind.

Contributions to Research

This dissertation makes contributions to various scholarly conversations across media studies and critical disability studies that consider the convergence of care, mental illness and social media.

By responding to a lack of consideration for how women use social media to care for themselves when living with mental illness, this dissertation fills a gap in feminist and media studies with the theory of self-care as media practice. My findings add critical insight to the conversations started by Thelandersson (2023) and Mazowita (2022a; 2022b) regarding Instagram and mental health support. What stands out in this dissertation is that while previous research has focused on the representational potential of Instagram for sharing “images” of what it looks like to live with mental illness, my participants’ use of the platform shed light on other spaces where women find care. The women who participated in this project were not necessarily looking to identify with representations of mental illness per se but to use Instagram in ways that helped them make sense of their own realities and what they know impacts their mental health such as body image, racism and other experiences of oppression related to their identity. This doesn’t mean that having access to various representations of distress and what it means to live with mental illness is not important, it has proven necessary for many of my participants, but that it is not the only reason why women are using Instagram for mental health care, nor is it necessarily always what they are looking for. For example, Julie found relief in body diversity content while Émilie and Rebecca found care in content that addressed mental health as a broader systemic issue and social justice project.

My findings also shed light on inequalities of access to mental health-related communities and information and the affective labour that goes behind these practices and how it articulates differently along the lines of race and diagnosis. I showed that participants with more stigmatized diagnosis such as BPD preferred not to engage with content that pertained to their condition while others with more common diagnosis such as anxiety disorder felt more comfortable doing it. I found that women of colour were also more engaged in practices of community-building, such as Ayushi and Rebecca who both managed their own pages, not only because it provided care for themselves, but also because they did not find these resources elsewhere and therefor decided to create them themselves. Finally, my conceptualization of how feminist networks of care take shape add to Thelandersson (2023) and Mazowita (2022a; 2022b)'s arguments which suggest communities and support take shape around a page or post, to show that they also materialize through everyday gestures such as re-sharing in Stories and screenshots which are practices that would have gone unnoticed if it wasn't for an ethnographic.

These practices not only reveal where women find care, but also what their needs are, and which ones are unmet by traditional mental health care. This adds to Hendry's (2020) argument regarding the need to open what we consider as mental illness-related content on social media. I argue that the findings of this dissertation show that this is important not only in regard to questions of visibility and how women navigate their need for recognition while staying anonymous, as Hendry suggests, but, in the context of care, to get a better understanding of what women's needs are in relation to mental illness and how to improve mental health care and services using theories and methods that include the people concerned in the production of knowledge.

Not only did this dissertation shed light on the embodied experience of mental illness by focusing on practices, but it also revealed important findings regarding how social media is shaping that very experience. What stands out from previous research on care, social media and affect, especially Thelandersson's (2023) study of sad girls and Tucker and Goodings' (2016; 2017) studies of the (then) mental health-app Elefriends, is that my participants' practices did not orient around experiences of distress necessarily, but what I have termed throughout this dissertation as a process of learning to live with mental illness. More precisely, this means that my participants were not necessarily looking to make sense of their experience of distress, but to better inhabit their bodyminds while living with mental illness. This manifested in various ways such as through the feeling of support afforded by the networked publics of Instagram (imaged or not) or the soothing affect of relating to someone's story. Clémentine pointed out, for example, that she liked illustrations because it helps her make sense of complex emotions through a relationality with the process that the illustrator had already gone through to make sense of theirs. She noted that reading about someone's distress wasn't helpful to her, but to see an illustration or read a text by someone who had already processed them provided more support. Similarly, Julie and Cécile find hope and relief in body positive content because it helps them better inhabit their own bodyminds as they recover from an eating disorder. This points to other ways that people turn to social media in relation to mental illness that are not necessarily in relation to distress but can be because it provides relief and hope, two emotions that can be transformational in the face of limited resources.

Feminist media studies are another area of research that this project contributes to by shedding light on the ways that women are using social media to raise awareness around issues that pertain to their mental health and create networks of care. Here I add to conversations started

by scholars like Caldeira (2024), Clark-Parsons (2022), as well as Rentschler and Thrift (2015) on the *doing* of feminism as an everyday media practice. As suggested in the introduction to this dissertation, the practices explored in this research are part of a web of care practices within feminist and women's media. I show that women have always been using media to care for themselves and others, for example through the use of pamphlets and zines and now social media, yet that these various practices had never been theorized as care. The concepts of self-care as media practice and feminist networks of care introduced in this dissertation respond to this gap and help make sense of these practices, how they are part of women's lives and what they provide for them. The idea of feminist networks of care, especially, adds critical insight to the study of online feminism and how it manifests in the daily lives of women through practices that aren't always "visible" or "public". I demonstrate, for example, that women sustain networks of care in the everyday act of sharing and re-sharing in Stories which aren't necessarily visible to a wide public, especially when their accounts are private, yet that contribute to caring for each other (i.e. their friends and family) while spreading awareness in the space of their everyday lives. Sharing about one's mental illness and how it intersects with experiences of gender and racism can be difficult, even risky, and these practices provide a way to participate in larger feminist movements (i.e. #MeToo and the feminist branch of Black Lives Matter) while keeping one's intimacy and privacy as much as possible. The practices explored in this dissertation further reveal how social media activism and awareness spreads to women's everyday lives for example in helping them advocate for their rights at the doctor's office or tackling issues that aren't necessarily addressed in traditional therapy.

Considerations for Further Research

This dissertation not only addresses important theoretical gaps but paves the way for research that centers the voices and practices of those concerned. This project offers only a glimpse into what it means to use social media to care for oneself and others yet provides an extensive framework that can be applied to various research topics and disciplines.

The concept of self-care as media practice introduced in this dissertation is a capacious theory for making sense of how women, and other marginalized communities, use media in the doing of care. For this research, I decided to focus on differentiated experiences of gender and mental illness to provide a general yet nuanced portrait of what it means to care for oneself using Instagram in a context of increasing gendered pressures to self-optimize and a lack of mental health resources. However, further research is necessary to shed light on how these practices vary depending on women's material and social realities, as well as across different social media platforms. In terms of diagnosis, this seems especially pressing regarding stigmatized and gendered diagnosis such as borderline personality disorder, eating disorders and premenstrual dysphoric disorder. Each of these diagnoses have been gendered in specific ways and present challenges that require more careful attention. In terms of women's social realities, this research has shown that women of colour and non-binary people often must take on more labour to care for themselves and create communities especially in a neoliberal media and health landscapes where the effects of systemic oppression are overlooked in profit of individual responsibility. A closer attention to their practices is necessary and pressing to shed light on the intersection of oppression within their lives and how it impacts their needs and desires when it comes to care.

This points to the usefulness of the concept of self-care as media practice for making sense of the needs, realities and demands of women living with mental illness. While I focused

on their Instagram practices, what they provided for them and how it shaped their experience of mental illness, the concept of self-care as media practice could be used to more thoroughly understand their experience of mental illness, their social realities and systemic barriers to access, as well as their needs and desires for a better mental health care system. This can be adapted depending on the population of study and the app as well. The concept could be especially useful in the fields of critical psychology, mental health and public health for research projects that aim to make structural and social changes. A consideration of the role of social media in women and other marginalized communities' health (in a global sense) is even more pressing considering that their practices continue to be pathologized and misunderstood, leading to laws and regulations that risk undermining the care and communities they find on those platforms. An example to this is the recent debate in Québec regarding the implementation of a legal age for social media consumption in youth. Many community and youth organizations, including the one I currently work for, have been warning about the dangers of restricting social media not only because it risks doing the opposite effect, but because it undermines youth's agency and their very accessibility to communities they may not find elsewhere. Bills like these show a profound lack of understanding of what marginalized and at-risk communities do online and a pressing need for more studies that include their voices, practices and demands. Public health research tends to focus on the impact of social media on mental health, but this research project shows that we can do much more if only we start listening to the people concerned by those bills. There are many reasons why people would turn to social media apps for care, and while this dissertation focused on experiences of mental illness, the concept of self-care as media practice could be applied to various experiences of disability and sickness, oppression and discrimination.

As many researchers before me have said, mental illness is increasingly shaped by social media, but this research shows that so is traditional mental health care. The practices of my participants revealed that they often brought social media posts to therapy or that they used them as part of their therapeutic process. The concept of self-care as media practice could be used in media studies and psychology alike to look at how the two are converging and how it is transforming mental health practices. Specific social media trends could be studied with this concept as well. One example is “Girl therapy”, a TikTok trend wherein women and girls share videos of themselves doing their craft projects like junk journaling and colouring using the tag line “Girl therapy”. A focus on other platforms is also necessary for understanding how care is done differently depending on the app and its affordances, as well as to see how differently they shape the experience of mental illness and other disabilities.

As I finish writing this conclusion, I can only hope that the stories of the women who made this research possible resonate beyond the space of this dissertation into actual transformations.

Appendices

Appendix 1: Table of Participants' Practices

Total of pre-interview questionnaires collected and counted: 22

	Creates and posts content on feed	Creates and posts content in Stories	Re-share others' posts in Stories	Comments on others' posts	Reacts and/or comments on others' Stories	Shares posts with friends in private messages	Saves posts	Screenshots posts and/or Stories
Ayushi	x	x	x	x	x	x	x	x
Bree	x	x	x		x	x	x	x
Camille				x	x	x	x	x
Camille B.		x		x	x	x	x	x
Cécile	x	x	x				x	x
Clémentine				x		x	x	x
Clémence				x	x	x	x	x
Laura					x		x	
Divya					x	x	x	x
Émilie			x	x	x	x	x	x
Franceska		x	x	x	x	x	x	x
Hind	x	x	x	x	x	x	x	x
Anne Gaële	x	x	x	x	x	x	x	x
Noémie	x	x	x	x	x	x	x	
Rebecca	x	x	x	x	x	x	x	x
June			x	x	x	x	x	x
Rosalie	x	x	x	x	x	x	x	
Anonyme	x			x	x			
Julie		x	x		x	x	x	x
Caroline		x	x	x	x	x	x	x
Total counts	9	13	13	15	18	17	19	17

Appendix 2: Table of Themes

This table of themes contains the themes I identified across the content analysis of Instagram posts and the coding of the interviews.

Coded Themes	Instagram posts	Interviews
#MeToo	4	2
Anonymity		4
Anorexia		4
Anxiety	12	15
Aspirational/hope	25	19
Awareness		
Body acceptance/diversity	23	9
Carrousel (Instagram)	9	8
Comic	5	6
Community		20
Confession		6
Connections/relations		12
Craft		8
Curation/curating		5
Depression	4	13
Disability justice		3
Eating Disorders		5
Education (health-related)		10
Feel good	2	10
Feminism(s)		14
Friendship		12
Habit/routine		18
Hospitalization (mental health-related)		3

Humour		6
Illustration	24	5
Information (health-related)	3	9
Intimacy		9
Journaling		6
Knowledge		10
List	6	5
Mental health (general)	34	20
Mental health care		20
Meme	4	11
Photography	21	7
Premenstrual Dysphoric Disorder (PMDD)	3	1
PTSD		2
Queerness		4
Racism (anti-Black)	3	2
Recovery/healing	6	18
Reel (Instagram)		5
Relatability		19
Relief		19
Resources		20
Self-care	6	18
Self-representation		5
Social justice		6
Suicide	3	2
Testimony		4
Text (textual content)	51	8
Therapy	2	18
Tips & tools		19

Trauma	3	7
Validation/recognition		20

Total of Instagram posts collected and coded: 139

Total of interviews conducted and coded: 22

Appendix 3: Pre-interview Questionnaire

PRE-INTERVIEW QUESTIONNAIRE

This questionnaire is designed to facilitate the interview process and further establish the boundaries within which participants are willing to be part of this project. This step is crucial in order to make the interview process as accessible as possible and establish trust between participant and researcher.

QUESTIONS

About You

These questions are designed to give us an idea of your background and demographics.

Please answer to the ones you feel comfortable with.

1. **What is your age?**
2. **What are your preferred pronouns?**
3. **What is your occupation?**
4. **What mental illness do you identify with or are diagnosed with?**
5. **Where are you located?**
6. **What is your ethnicity or cultural identity?**

Media Practices

7. How do you use Instagram for mental health care?

Please check all the boxes that correspond to your practices.

- I create and post content on my feed
- I create and post content on my stories
- I share others' posts on my feed
- I share others' posts in my stories
- I comment on others' posts
- I react and/or comment on others' stories
- I share others' posts and stories with my friends in private messages
- I save posts that speak to me for later reference
- I screenshot posts and stories that speak to me for later reference

8. If you have other ways to use Instagram that are not mentioned above, please specify here.

9. Please share a screen capture of the last 4 mental illness posts you've shared on your profile or your story. If this is not part of your practice, briefly explain why.

To access your past stories go to settings > archive.

10. Please share a screen capture of the last 4 mental illness posts you've liked. If this is not part of your practice, briefly explain why.

To access your past likes to go settings > account > posts you've liked.

11. Please share 2 of your favourite mental illness accounts. If this is not part of your practice, briefly explain why.

Interview Mode

12. What is your preferred method for the interview?

Video conference (Zoom)

Call

Chat

Email

Text message

13. Do you have any question, concern, or comment regarding the interview process?

Appendix 3: Interview Guide

INTERVIEW GUIDE

Before recording

Debrief Script

Hi,

Thank you again for agreeing to participate in this project and for sharing your time and energy with me. Before we start, there are a couple of things I want to mention regarding the interview process, my intentions behind this research project, and my role as a feminist researcher.

As explained earlier in our communications, the interview should last about 1 to 2 hours. The first section is a series of questions. The second section is a media go-along where you show me how you use Instagram while sharing your impressions as you go. The media go-along is optional depending on your level of comfort.

Let me tell you a little bit about the project. The idea for this research came from my personal use of Instagram content to care for my anxiety and depression. Throughout my own practice, I noticed that there was something pivotal happening within these spaces and I wanted to get a better understanding of it. On the other hand, mental illness, and the media practices of people living with it, remains overlooked and understudied in the field of communication and even more so from a feminist standpoint. Grounded in my own experience of mental illness and Instagram, my intentions are therefore two-fold. First, I want to know about other

women's experiences and explore, with them, what is happening on Instagram; and what are the potentials and limits of caring for ourselves through Instagram. Secondly, I want to make our voices heard and show that we must take media practices seriously in order to shed light on the agency of women living with mental illness, something that is often taken away from us.

I am very mindful of the power imbalances that can exist between researcher and participant; and I am committed to making the interview process as horizontal as possible by privileging collaboration, care and listening. As a feminist researcher, I also recognize that women inhabit different social worlds that affect their experience of mental illness and media in differentiated ways. Living with mental illness and using Instagram makes me an "insider" who can share some of the experiences and practices of participants. However, as a white woman coming from a western middle-class background, I also acknowledge that I occupy a position of privilege that can be complicit to the structural violence that some participants may experience regarding their class, gender, race, and sexuality. It is therefore important to highlight that I am by no means an expert in the topic of mental illness and media, and that participants are the experts in their own lives.

I hope this gives you a better understanding of the project and how I position myself.

Do you have any question or concern before we start?

Please let me know at any point during the interview if a question makes you uncomfortable or/and if you would like to take a break. Feel free to tell me if there is anything you would like

to mention that is not in the questions. The interview is made to be a conversation between the both of us!

GUIDING QUESTIONS

[The questions will be adapted considering the participant's response to the preliminary questionnaire]

About the participant

- Can you introduce yourself?⁷²
 - What is your name/nickname/Instagram handle (*don't ask if participant wants to stay anonymous*)
- Can you tell me how you became “aware” of your mental illness? *Tell my personal story if needed.*
- Can you tell me if you ever sought professional help for your mental illness?
- Apart from Instagram, are you involved in other mental illness communities or support groups?

About mental illness and care

Adjust questions in light of “about the participant” section

- What term best describes mental illness to you? (mental illness, madness, cripp, ...)

⁷² Allow the participant to self-identify.

- What do you think of mental health care in your society?
- Can you tell me about your everyday experience of mental illness⁷³? What is it like to live with a mental illness in your society?
- What does mental health care look like to you?
- And how do you take care of yourself on top of Instagram?

About Instagram and mental illness

- The communities
 - How did you start following this type of content?
 - When do you most consult this type of content?
 - How would you describe these spaces?
 - What motivates you to use Instagram for your mental illness?
 - What do you find in these communities?
 - What do you like about these Instagram communities?
 - What do you dislike about these Instagram communities?
 - What other platforms do you use?
 - Do you use them in the same way?
 - Which is most important to you?
- The content (*adjust according to preliminary questionnaire*)
 - What draws you towards the medium of illustration?

⁷³ Adjust according to the participant's definition.

- What other types of images are you drawn to on Instagram?
 - What are your favourite kinds of illustrations? (always in relation to mental illness)
 - How come these are your favourites?
 - What are your favourite topics addressed?
 - What kinds of emotions and feelings do they produce for you?
- The media practice
- How do you use the platform and the illustrations for your mental health?
 - How do these practices relate to other forms of mental health care in your life? How do you situate these practices? *For example, if you see a therapist, what place do these practices occupy?*
 - Before social media, did you have similar practices? For example, journaling, scrapbooking or zine making.
 - And now, do you have other media practices in relation to your mental illness?
 - If so, how is social media transforming these practices?
 - Vice versa, what is the influence of these practices on your social media practice?
 - What Instagram features do you use the most? (*like, share, comment, hashtags, stories*)
 - How do these practices affect your experience of mental illness?
 - What emotions and feelings are produced when you scroll through your Instagram feed?

What emotions and feelings are produced when you like/comment/share illustrations?

MEDIA GO-ALONG

Ask the participant if they feel comfortable showing how they use the app (*detail options on how to proceed*). If the response is yes, ask the participant to show how they would use it daily looking at **the following features**:

- Their feed
- Their profile (for artist users)
- The last images they liked (in relation to mental illness)
- The last images they shared on their profile and/or their story (in relation to mental illness)

While they use the app, ask the participant to give their live impressions and emotions.

For the researcher: Observe how they scroll through the app, how they save images, comment on and share images. Do you notice any particularities? Any differences from your own practice?

After recording

- *Ending remarks*
- *Ask participant if they are comfortable with the answers they provided; they are allowed to ask that some information may not be disclosed*
- *Ask if I can contact them if I ever need clarification on their answers*
- *Remind participant that they can discontinue their participation maximum two weeks after the interview without any consequences.*

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