Graduate Programme in Social Work

# Practice-based Research Paper Release Form

**To:** Graduate Programme in Social Work, York University

**From:** Stephanie Blumenfeld *(Student Name)*

**Re:** Use of Practice-based Research Paper as an Educational Tool

**Title:** 'Drink a Nap. Take Water.' and Other Self-Care Advice. A Foucauldian Discourse Analysis on Self-Care Posts on Instagram

I hereby grant the Graduate Programme in Social Work, York University, permission to use my Practice-based Research Paper (PRP) as an Educational Tool. This includes the photocopying and loaning of my paper as an example of a PRP. I understand that I retain the full copyright to the paper and that no part of it will be used for anything other than an Educational Tool.

Stephanie Blumenfeld
Student Name

Stephanie Blumenfeld
Student Signature

May 13th, 2020
Date

# ‘Drink a Nap. Take Water.’ and Other Self-Care Advice

## A Foucauldian Discourse Analysis on Self-Care Posts on Instagram

Stephanie Blumenfeld

GS/SOWK 5250 Macias

April 22nd 2020

## ACKNOWLEDGEMENTS

I would not have been able to complete this work if it were not for my Zaidy Sam and late Bubbie Emma who always believed in the importance of education. My Zaidy in particular, who provides me with a bottomless well of inspiration and love to persevere through life's challenges. I would like to thank my parents for always believing in me and giving me their ongoing support. I would like to thank my partner for encouraging me to have patience and hope. I would like to thank my fellow classmates for sharing their knowledge. In particular, Daniel Navy, for having so many cathartic venting sessions which helped carry me through this work. Finally, I would like to thank the social work department at York University for giving me the words to complete this work!

## ABSTRACT

In recent years, self-care has become a qualification for many social work organizations. At the same time, mental distress has been receiving significant attention. Through this period, government policies have decreased funding to social services while increasing surveillance. As well, social media has increasingly become a source of governmentality as a useful tool for perpetuating dominant narratives, surveilling each other and the self. The purpose of this study is to explore these connections through a Foucauldian Discourse Analysis on self-care posts from Instagram. My analysis uses post-structural literature on mad studies, neoliberalism, whiteness, and feminism. A major theme of my analysis regards evidence of reification of the neoliberal state as self-care becomes the qualification for worker-citizen-subjects. The implications of self-care discourses for people struggling with mental distress are that those experiencing it are blamed for their individual choices. The paper concludes by exploring subjugated discourses, relevance for social work and suggestions for future research.

## TABLE OF CONTENTS

# CHAPTER ONE

## Introduction

A relatively new trend has caught my attention in recent years: an abundance of self-care info-graphics, guides, and images on popular social media platforms. Many social media bloggers address the apparent mental health crisis by promoting self-care strategies on their accounts. When I search the self-care hashtag on Instagram at first glance there are a plethora of different types of images, advice, topics. Therefore, my overarching research curiosity is: how is the idea of self-care being produced in social media posts in relation to mental health discourses? The following chapter will include a description of my research interest, research questions, and a justification for the research.

The purpose of this small-scale study is to examine how self-care is being framed as a response to the apparent mental health crisis. CAMH (2019), one of the world's leading mental health treatment and research facilities, has an entire webpage devoted to informing the public that the mental health crisis is real and is worldwide (CAMH). The mental health crisis is currently impacting organizations and institutions that social workers are employed in. The framing of mental health as a crisis inspired my academic curiosity about self-care texts. I believe that my research question about the implications of self-care texts' discourses is justified because self-care posts have the power to inform people, policies and organizations that work with people experiencing distress.

I have chosen to look at posts on Instagram because many social media bloggers address the apparent mental health crisis by promoting self-care strategies on their Instagram accounts. Instagram has been a popular avenue to post about and consume mental health writings and

images specifically addressing self-care. To convey the popularity of this topic, there are currently 22.6 million posts on Instagram with the hashtag self-care. In order to analyze the discourses of self-care on Instagram, I will gather and analyze posts that are hashtagged self-care. I will be looking at the post content including the pictures and/or writings and captions. I am interested in ascertaining what kinds of images and words are used and what their implications are for discourses regarding mental health.

My impetus for the focus of my study draws on Foucault's notion of governmentality and biopolitics. In the article, "The Biopolitics of Lifestyle: Foucault, Ethics and Healthy Choices" by Mayes (2016) writes on obesity, "when lifestyle is understood as 'causally responsible' for obesity, it simultaneously becomes 'the source of salvation,' justifying social marketing campaigns that enfold the public into the task of normalizing their everyday lives for the betterment of the whole" (p.160). In extending Mayes' study to my research interest, I question how self-care posts direct the narrative of mental health status as good lifestyle choices. This study explores how self-care texts are producing a specific narrative of 'the good citizen'. Self-care practice as a response to the growing awareness of mental wellness and distress may be producing highly individualizing and depoloticizing notions of wellbeing.

My point of entry into research on self-care and mental health is my own personal experience of mental distress. My personal history of being diagnosed with mental illness, trying multiple therapies, and being consumed by multiple conflicting narratives around mental health and wellness prompt my academic curiosity in regards to self-care. Furthermore, curiosity in regards to self-care posts on Instagram stems from my regular consumption of the Instagram app. Current statistics show that 111 million people are also actively using Instagram (Clement, 2019). This means that there are many people digesting similar content. This line of thinking

sparked my interest in exploring the digestion of posts about self-care in regards to their ability to shift the way people understand and treat mental distress and wellbeing.

As a social work student and intern I have been taught that self-care is extremely important in order to perform as an empathetic and responsive social worker in the field. The subject of self-care is justifiably pertinent to social work. This is because social workers are encouraged to think about ways they can perform self-care in order to lessen harm to clients and avoid 'burnout'. McGarrigle and Walsh (2011) find "the workplace and [social worker] are accountable for managing the stress, therefore promoting self-care and reflection on what can be done to deal with the stress. Central to the workplace and practitioner focus on managing stress is the practitioner's impact on the client" (p.227). Therefore, self-care is actually considered a vital aspect of practice with clients. In addition, some social workers impart self-care as a beneficial practice for clients emphasis on self-care in social work is one of the justifications of the relevance of my research on self-care discourses on social media.

I believe that the knowledge that my research question acquires has explored the discourse of self-care on social media as constituting a narrative of mental health. Ultimately, these narratives can have impacts on how social workers practice with clients, the policies that are implemented in mental health organizations, and how people in distress are viewed.

**Scholarly Space**

The major themes that my study is related to are self-care, mental health, and social media. I will be exploring the scholarly space that my study inhabits in more detail in the subsequent literature review section. In the following paragraphs I will provide a glimpse into

where my study is situated within the scholarship and identify the contribution that my study seeks to make.

The scholarship on self-care reveals that there are generally two approaches. The first type of self-care is individualized and the second is community and social justice oriented (Chambers, Wakley, Blenkinsopp, 2006; Kollack, 2006; Havranek, Mujahid, and Barr , 2015; Nelson, 2011; Scott, 2017; Michaeli, 2017; Destine, 2019). In addition, much of the literature on self-care is related to the workforce. Self-care in the workforce can be seen in both the individualized sense and the social justice and community oriented sense. Furthermore, self-care is often raised in the context of ethical imperatives and core competencies in caring professions like social work (Cunningham, 2004; Black, 2006; Newell and MacNeil, 2010; Newell and MacNeil, 2014). For an example of an individual approach, Newell and MacNeil (2014) list professional self-care competencies as the capacity to maintain personal, emotional, and spiritual needs while meeting clients' needs by maintaining positive health behaviours. An example of the community and social justice approach, Profitt (2008) contends that professional self-care includes collective problem solving around barriers that cause stress. I believe that my study will fill a gap as there is not much literature that speaks to how online discourses of self-care are producing self-controlling citizens.

As the literature review will provide in greater detail, I have found varying research on self-care in social media that points to how researchers are analyzing self-care in social media. Scholars are looking at the ways people are using social media as a form of resiliency and empowerment (Niel and Mbilishaka, 2019). Some scholarly research focuses on how people use different apps to perform self-care and resiliency, while others focus on online resiliency behaviours in response to offline crises (Kaufmann, 2015; Moreno, Jelenchick, & Egan et al.,

2011; Paul and Dredze, 2011; De Choudhury, Ringel Morris, and White, 2014; Park et al., 2014; Newman et al., 2011). Few studies focus on how discourses used in social media impact grand narratives (Weisgerber and Butler, 2015). I believe that my study will contribute to the field by researching how online discourses of self-care impact ideas about mental health and wellbeing.

Finally, my study is ultimately located in mental health scholarship. I will be contributing to research in mental health and wellness. Mental health and wellbeing are situated in multiple scholarly disciplines such as, medical science, psychiatry, psychology, post-psychiatry, anti-psychiatry, mad studies, sanism, stigma, and healthism. The literature on mental health reveals schisms between biomedical approaches and the distress narrative in conceptualizing mental wellbeing (Bracken, 2001; Porter, 1987; Foucault, Khalfa, Murphy, Taylor & Francis 2006; LeBlanc and Kinsella, 2016; Lafrance and McKenzie-Mohr, 2013; Crammer, 1981; Miller and Rose, 1986; CAMH, 2019; Corrigan et al, 2004; Thachuk, 2011; Hande et al., 2016; Thornton, 2010; Spring, 2016; DeFehr, 2016; Esposito & Perez; 2014; Stephens & Jouber, 2001; Gieck & Olsen, 2007; Mayes 2016). My study seeks to contribute to the discourses around mental health and wellbeing as it will explore how online discourses are impacting the way people conceptualize mental health and wellbeing.

In sum, my study is located at the cross-sections of mental health/wellness, self-care, and social media. My research will attempt to fill a gap in studies on social media in exploring how online discourses of self-care are producing self-controlling citizens. As well, my study will attempt to contribute to literature on self-care and mental wellbeing by exploring online discourses of self-care and their productive impact on conceptualizations of mental health and wellbeing.

**Methodological and Theoretical Framework**

My research project is theoretically situated within mad studies and postructuralism. In particular, my project is significantly influenced by Foucauldian discourse theory. Foucault's purpose in demystify madness, governmentality, and biopolitics has largely provided a framework to this project. My research study uses mad studies as a framework to analyze the discourses that appear in self-care posts. I also use Foucauldian Discourse Analysis as a framework to extract, codify and analyze the self-care posts.

My study is ontologically and epistemologically inspired by mad studies. Mad studies was also initiated by Foucault (2006) who postulated that the modernist positivism that encapsulated the Enlightenment period transformed the public belief about those with apparent mental illness from having a type of knowledge in themselves, to being unfit for society and must therefore be excluded from society (Foucault, 2006; Bracken, 2001; LeBlanc and Kinsella, 2016). The mad movement validates the experience of distress and insists that psychiatry and its' biomedical connection is a coercive practice that has been more harmful than beneficial (Crammer, 1981; Thomas and Bracken, 2004; Leblanc and Kinsella, 2016). In addition, Miller and Rose (1986) contend that psychiatry creates subjectivities which regulate behaviour. Psychiatric discourses dominate and control our daily interactions (Thomas and Bracken, 2004; Leblanc and Kinsella, 2016). Menzies, LeFrançois and Reaume (2013) expand:

> A remarkable body of academic and popular writing has accumulated that forcefully refutes the dubious claims of biopsychiatry to scientific status and benevolent design—contesting, by turn, its self-referential historical narratives, its pseudo-theoretical

> foundations of ideas, its arbitrary nosological systems, its barren and often calamitous regimes of 'treatment,' and the coercive policies, structures, and practices psychiatry has devised in advancing its reach into ever-expanding fields of modern life (p.8).

Mad studies is an appropriate ontological and epistemological approach for my study because it contends that mental states are understood and acted upon through power-knowledge discourses. This matches my study's focus on the discourses of self-care and how those discourses re/produce subjectivities for those experiencing distress. Mad studies will provide a theoretical framework to critically analyze the psy and sci discourses appearing in self-care posts.

My research project is generally informed by a Foucauldian and post-structural ontology and epistemology. Macias (2015) describes "epistemologically, Foucault questions positivist scientific claims that truth and knowledge are unquestionable, metaphysical, and essential conditions that can be objectively attained or discovered through research...the work of power in the production of truth ultimately informs what we come to accept as knowledge" (p.226). I concur with the Foucauldian approach as my ontological and epistemological framework asserts that truth and knowledge is produced and is productive through power. For this reason, I will be using archival research as my data.

I will be using FDA to analyze archival data. Archival research is appropriate for this study as Macias (2016) describes "archives are, therefore, active sites where social power is negotiated, contested, and confirmed. They create and manage the construction of records through social power relations that implicate archivists, researchers, and social institutions such as state and empire" (p.26). FDA methodology is well suited to my project because I am

interested in narratives and discourses around self-care which produce accepted truths about mental health and wellbeing.

The data material that I will be using will mostly consist of posts. Posts on Instagram are categorized as a type of memes as they re/produce and carry cultural components quickly. The meme is well suited to Foucauldian epistemology and ontology as Knobel and Lankshear (2006) describe the contemporary meme as a cultural production and transmission that generate and perpetuate perspectives and behaviour of people. A meme quickly spreads 'cultural units' of beliefs, ideas, and values presented as images and/or text. Perceiving memes as proliferators of culture relates to a key part of my study of online images and/or texts that speak to the meaning of self-care in relation to mental health. Therefore, the memetic posts are an appropriate source of data as it relates to the Foucauldian ontology and epistemology which posits that truth and knowledge is produced and is productive.

Since I will be using memes (text and images) as data, the methodology that I will be using is a Foucauldian Discourse Analysis (FDA). FDA is the most suitable methodology for my study because I explore the productions of truths about self-care that produce certain knowledge of mental health which have biopolitical impacts. Macias (2015) explains:

> This ontological position means that by using FDA as a methodology, we can uncover how discourse captures human life within power-knowledge regimes in ways that submit it to 'explicit calculation[s]'. These calculations have biopolitical effects, allowing certain forms of life to become citizens/subjects while legitimizing, sustaining, and enforcing the regulation and discipline of other forms of life (p.227).

The discourses around self-care have the potential to impact the way people self regulate and conceptualize mental health and wellbeing. Thus, performing FDA on the posts will allow for an exploration of discourses to expose what is being said, what is left out, and what is being resisted. FDA will allow me to explore the power-knowledge regimes that are constantly being re/produced in memes/posts online which effect subject-hood. Macias (2015) describes "Foucault (1990, 1995) identified how power-knowledge regimes target the body in ways that allow society to shape, manipulate, and train it to its most intimate and minute details" (p.231). FDA has the potential to allow me to delineate how self-care discourses are re/producing the formation of mental health and wellbeing which produce subject's material and immaterial conduct and self regulation.

Overall, Foucauldian theory and FDA as methodology will be appropriate to study the mental health and wellbeing discourses that re/produced in self-care posts on Instagram. Foucauldian post structural epistemology and ontology fits with my study because my study is not about uncovering an absolute truth. My study is based on the Foucauldian/post structural framework that truth-knowledge is produced through power.

**Research design**

I performed archival research sourced from Instagram to explore self-care discourses. Instagram is one of the most popular social media networks worldwide with approximately 500 million active daily users (Oberlo). Instagram allows you to post photographs, images, words, and videos, along with a description and comment section. Each poster uses hashtags (the symbol #) with the intention of their post being amalgamated into a category so that their post can be easily found. For instance, if I search self-care in the app, a multitude of posts that

contain the hashtag self-care will show up. Most popular posts are determined according to the algorithm internal to the app itself. Usually, it seems that the most popular posts in a hashtag category will have a large amount of likes, reposts, and/or comments.

I used the search engine as a route to gathering self-care posts. I used a random sampling method to collect data. Using random sampling to collect this data decreased the likelihood of my own bias interfering with my study. Therefore, the random sampling method was representative of discourses of self-care, rather than representing my own beliefs around what self-care looks like. My data collection method was appropriate for my research question and methodology as my research question pertained to analyzing discourses of self-care on Instagram. Therefore, a random sampling of Instagram posts about self-care is most fitting as my data source. As well, using random sampling enabled me to codify a representative amount the self-care posts. It is too exhaustive to collect every self-care post as there are nearly 22.9 million self-care posts on Instagram. I used random sampling by selecting 1 post out of 10 until I reached 60. I gathered these posts through Instagram search engine by searching the hashtag category of self-care. Since posters can use the self-care hashtag in any post, I also cross referenced another term within the hashtags. As I am concerned with mental health, I cross referenced the hashtag list to check if there is a #mentalhealth included. I used a time frame of posts from the year 2018 to 2020. If the 10$^{th}$ post in the random sample does not contain the cross referenced tag #mentalhealth or if it was not posted the acceptable time frame, I used the post either directly before or after, and continued until a post fit the limitations.

This gathering method is consistent with my methodology because it mimics the experience of being on the app and how people generally use the app. Since my methodology

of FDA looks at the texts to explore the power-knowledge that is being re/produced, searching the data in this manner enabled me to analyze the narratives and discourses that were being re/produced through Instagram posts.

The first stage of coding involved creating questions that which was informed by Foucauldian Discourse Analysis. I used these questions to observe my data in order to explore the discourse of self-care. In the first stage, I observed the posts and wrote my thoughts about them as they relate to the theoretical framework. In the second stage, I graphed the posts and analyzed them through different categories and layers. Finally, I was able to codify by highlighting similar themes and exploring how these themes interact. I analyzed the individual posts, which included captions and excluded the comments section. While including the comments could enrich my study, I believe it is not within the scope of this project to include them, as the comments provide a type of interactionist data that will not provide answers to my research question. I chose to decline exploring the source of the post, also understood to be the poster or the blog, as this is also out of the scope of the study.

**Ethical considerations**

While endeavoring to research this topic I considered the ethical issues in order to practice researching in a way that does the least harm, promotes social justice, and represents the data justly. In order to be as ethical as possible, I remained reflexive in my work. This means that I remained true to the project I set out to do while still yet uncertain of all of the ethical issues that this project could include.

The archival research of online data poses complicated ethical questions. In my thought process of deciding on a research avenue I considered the ethical implications of

sourcing data from social media. O'Connell (2016) explains "research ethics boards employ research protocols and informed consent forms that protect a form of confidentiality and anonymity that no longer exists" (p.69). Sourcing data from social media is a relatively new avenue, therefore, conventional research boards have yet to decipher the ethical impacts of this type of data sourcing. Social media presents a plethora of real data and study opportunities, although the people that post are not aware that their posts are going to be used and quantified in research projects. This poses some ethical dilemmas, because people are not conscious that their words and depictions are being used for academic research. While people sign agreements with apps, these agreements are lengthy and often difficult to understand in their legalese jargon. Therefore, it is not likely the case that most people are cognizant of what can happen with their data. Recently, there have been attempts by activists to make the selling of online data to corporations illegal unless the user agrees and is reimbursed for their data. I have to wonder if my use of personal data in such a way will in later years be reflected on with regret and disregarded as unethical like other studies in the past have. I have tried to mitigate harms by only using posts that are from open accounts and not private ones.

Another ethical issue that is inherent in using a social media app is the embedded algorithms. Bennett et al. (2014), as cited in O'Connell (2016) argues, big data leads to a form of social sorting, as individuals become profiles sorted into hierarchies, whereby "certain kinds of profiles pass with greater ease than others" (p. 6). In addition, O'Connell (2016) contends that many recognize that "algorithms used by institutions invariably reflect and perpetuate current biases and prejudices" (p.83). Algorithms are created by people with certain biases and this generates biases in the way social media apps like Instagram categorize

and rank posts. Knowing this, my methodology and theory will support my project because I will be looking for power-knowledge, not absolute truths.

# CHAPTER TWO

## Literature Review

The following literature review will begin with an exploration of the debates and differences within self-care, followed by an exploration of research on self care in a social media context, and finishing with a look at variations in mental health frameworks.

### Self-care

The literature on self-care reveals that there are generally two frameworks. The first type of self-care is generally individualized and the second is community and social justice oriented. In the following paragraphs I will illustrate the two streams of self-care.

An individualized version of self-care has been implemented in western health care systems. 'Self-care' has historically been employed as a strategy in western health care to include the patient in their own care (Chambers, Wakley, Blenkinsopp, 2006). This enables people with chronic illnesses and/or mental illnesses to increase feelings of agency and gives medical professionals a break. In that same vein, self-care is used to offset government spending in health care (Kollack, 2006). The medicalized understanding of self-care relates to practices of self-management which hope to maintain and prevent medical conditions. Havranek, Mujahid, and Barr (2015) add that social determinants of health can impact a patients' ability to practice self-care. They describe numerous categories, such as socioeconomic status, level of education, racism/race/ethnicity, social supports, affordability and accessibility of resources, all of which can impact someone's ability to use self-care strategies to decrease their likelihood of having cardiovascular disease.

The stream of self-care as a social justice practice can be seen in the civil rights movement. The civil rights political group the Black Panther Party employed self-care in their challenge against racial discrimination in the medical-industrial complex (Nelson 2011). The self-care approach that the Black Panther Party used was markedly different from the traditional medicalized and individualized approach as it was a community and justice approach. Their approach to self-care was to challenge the racist, discriminatory, and insufficient health programs and the commodified medical industry through the creation of survival programs in Black communities (Nelson 2011). For example, the Black Panther Party created survival programs in communities by setting up centers for social change which included free health clinics, free medicine, food, housing and employment advocacy. This example of self-care shows how caring for the community is caring for the self. The Black Panther Party engaged in public discussions about the importance of healthcare and wellbeing for the Black community through a time of austerity efforts to social welfare that disproportionately impact racialized communities. Nelson (2011) writes "the Party developed a distinctive perspective and approach that I term 'social health'...an outlook on well-being that scaled from the individual, corporeal body to the body politic in such a way that therapeutic matters were inextricably articulated to social justice ones," (p.11). The Black Panther Party's position and efforts encompassed a framework of self-care that included caring for the community and the self as a challenge to racism and the inequality involved in the medical-industrial complex.

Another prominent community understanding of self-care that I noticed in the literature is rooted in Black feminist activism (Scott, 2017; Michaeli, 2017; Destine, 2019). Audre Lorde adapted the concept of self-care to be part of the critical embodied work that is Black womanhood; surviving white supremacy, racism, capitalism, and patriarchy, as an act of political

warfare. In particular, Lorde clarifies that Black womanhood requires self-care and self love practice inside and outside of social movements (Scott, 2017; Destine, 2019). Michaeli (2017) writes that scholars and activists were inspired by Audre Lords words and adapted self-care into their own work. For example, in a reflection on Lorde's words, scholar Sarah Ahmed explained self-care as particularly important for the creation of and regeneration of fragile communities that experience traumas through daily efforts of looking after oneself and each other. Furthermore, Aina-Nia Ayo'dele, feminist spiritual activist and founder of Sacred Women International, spoke about the necessity for activists to avoid burnout by caring for the self (p.54). The Black feminist theory of self-care is interconnected with the feminist notion that the personal is political and is concerned in particular with justice and wellbeing for communities that are impacted by the experience of racism and patriarchy.

Available literature on self-care shows that a lot of discourse around self-care is related to the workforce. Self-care in the workforce can be seen in both the individualized sense and the social justice and community oriented sense. Traditionally, people that work in caring roles, such as social workers, therapists, and nurses can face burnout due to compassion fatigue (Shapiro, Brown, Biegel, 2007; Barnett, Baker, Elman, Schoener, 2007; McGarrigle and Walsh, 2011; Dalphon, 2019). Furthermore, self-care is often raised in the context of ethical imperatives and core competencies in caring professions like social work (Cunningham, 2004; Black, 2006; Newell and MacNeil, 2010; Newell and MacNeil, 2014). If a worker is struggling with personal issues, it is the workers responsibility to resolve them so as not to jeopardize the interests of their clients. Available literature on the topic shows differences in the type of strategies professionals should use. Newell and MacNeil (2014) present an individualized description of professional self-care competencies as the capacity to maintain personal, emotional, and spiritual needs while

meeting clients' needs by maintaining positive health behaviours. Positive health behaviours can include regular exercise, nutritious diets, and participating in activities such as meditation, philanthropy, and painting (Newell and MacNeil, 2014; O'Halloran & O'Halloran, 2001; Hesse, 2002, Csiernik & Adams, 2002). In contrast to the individualized notions of self-care, critical social work identifies the need for a critical, collective approach to self-care which positions worker burnout in the socio-political context that they work in (Profitt, 2008). To illustrate, Profitt (2008) explains "activities could consist of sharing personal-professional struggles, giving mutual feedback on practice experiences, taking stock of how one is doing, and collective problem-solving around such things as organizational and workplace barriers that contribute to isolation and stress" (p.163). Critical social work self-care involves acknowledging that a barrier to critical self-care is the neoliberal marketization of social work organizations which work to promote worker isolation (Profitt 2011). In addition, critical social workers conception of self-care needs to include connecting individual issues to societal structural issues and engage in collective resistance efforts to bring out social transformation (Profitt 2011). The purpose of self-care in critical social work is to reduce isolation between coworkers and dehumanization that occurs between workers and service users as well as alleviate feelings of frustration towards a system that only works for a minority of people (Profitt 2011).

Self-care has also been understood as a philosophical practice. Michel Foucault's theories on care of the self were inspired by Ancient Greek philosophers (Foucault, 1978; Weisgerber and Butler, 2015). Foucault reflected on Socrates' ideas for caring for the self as part of a standard for social conduct. The Ancient Greek philosophers were concerned with the question of what is a good life and Foucault resonated with their proposal for caring for one's body and soul. Moreover, the Foucault's understanding of self-care is premised on attending to thoughts and

exercises to transform the self. Foucault (1978) describes it as a laborious process "health regimens, physical exercises without overexertion, the carefully measured satisfaction of needs. There are the meditations, the readings, the notes that one takes on books or on the conversations one has heard" (p.52). As well, Foucault adds that care of the self is most significantly a social practice of reciprocity with others. In addition, Foucault remarks that the care of the self is intertwined with the medical sphere (Foucault, 1994). He proposes, similarly to his Greek philosophical inspirations, that the mind and body are inextricably connected, thus one needs to be vigilant in caring for one's body to cultivate one's mind (Foucault, 1978). I will use Weisgerber and Butler's (2015) article to illustrate Foucault's concept of self-care further in the following paragraph.

Part of Foucault's idea of self-care includes the practical work of reflecting on readings, notes, and conversations. He explains this process as one of hupomnema, which allows one to live through their texts. Foucault (1982) clarifies "the writing of the hupomnemata is an important relay in this subjectivation of discourse...For a purpose that is nothing less than the shaping of the self" (p.211). I can draw from this literature that the process subjectivation can be extended to online posts. Further, Weisgerber and Butler (2015) allude to the ways our online practices shape offline identities. The authors apply Foucault's concept of Greco-Roman hupomnemata, the process of curating personal artifacts that encompass ones thoughts with the intent of forming subjecthood to understand how online behaviour shapes the corporeal self. From this literature, I can assume that online activity, such as absorbing and creating self-care posts, has impacts for the offline self and offline world.

Foucault's ideas of governmentality and biopolitics will be important to analyzing self-care texts. Governmentality is an exploration of the way governing is perpetuated through

societal institutions with a resulting self governing society (Nadesan, 2010). Second, Foucault (1976) describes biopolitics as techniques for self subjugations of bodies and the control of populations through techniques of self and surveillance (p.140). The literature suggests that self-care can be understood through biopower and governmentality.

While many articles explore the necessity of self-care for resiliency, Michaeli (2017) argues that self-care is a neoliberal practice. Michaeli (2017) posits that self-care places the responsibility for well-being on the individual rather than on society to create structures that facilitate well-being. In addition, Michaeli (2017) argues that mainstream self-care obscures the socio-political sources of distress. Moreover, self-care depoliticizes issues because mainstream self-care discourse advice is to meditate or get a massage rather than organizing and protesting against structures and policies that cause distress (Michaeli, 2017; Batliwala, 2007).

**Self-care in a Social Media Context**

I have found varying research on self-care in social media that points to how researchers are analyzing self-care in social media. Researchers are looking at the ways people are using social media as a form of resiliency and empowerment.

Kaufman (2015) looks at social media use during national emergencies as an exercise of resiliency and Niel and Mbilishaka (2019) analyze natural hair vloggers as a source for increasing wellness for black women. Both studies research uses interviews to decipher how media is being used to create narratives of self-care. The articles do not ask about the reliability of the posts that people read and disseminate, nor do they discuss the possible prosumerism that is embedded in some of these self-care posts.

The article Resilience 2.0: social media use and (self-)care during the 2011 Norway attacks by Kaufmann (2015) draws upon interviews with Norwegians in regards to their use of social media during the attacks. Kaufmann examines the interviews to scan for societal resilience practices which build on governmentality. It is relevant to my topic which focuses on social media as hegemonic force for normalizing concepts of self-care in the face of a 'mental health crisis', as the article concludes how social media enables resilient subjects during emergencies. Kaufman argues that the confluence between resilience and social media is an example of neoliberalism because responsibility for emergency management is being offloaded onto individuals.

Another way that self-care in social media is being researched can be seen from the article "Hey curlfriends!: Hair care and self-care messaging on YouTube by black women natural hair vloggers" by Niel and Mbilishaka (2019). The authors performed a thematic content analysis of the top viewed natural hair YouTube vlogs (video blogs). They posit that natural hair vloggers (video bloggers) are providing a counter-narrative to Eurocentric beauty standards and vloggers that perpetuate them. The authors suggest there should be more research that fills the gaps in public health literature for black women. Niel and Mbilishaka concede that there has been no review of the vlogger's content for veracity and/or critique on prosumerism and argue that vloggers should be invited to join health care institutions. Both of the studies show how people come to live through the virtual world in sometimes more meaningful ways than through the physical world.

Other studies are researching the ways people are using different social media platforms for self care information sharing (Moreno, Jelenchick, & Egan et al., 2011; Paul and Dredze, 2011; De Choudhury, Ringel Morris, and White, 2014; Park et al., 2014; Newman et al., 2011).

In particular, Paul and Dredze's (2011) article "You are what you tweet: Analyzing Twitter for public health" used a quantitative probabilistic topic model: Ailment Topic Aspect Model to mine Twitter data and analyze how users express their ailments. They found that an increasing amount of social media users are finding themselves coping with health concerns through social media platforms. This literature is useful to my study as it suggests that there is an increasing amount of people using social media to conceptualize, find support, and advice for their mental health.

De Choudhury, Ringel Morris, and Whites' (2014) "Seeking and sharing health information online: Comparing search engines and social media" used a quantitative methodology which supports the findings that people used social media platforms to gain knowledge in regards to lifestyle advice for health conditions or prescriptive advice from other social media users. De Choudhury (2014) found that unlike other social media networks, Reddit users share explicit information and advice. They found that Reddit users employed Reddit to find concrete diagnosis or advice for treatment for their mental health symptoms. This information is important to my plans to examine self-care texts because it shows that people are using social media to alleviate their concerns over their state of mental health. This research shows that people are gaining support and information for their mental health through social media. The evidence allows me to think about how people gain subjecthood through different social media apps.

Self-care in social media is also seen in the e-health industry. The literature reveals that there are numerous attempts to decipher if e-health programs are effective, who would be interested consumers, and what would they look like (Fergie, Hunt, Hilton 2016; Lyons, Boots, Wangberg, Santana, Tskiknakis et al., 2016; Chomutare, Kutz, Shankar, Connelly, 2013; Crilly,

Jair, Mahmood, Moin Khan, Munir, Osei-Bediako et al., 2019). This information is useful to my project because it suggests that there is an established acceptance in Western culture that social media is the next frontier for wellness and mental health industries. From these articles I can discern that there is a lot of research available on creating successful e-health industries. While this is not crucial information for my project, it does provide an impetus for questioning whether the posts are consumerist oriented.

Since I will be using social media images and texts as data for my project, I believe gaining insight on memes will enrich my project. A majority of the posts that I will look at will be in the category of meme. It is valuable to have an understanding of what a meme is. While Knobel and Lankshear's (2006) article is dated in regards to social media years, it does provide a working understanding of what memes are. Knobel and Lankshear (2006) describe the contemporary meme as a cultural production and transmission that generate and perpetuate perspectives and behaviour of people. The article states that evolutionary biologist Richard Dawkins coined the term meme in his 1976 book, *The Selfish Gene*, and proposed that memes transfer cultural units of information, ideas and knowledge by jumping from one host brain to another with the result being that information is added to cultural knowledge and/or cultural knowledge proliferates. This theory expands upon theories of natural selection and evolution in species. Dawkins' conception of meme has been expropriated by social media to describe images and texts that quickly disseminate online by various users. The authors explain the 'internet' meme is like the evolutionist's meme as it quickly spreads 'cultural units' of beliefs, ideas, and values presented as images and/or text. Perceiving memes as proliferators of culture relates to a key part of my study of online images and/or texts that speak to the meaning of self-care in relation to mental health.

**Mental Health**

As I am interested in finding out what discourses of self-care implicate for mental health, it is important to discuss the trends in frameworks for mental health.

The term mental health has origins in the mental hygiene movement of the late 1800s to the early 1900s (Bertolote, 2008; Mandell 1995; MacLennan, 1987). Mandell (1995) notes an encompassing definition of mental hygiene by the founder of the American Psychiatric Association, Isaac Ray:

> Mental hygiene as the art of preserving the mind against all incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements. The management of the bodily powers in regard to exercise, rest, food, clothing and climate, the laws of breeding, the government of the passions, the sympathy with current emotions and opinions, the discipline of the intellect—all these come within the province of mental hygiene (p.1).

The literature on mental hygiene suggests that social components impact a persons' mental health. The mental hygiene movement posits that social factors can impact one's mental state. MacLennan (1987) describes how the mental hygiene movement in Canada urged the state to assume a greater role in the treatment of social problems and led to the inclusion of social problems into scientific knowledge (p.12). Bertolote (2008) concurs with MacLennan's (1987) position that the mental hygiene movement complimented and supported psychiatry rather than challenge scientific knowledge. However, Mandell (1995) contests that version of history. He proposed that the mental hygiene movement faced critiques from the medical community for lacking a scientific basis and this caused a rift between psychiatrists and

mental hygienists (p.9). Nevertheless, the WHO (World Health Organization) continued to present conferences on mental hygiene and began using mental hygiene interchangeably with mental health up until the 1960s when WHO permanently transitioned to mental health (Bertolote, 2008). While the WHO distinguishes mental health as a state not related to a specific discipline, the current perspective of mental health is still viewed through a psychiatric lens (Bertolote, 2008). The literature reveals that though there were critiques of the mental hygiene movement, the concept of mental health did not stray far from the scientific discipline. The literature suggests that the mental hygiene movement produced a community oriented treatment model that challenged psychiatric hospital treatment.

The literature on mental health reveals there are rifts between the biomedical model and the distress narrative to understand mental wellbeing.

The biomedical model originated through the Enlightenment period which proposed the possibility of finding absolute universal truths through science (Bracken, 2001; Porter, 1987). Foucault (2006) surmised that Enlightenment period changed the public perception on those with apparent mental illness from having a type of knowledge in themselves, to being unfit and unreasonable for society (Foucault, 2006; Bracken, 2001; LeBlanc and Kinsella, 2016). The Enlightenment period legitimized medical science as the domain that defines the experience of distress as either normal or abnormal and leads to the social exclusion of people through the use of psychiatric institutions (Lafrance and McKenzie-Mohr, 2013; Foucault, 2006). The literature asserts that though there are critics of psychiatry, it remains the dominant mode of conceptualizing mental health. Consequently, spiritual and folk epistemologies that could not be proven scientifically were subjugated in favor of biological approaches that proposed the brain as the cause of abnormal behaviour. As a result, the

approach to distress can include multiple scientific evidence based interventions targeting the brain, such as brain surgery, pharmaceuticals, shock therapy, talk therapies, and brain stimulation treatments (Bracken, 2001; Lafrance and McKenzie-Mohr, 2013; Foucault, 2006; Domolo Ralley, 2012). The literature reveals that these types of therapies worked in cohesion with de-institutionalization and self-care strategies as patients could be treated on an outpatient basis (Domolo Ralley, 2012).

Though the scientific model for mental health remained dominant from the 19th century through the 21st century, there have been multiple challenges toward it. Resistance efforts are known as the anti-psychiatry and post-psychiatry movement. These movements acknowledge that people experience distress; however, they argue that psychiatry is an oppressive and coercive practice that has been harmful to many (Crammer, 1981; Thomas and Bracken, 2004; Leblanc and Kinsella, 2016). The post-psychiatry framework, as Miller and Rose (1986) argue that the psychiatric institutions create subjectivities which in effect, regulate behaviour. Further, the literature contends that psychiatric discourses have permeated through multiple institutions and policies which dominate and control our daily interactions (Thomas and Bracken, 2004; Leblanc and Kinsella, 2016). To illustrate, Thomas and Bracken (2004) explain:

> Foucault (1981) developed the concept of 'technologies of the self', arguing that discipline operates most effectively through processes of self-regulation of the person. This implies that we all possess the ability for self-reflection and introspection, and that psychiatry and psychology defines this ability. Thus, psychiatry patrols the boundaries between reason and unreason, between sanity and madness (p.366).

The literature on anti-psychiatry and post-psychiatry provide social critique, deconstruction, and resistance to the dominance of psychiatry in Western culture.

I would like to review literature on stigma because many social media posts address stigma or are messages stemming from anti-stigma campaigns. CAMH, Canada's leading mental health research centre, describes their anti-stigma campaign by challenging the notion that mental illness is a character defect. Instead, CAMH proposes that a mix of genetics, biological aspects, personal trauma, and/or stress at work, school, or home, can cause a mental health issue to develop. The overall message that CAMH presents is that mental illnesses are health problems just like cancer and arthritis (CAMH, 2019). Some theorists contend that anti-stigma campaigns that portray mental health issues as equivalent to physical/biological conditions can ignore structural elements of discrimination such as policies of private and governmental institutions that purposely and unintentionally limit people experiencing mental health issues (Corrigan et al, 2004). Furthermore, Thachuk (2011) argues that anti-stigma campaigns which equate mental health issues to physical illnesses reinforce notions that people with mental illnesses are inherently different, naturally violent, and encourages diagnostics and pharmacological interventions (p.149-155).

The literature suggests that the current discourse around mental illness as a physical condition is perpetuating problematic policies, neoliberalism, and ignores social issues such as income inequality, racism, and colonialism (Hande et al., 2016; Thornton, 2010; Spring, 2016; Lafrance & McKenzie-Mohr, 2013; DeFehr, 2016; Esposito & Perez; 2014; Stephens & Jouber, 2001). The literature reveals that the biomedical stigma campaign strengthens treatment imperatives which include 'psi' diagnosis and pharmaceutical interventions. This campaign insidiously reinforces the reliance on the pharmaceutical industry (Hande et al.,

2016). Hande et al., (2016) exemplify working class immigrant families who feel they require support for some distress feel the need to get their children labelled with a diagnosis in order to receive support (p.82). The literally reveals that anti-stigma campaigns are being challenged as supporting a pathological approach to mental health issues, which forces people into a system that has potential to do more harm than good.

Another aspect of mental health concepts that is relevant to social media posts on self-care is wellness. Many social media posts related to self-care include 'holistic' models of caring. The holistic wellness model, conceived by Hettler (as cited in Gieck & Olsen, 2007), includes 6 dimensions of holistic wellness: physical, emotional, spiritual, social, occupational, and intellectual (p.29). The literature suggests that these dimensions become understood as lifestyle choices. Mayes (2016) adds "when lifestyle is understood as 'causally responsible' for obesity, it simultaneously becomes 'the source of salvation,' justifying social marketing campaigns that enfold the public into the task of normalizing their everyday lives for the betterment of the whole" (p.160). The literature suggests that narratives of good lifestyle choices can depoliticize self-care and blame individuals for not choosing healthy options. In addition, it supports self-governing and surveillance of communities, which implies that those seen as deviant will likely face social discrimination.

There is a complicated dialogue occurring online about self-care. My project will attempt to gather self-care social media posts and analyze what the discourses imply for mental health discourse. The literature that I have compiled presents a broad and meaningful backdrop for my future analysis. Information on memes perpetuating culture, the distinctions between community and individualized self-care, biomedical discourses, resistance to psi, and deconstructions of anti-stigma campaigns are some of the information that will be important to the proceeding analysis.

# CHAPTER THREE

## Self-Care as the Responsibilization of Mental Health

My findings indicated that self-care images on Instagram are perpetuating neoliberalism through the myth of individualism. In regards to implications on mental health discourses, this means that self-care discourses on Instagram is (re)producing the idea that individuals are to be held responsible for their mental health. The first major theme that emerged from my study included the alignment of individuals to the machine of neoliberalism, to the point that people are comparing themselves to machinery. The second major theme that I found was that women are constituted as the ultimate self-care subjects, as the discourses on self-care on Instagram are (re)ifying essentialist notions of women as caregivers, nurturers, and childish. The third major theme I (re)covered is that whiteness is (re)distributed through self-care and mental health through the imagery of white bodies and the appropriation of Buddhist practices such as yoga and mindfulness. In my concluding comments I will speak to subjugated knowledge which comes through in a minority of the Instagram posts that can be described as bringing to light discourses of neoliberalism and racism as the sources mental distress.

### Self-Care as Self Enterprising

While my literature review provided numerous accounts of self-care being used in the pursuit of social justice (Black Panther movement and Audre Lorde), my data analysis provided an image of self-care that aligned with intensifying inequities that are occurring through neoliberalism and its' associated hyper individualism. The self-care posts on Instagram promote a type of self-care that can be understood as achieved through continual individual success and

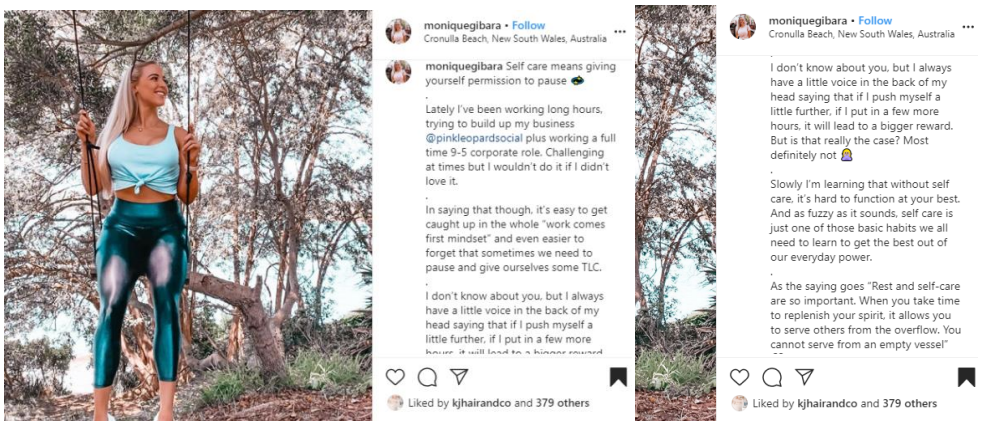
maintaining personal responsibility with special regard to work and mental health. In regard to how self-care is interpollating neoliberalism as the norm, Brown (2006) reflects:

> As Foucault inflected the term, a political rationality is a specific form of normative political reason organizing the political sphere, governance practices, and citizenship. A political rationality governs the sayable, the intelligible, and the truth criteria of these domains... Neoliberalism as a form of political reasoning that articulates the nature and meaning of the political, the social, and the subject must be underscored because it is through this form and articulation that its usurpation of other more democratic rationalities occurs (p.693-694).

Neoliberalism, therefore becomes the dominant and normative script through which people can take up subjecthood through the discourse of self-care and mental health. Therefore, in order to speak to self-care and mental health, the normative script involves topics of achievement, success, production, capacity, rest and relaxation. These terms are almost opposing the type of self-care characterized in the Black Panther or Black Feminist Movement which used self-care as a form of taking power back from a racist system or creating a community health center. In regard to self-care posts, this script delivers to everyone a way to become a self-caring individual. As Brown (2006) puts it, what is say-able on Instagram self-care posts is a type of self-care that promotes neoliberalism and individualism. Importantly, the subject of neoliberal self-care can self-manage without needing government or state interventions. Many of the testimonials were focused on being the most successful person you can be, finding balance, taking breaks from work, etc. By performing self-care, a person takes up a normative script that entails management of self for the purpose of maintaining work and production for the state. Teghtsoonian (2009) writes “key features of neoliberalism as a distinctive political rationality

include, as noted above, a normative and analytic emphasis on the individual, and a preference for private sector funding and delivery of services" (p. 29)The images in fig. 1 are examples of the discourses circulating regarding self-care on Instagram. The first image is directly about aligning with neoliberalism as it implores people to align rather than hustle by embracing rest, recovery, and reflection in order to progress toward a successful and happy life. The next image is a testimonial of a man who uses running as a weekend relaxation to rejuvenate from the work week, thus following in the advice from the previous post by aligning himself to the system. The next post is a testimonial as well, this one from a start-up entrepreneur who tells their story of realizing that they need to rest in order to maintain their capacity for growth in their business. None of these self-care posts speak to social issues, nor do they challenge the workplace or the state. As such, they align with the neoliberal state and institutions while also promoting an ethic of personal responsibility for mental health.

Fig.1




In these images, there is a (re)distribution of the type of self-care written in my literature review that has been implemented in work places. For example, in my literature review, I wrote about the imperative for social workers to be self-caring so that their clients will be receive social workers who are at their most competent state and can thus be ethical (Cunningham, 2004; Black, 2006; Newell and MacNeil, 2010; Newell and MacNeil, 2014). The narrative of personal responsibility for mental health through the practice of self-care is being perpetuated through the self-care posts on Instagram. The narrative of personal responsibility coincides well with the goals of neoliberalism as it means people will self-manage and therefore the state will be able to expend less into infrastructure that would support people and communities. The neoliberal narrative is being distributed through self-care posts on Instagram wherein subjecthood is taken up as performing rational economics in every sphere of life. The hyper focus on alignment to the neoliberal system in self-care posts can be seen through the metaphors of people as machines. The citizen-subject is understood then to be a producer. The machine-subject-citizen needs repairs and charging at intervals in order to continue producing for the global machine (Fig. 2). Brown (2006) explicates "neoliberalism also entails a host of policies that figure and produce citizens as individual entrepreneurs and consumers whose moral autonomy is measured by their capacity for 'self-care'—their ability to provide for their own needs and service their own

ambitions, whether as welfare recipients, medical patients, consumers of pharmaceuticals" (p.694). The following images of self-care posts in Fig. 2 show how not only are citizen-subjects taken up as individual entrepreneurs and consumers, they are now constituted as machines who produce and consume.

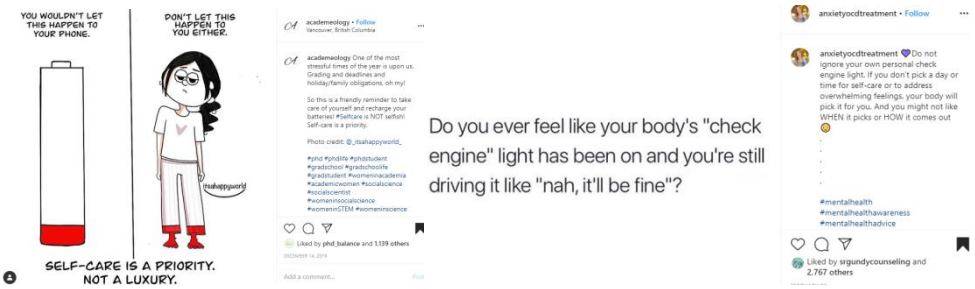



Fig. 2

Thus, the self-care discourse on Instagram disseminates a dominant script of individualism and an ethic of neoliberalism which implies that each person is equally responsible for their own mental health to the extent that self-care practices are the measure by which to assess ones' capacity for mental health competency.

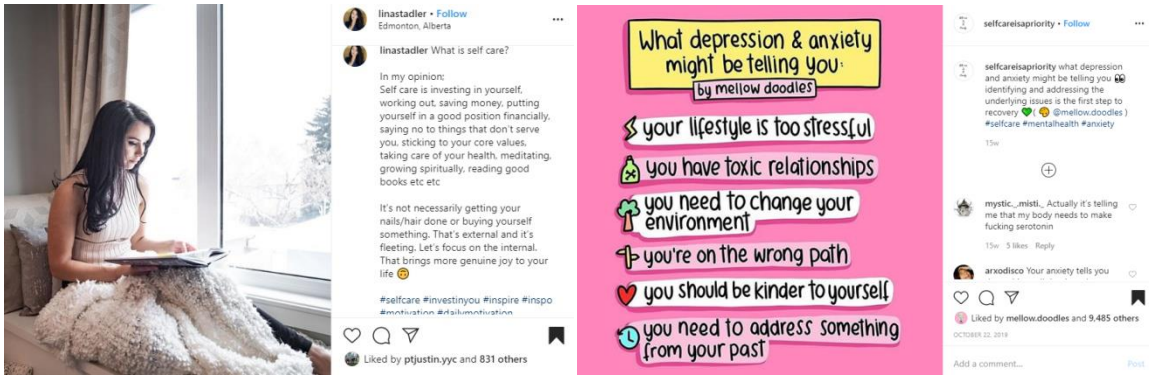
The impact of images of self-care through the Instagram app, is that it is a perfect locus of governmentality. Morrow and Malcoe (2017) explain governmentality:

> The discursive practice of locating responsibility for problems and their solutions in individuals and institutions at some distance from the state. As Brockling et al. (2011) note, these mechanisms involve 'creating lines of force that make certain forms of behaviour more probable than others,' rather than 'direct command and control' (p.13), practices that Rose and others have referred to as 'governing at a distance.' We can see in this account the policies and priorities conventionally associated with neoliberalism (for example, private rather than public funding and delivery of services: cost efficiency and competition as privileged values) (p.232).

Self-care posts are perpetuating the normalizing practices through the panopticon of governmentality, as it is a site of surveillance and taking up normalizing narratives. As people share self-care narratives, they take up the already available narratives and share in the project of subjectifying the self as a self-carer. The consistent and large presence of self-care posts on Instagram, mostly conveying similar messages of individualism, neoliberalism, and personal responsibility for mental health, disseminate the norms that people and communities will be measured against. As well, the nature of social media as a sort of panopticon, where not only global others are tracking each other, but institutions and governments are accumulating this data, increasing the normalizing and interpolation of the narrative. This implies that those who are struggling with mental distress will be held personally responsible for how well they are accumulating self-care practices. Those that cannot accumulate those practices or perform them, either due to economic hardships, patriarchy, or racism, will be further blamed for their mental distress.

The goals of neoliberalism are to reduce public services in favour of private. As self-care is related to mental distress, the discourse of self-care in Instagram posts are perpetuating the individualization of mental health by charging individuals as personally responsible for their mental health. Teghtsoonian (2009) explicates that neoliberalism becomes generalized "to all forms of conduct, including the manner in which citizens understand and manage their lives...shifting the responsibility for social risks such as illness, unemployment, poverty, into the domain for which the individual is responsible and transforming it into a problem of 'self-care'" (Rose, 1998; Teghtsoonian, p.28). This generalization of neoliberalism and the enterprising self can be seen in the self-care posts on Instagram as government is rarely a theme depicted in the posts. Thus, the government is made invisible in the topic of self-care and mental health in the

self-care discourse on Instagram. Therefore, the self becomes of locus of responsibility for mental health through determining how well one performs self-care practices. As the posts in fig. 3 show, in order to prevent mental distress, one needs to take up practices of self-care. The first post shows a white woman reading by the window with a large blanket. The caption includes her explanation of what self-care is. She explains self-care is investing in yourself (enterprising self), putting yourself in a good financial position, taking care of your health, meditating, etc. The second post is a cartoonish list of what depression and anxiety (psi terms characterizing mental distress) might be occurring because of your own decisions. Both posts are examples of the responsibilization of mental health through self-care discourses.

Fig.3 


**Women as the Ultimate Self-Carer**

Through my data collection I noticed that the majority of Instagram posts depicted women. This perpetuates the idea that women are the ultimate self-caring subject. Themes that found through my analysis that support my finding of women being depicted as the ultimate self-caring subject include the consistent imagery of women as cartoons and discourses of women as caregivers; maintaining relationships with the self and others. Teghtsoonian (2009) explains:

> Failure to acknowledge that it is generally women in responsibilized families and communities who will be called upon to do the work of caring and support envisioned in the [government] document, work which itself often undermines the emotional well-being of those involved. As Janine Brodie has noted, the privatizing and individualizing policy commitments of neoliberalism 'act simultaneously to intensify gender inequality and to erode the political relevance of gender' (Brodie, 2002, p. 99) (p.32).

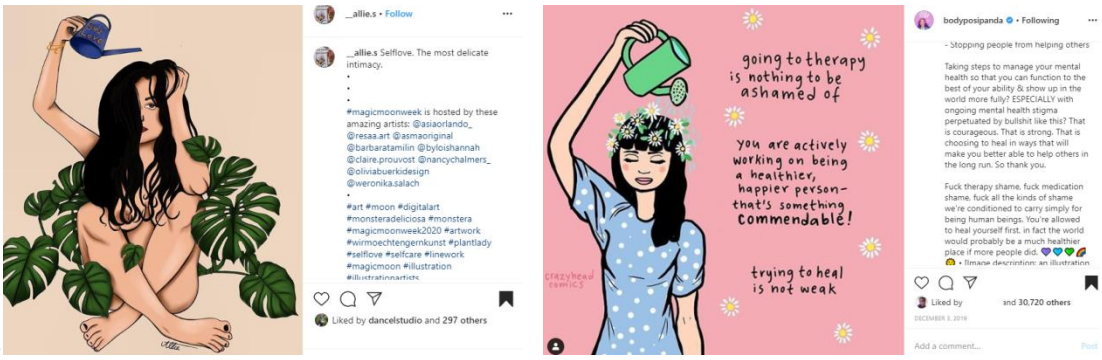
Thus the self-care images consisting mostly of women or cartoon-women are significant in that they perpetuate the patriarchal and essentialist narratives of gender roles.

While I was gathering, graphing and observing my data I noticed a pattern was emerging. Many of the Instagram posts had cartoonish imagery in it. In my sample of 30 posts nearly 19 of these posts had cartoonish imagery. These posts include images of simplified drawings, graphic images, and cartoonish hand drawn lettering. In addition, I noticed that many of these cartoons include sketches of women and girls. This is significant because the cartoon-women are also being depicted as plants and therefore relegated to nature, disseminating patriarchal roles of women as inferior (see fig. 4). As well as limiting the experiencing of mental distress by perpetuating a narrative that women are essentially in need of self-care to prevent their natural inclination to mental distress. By doing so, the narrative makes the social and politcal context for mental distress invisible.

The images depict cartoon-women as nature by portraying women-cartoons' watering themselves and having flowers growing from them. In some of these images there contains nude cartoon-women, which further relegates women as natural. This discourse perpetuates patriarchy because depicting women as part of nature is consistent with a dominant discourse of binary

between men and women where women are considered inferior to men. St. Pierre, E. A. (2000) explains “this opposition places women in the realm of the natural, the sensual, and the emotional and, conversely, men in the realm of culture, thought, and reason. Women are deemed irrational and hence not fully human” (p.488).

Fig. 4





To make the point more succinctly, within 60 instagram posts, only one image slightly depicted a man as a cartoon (fig. 5). This image only included hands as cartoons and it is implied that the hand that is reaching from the water is a man’s hand. This post describes an issue of patriarchy which is that the narrative scripts in society regarding men make it more difficult for men to get support for their mental distress.

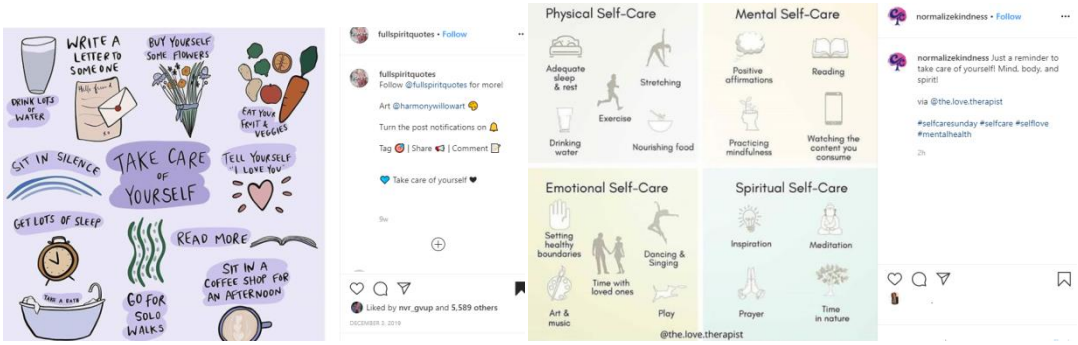
Fig. 5

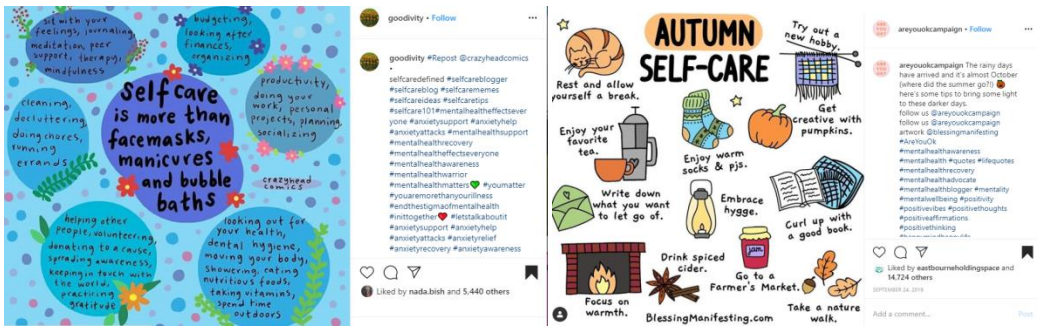
The implication of women as depicted as inferior to men and natural is that women are relegated to the discourse of requiring mastering. A goal of modernistic, positivist ideology was the need for sci disciplines to examine, decipher and measure nature to gain dominion over it. Francis Bacon, a proponent of the scientific method, encouraged the extracting nature's secrets from 'her' bosom through science and technology (Merchant, 2006). Thus, women – as relegated to the realm of nature- are the subject of mastering. Ecofeminists have also made connections between women and nature as discourses of women involve reproduction, childbearing, and nurturing and men are relegated to production (Merchant, 2006). The metaphors of women as plants- needing only water and sunlight to flourish are dangerous for those that are experiencing mental distress. The woman-as plant imagery is limiting the experience of those experiencing mental distress and does not take into account the socio-political issues that may be impacting them. It also promotes patriarchy and gender inequality as women are depicted as the ultimate self-carers who are also continuously in need of self-care in order to prevent the inevitable mental distress. The danger of the dissemination of women as plants is that essentialist ideas about gender will continue to oppress people and communities.

Since majority of the posts depicted women, I theorized that self-care and its' related mental health issues are being constituted as a women's issue. More significantly, the posts are constructed using cartoons, which produce a narrative that women's mental health issues are

childish; in the sense that women are metaphoric children who require instructions on how to live. It is perpetuating a narrative that distinguishes mental distress as a choice and that making the right choices will relieve it. The image and words repeat in many posts, opening up space for people to subject themselves and interpolate themselves into these subjects. Along with women being the subject for self-care interpellation, women experiencing mental distress are constructed as being childish and in need of correction. They are conflated with the cartoonish, flowery images, indicating women in distress are children that need instructions. As such, there are many posts in my data that depict cartoonish lists and diagrams of how-to self-care (Fig. 6).

Fig. 6




My findings indicate that self-care messages are constructing women as in need of basic instruction on how-to be, just like a parent and/or society does to children. The self-care posts portray women's mental distress as child-like. For the purpose of this analysis, child-like is characterized as incompetence, inferior, and incomplete. My findings are predicated through the

lens of postcolonial feminism and Mad studies. As indicated in my literature review, self-care naturalizes the sci and psy disciplines by describing a preventative and curative measure of mental illness as lifestyle choices or 'mental hygiene'. The psychiatric discourses that are involved in the production of the Instagram posts reproduce knowledge-power discourses around psi-disciplines and biopower. Miller and Rose (1986) contend that psychiatry creates subjectivities which regulate behaviour. Psychiatric discourses dominate and control our daily interactions (Thomas and Bracken, 2004; Leblanc and Kinsella, 2016). My findings indicate that self-care Instagram posts are maintaining and reifying a dominant discourse of sci/psy patriarchy wherein women are depicted as inferior and incompetent. The depiction of women as child-like can be found through major psychological theories which are perpetuated through the self-care posts. Brown (2011) writes "traditional developmental psychology has also constructed adolescence around ideals of masculinity, where independence, risk taking, troublemaking, and autonomy are the markers of successful passage. In contrast, the ideals still upheld under conventional femininity are those of cooperation, compliance, dependence and service to others" (p.108). Using a critical lens, it is notable that self-care posts, take up essentialist ideologies of gender that are supported by sci and psy disciplines. Thus, they are perpetuating a gender binary which maintains patriarchy.

In conjunction with the dominant psy narrative about women, my findings indicate that many of the self-care posts dole out advice regarding relationships. The self-care posts reflect the psy discipline's essentialist findings about gender. Within stage development theory, the objective aims for maturation from childhood for girls is portraying traits of cooperation, compliance, dependence and service to others. This implies that the self-caring woman is successful in self-care if she can maintain relationships. In particular, the posts included advice

on how to self-care by maintaining boundaries with people (Fig.7). Some of the self-care posts depicted some relationships and people as toxic and energy takers. The self-caring woman needs to protect their energy and distance themselves from toxic people or learn to manage the toxicity. The self-care posts also contain advice on gaining trusting relationships with people and negotiating ones expense of energy. The ultimate self-carer, therefore, is a woman that can manage social relationships effectively. This perpetuates essentialist narratives of women as caregivers and nurturers. As mentioned in the literature review, the holistic or wellness model also normalizes essentialist narratives into everyday life. Therefore, as a biopower, the essentialism of women as nurturers taken up in the self-care Instagram posts, is perpetuating the notion of women gaining subjecthood if they take up and perform relational, nurturing relationships with others and themselves. Perpetuating the notion of self-care as women who maintain relationships supports the self-governing and surveillance of communities of governmentality and neoliberalism as people to interpolate the state into their minds and bodies. Those that deviate from the norm will face discrimination, exclusion, and threats.

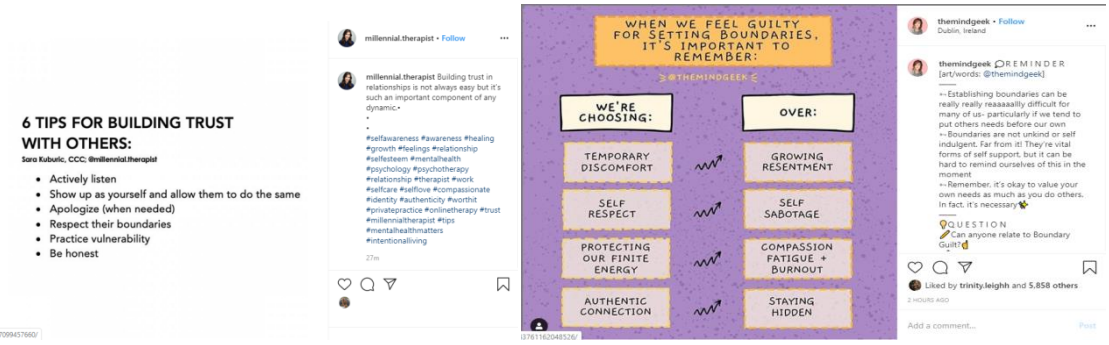
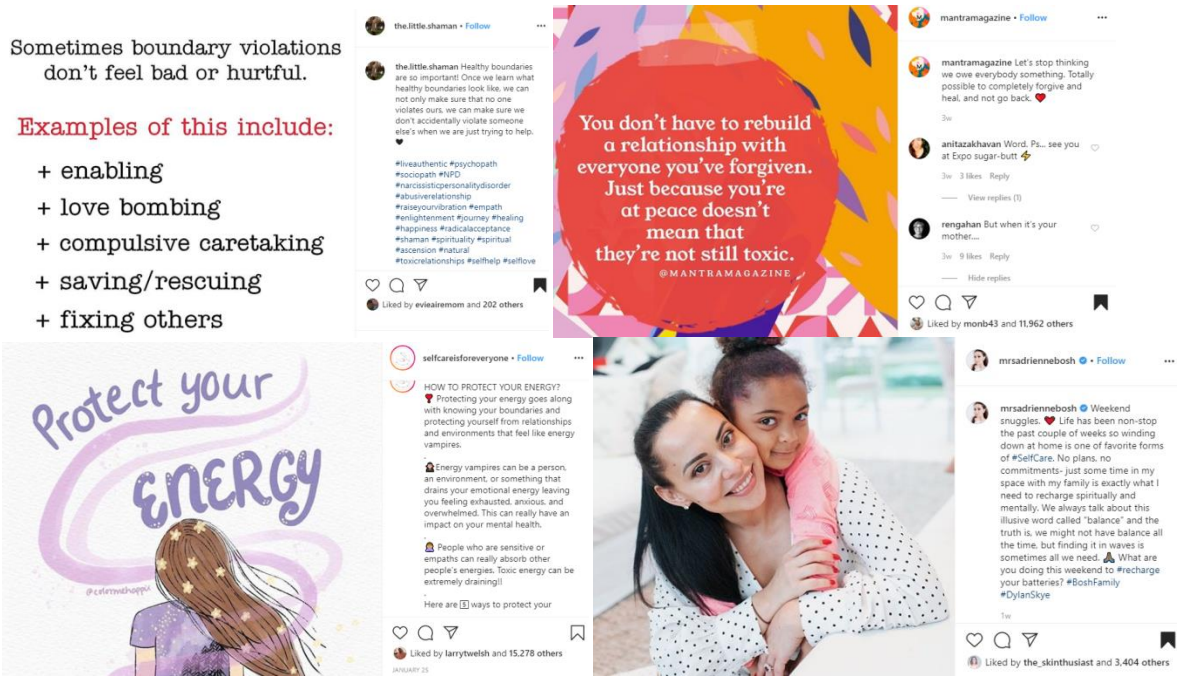



Fig.7




Many of the self-care posts disseminate holism as part of self-care rituals. The self-care posts generally expound lifestyle advice in regards to holism. The lifestyle tips that are perpetuated through these cartoon-women posts are under the umbrella of the holistic wellness model, conceived by Hettler (as cited in Gieck & Olsen, 2007). It includes 6 dimensions of holistic wellness: physical, emotional, spiritual, social, occupational, and intellectual (p.29). In the cartoon-women posts, the holistic model is indistinguishable from the medical or psi model of mental illness (Fig.9). It is also reminiscent of the mental hygiene movement that the term mental health originated from. As reported in the literature review, MacLennan (1987) described how the mental hygiene movement in Canada urged the state to assume a greater role in the treatment of social problems and led to the inclusion of social problems into scientific knowledge (p.12). Also of importance is the notion that the mental hygiene movement complimented and supported psychiatry rather than challenge it. Therefore, the cartoon-women posts purporting lifestyle changes and implementing basic needs are in line with psy biopower and larger schemes of responsibilization.


Fig. 9

**Self-Care as Whiteness**

A critical analysis that I made through the framework of mad studies is that the perpetuation of psy disciplines also perpetuates whiteness. Whiteness, Ahmed (2007) explains, is an orientation where whiteness is the starting point and ascribes what possibilities are within reach. She continues (2007) that bodies are shaped by histories of colonialism, which makes the world white and influences what is available to us. Moreover, Ahmed (2007) explains, whiteness unconsciously orients the aspirations, capacities, techniques, and habits that are available and within reach (p.153-154). Whiteness therefore, orients all things and the psychological discipline is included. Therefore the psy discourse upon which many of the Instagram posts are based upon are perpetuating whiteness. Brown (2011) explicates "the issue remains that the lives of girls from a range of backgrounds and present living circumstances are too often conceptualized through a lens saturated with the invisible privileges of whiteness and the entitlements of the middle to upper classes" (p.112). Thus the self-care dialogue on Instagram promotes a lifestyle that is complicit with and perpetuates whiteness, colonialism and racism. While there are posts consisting of people of colour, many of these posts are homogenized and include a self-care that consists of eating healthy, resting, and working out. These ideals are also in line with a middle-to-upper class lifestyle which enables one to afford eating healthily, having access to fitness

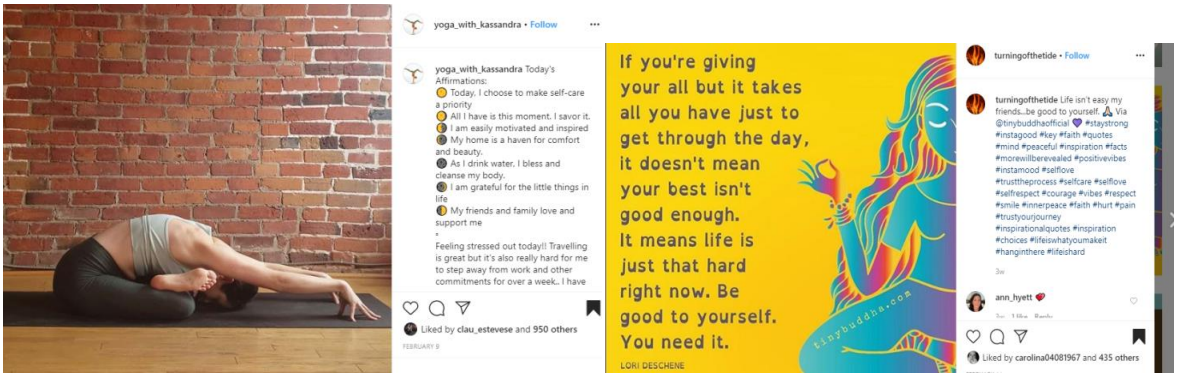
equipment and importantly, time for socially accepted rest. As well, contains depictions of who is allowed to rest and in which ways are rest acceptable. Fig. 8 shows images of middle to upper class whiteness, depicting values and showing how self-care should be performed. The first image portrays a white woman posing with a bag of cereal, in effect, the self-care discourse being appropriated for consumerism. The second image is a photo of white woman speaking of self-care as a healing vacation and promoting Christianity. Both images provide the narrative of whiteness and good citizen as middle-to-upper class, consumerist and productive. The self-care discourse disseminates the ideal self-caring subject and promotes a template that propagates and maintains colonialism, racism, eurocentrism, heteronormativity, classism, ableism, and patriarchy. As such, the self-care posts are an example of the maintenance of whiteness constituting the subject and interpolating the self-care messages being spread through Instagram.

Fig. 8



Colonialism, racism, and neoliberalism as tenants of whiteness, provide a framework to analyze Instagram posts on self-care. An example of whiteness from the Instagram posts on self-care is the consistent images of white women, cartoon-women, and cartoonish images that appropriate major tenants of Buddhism (Fig.9). Some of these images depict white women using yoga poses, while others use terms like mindfulness and meditation which are disembedded from their original purposes. Prior to Western sci and psy institutions' validation, yoga was viewed as exotic, irrational and 'other'. However, now that sci and psy institutions have verified its' positive benefits, yoga is seen as rational and molded into biomedical and psy practices. Brown and Leledaki (2010) describe "the colonial powers of the West reduced Asian societies, its people, practices and cultures to essentialist images of the 'other'" (p.129). Western sci and psy

authorities verified the utility of the 'other's' practices and extracted it into a 'superior' and normative practice of sci and psy discipline. As yoga is embraced by Western authority figures, the originators of the practice have lost authority over it (Brown and Leledaki, 2010). Colonial narratives of superiority of the West authorizes Western psy proponents to determine what parts of yoga are beneficial and necessary. Brown and Leledaki (2010) explicate "Western forms of therapy are typically designed to restore normative states in individuals (in relation to cultural expectations of the general population), engagement with Eastern forms of self-cultivation has tended to be more associated with attempts to go beyond," (p135). The Western model of therapy aims to promote normalization as the epitome of wellbeing, but the purpose of yoga is a state of enlightenment (nirvana). Thus, Westernized yoga appropriates the practice to embody Western ideals of self fulfillment and mystifies its' connection with spirituality. The original purpose of yoga is therefore disembedded from its' origins and the authentic teachers are invalidated. The self-care images generally (re)produce a white body that is practicing a pose from yoga without speaking to the religious and traditional beliefs of Buddhism. Yoga and mindfulness are popularly extracted and appropriated to fit into Western principles of wellness, which includes the self-caring subject as the acceptable subject-citizen for neoliberal states. For example, the physical aspects of yoga are appropriated into the eurocentric 'fitness' regime en masse; lacking the original purpose and content and used as a physical regimen. This also includes the appropriation and extraction of 'mindfulness' which is a major tenant of Buddhist tradition to fit within the Eurocentric methods of psy disciplines. The abstraction of yogic principles into the self-care posts on Instagram further propagates eurocentrism, colonialism, and racism.

Fig.9 



**Concluding Comments**

This analysis of self-care posts circulating on Instagram has illuminated the posts' discourse of responsibilization of mental health. The self-care posts are making visible the message that mental health is determined through individual's actions, and disappearing from view the impact of neoliberalism on mental health. As I evidenced in this small-scale research study, many posts on Instagram about self-care involved enterprising the self as neoliberalism enters and guides the self. Self-care thus produces a subject citizen that is always productive and/or consuming, ever contributing the neoliberal system. Many of these self-care posts that constituted this finding included the narrative about rest being the key to success. This type of self-care is also reflected in the literature review as the kind that prevents burnout and increases worker's capacity for ethical labour. The posts went so far as to show people likened to machines

and using metaphors of people as machines performing as cogs in the greater machine. In this image, self-care consists of the subject-citizen fitting into the ever-productive machine of neoliberalism.

The dominant narrative and what is sayable is that mental health is a product of one's self-discipline with regard to self-care practices. Thus, the responsibility of mental health is placed on the individual rather than on sociopolitical oppression. The neoliberal regime of the enterprising self also mystifies the aspects of self-care which involve community and social justice. The politicized versions of self-care that were seen in my literature review such as the Black Panther Party and Black Feminist Movement are subjugated as the dominant narrative proposes an entrenchment of individualistic self-care as the norm (Nelson 201l; Scott, 2017; Michaeli, 2017; Destine, 2019). In addition, the psi discipline is further permeated into our everyday lives, patrolling the boundaries of reason and subjecthood.

The self-care discourses on Instagram perpetuate a narrative of mental distress as a personal choice and responsibility for the management of this distress is placed on individuals. While most posts portrayed the theme of alignment with neoliberalism and individualism, there were some points of resistance. The points of resistance include making the invisible visible through posts about social issues impacting people's mental wellbeing (Fig.10).

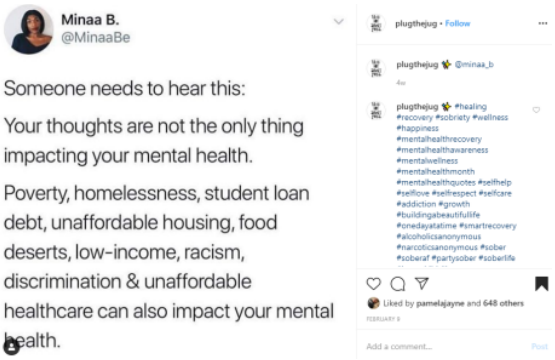



Fig.10


The first post in Fig 10 portrays that thoughts are not the only thing impacting your mental health but social issues that are exacerbated by neoliberalism are also affecting your mental health. As a subjugated discourse within the data, this post shows that there is resistance to the dominant narrative. The next two posts challenge classism involved in self-care. These posts resist the majority of posts which normalizes middle to upper class lifestyles. A majority of the posts promote rest as a way to relax from a stressful working day, exercise and eating healthy food. The posts normalize and constitute the self-caring subject as a middle to upper class person as those that are socially allowed to rest.

The essentialist discourses of women as nurturers and undeveloped being circulated further entrenches notions of patriarchy and responsibilization for mental health. Brown (2011) explains "the female experience and development and the path toward adulthood as historically, socially, politically and culturally constituted. For example, Wilson (1977) discusses the

manipulation of women's social roles for the political purposes of upholding capitalism" (p.107). In this posts I observed that self-care discourses are normalizing essentialist notions of gender binaries, thus upholding a patriarchal society. The majority of self-care posts depicted women and girls. As these memetic posts depict women and girls with a need for practicing self-care, the depictions carry cultural messages that propagate the notion of women and girls in need of self-care advice. In addition, many of the posts depicted women and girls as plants and as cartoons which is reminiscent of women and girls as inferior, natural, and undeveloped. These essentialist notions of women in distress is akin to the psy discipline's bias towards women and girls as childish. All of which constitutes women and girls as inferior, in need of instruction, and needing to self-care. Moreover, as women and girls take up the narrative of responsibilization that is available to them they interpolate themselves into enterprising, self-caring subjects.

The discourses of self-care posts, showing women as the maintainers of relationships responsibilizes women further to not only self-manage, but also be responsible for managing others. The woman as the ultimate self-carer becomes a complementary tool to reducing state spending on services that could otherwise support communities.

The consequence of the self-care narrative also defines boundaries between the norm and other. Those that are othered will have their livelihoods and subjecthoods challenged. This occurs frequently with queer people and communities that are excluded from the available narratives of gender binaries. As well, those that are not able to afford the self-care lifestyle will also be othered. In addition, those whose bodies do not conform to the self-care protocols will have their subjecthood and livelihood come under further threat by the normative gaze of whiteness and its' associative colonialism, heteronormativity, racism, ableism, and classism.

# CHAPTER FOUR

## Conclusion: Self-Care and Neoliberal Regime

My findings indicated that self-care images on Instagram are perpetuating neoliberalism through the myth of individualism. In regards to implications on mental health discourses, this means that self-care discourses on Instagram is (re)producing the idea that individuals are to be held responsible for their mental health. The first major theme that emerged from my study included the alignment of individuals to the machine of neoliberalism, to the point that people are comparing themselves to machinery. The second major theme that I found was that women are constituted as the ultimate self-care subjects, as the discourses on self-care on Instagram are (re)ifying essentialist notions of women as caregivers, nurturers, and childish. The third major theme I (re)covered is that whiteness is (re)distributed through self-care and mental health through the imagery of whiteness as middle-class lifestyle and the appropriation of Buddhist practices such as yoga and mindfulness.

### Relevance for Social Work

The purpose of this small-scale study is to examine how self-care is being framed as a response to the apparent mental health crisis. The mental health crisis is currently impacting organizations and institutions that social workers are employed in. My research question about self-care posts' discourses is relevant as these posts disseminate power-knowledge informing people, policies and organizations that work with people experiencing distress. My observations show that self-care in these depictions is an individualized practice. Furthermore, self-care is often raised in the context of ethical imperatives and core competencies social work (Cunningham, 2004; Black, 2006; Newell and MacNeil, 2010; Newell and MacNeil, 2014).

Many social workers are told by their agencies that they need to practice self-care as the work can be draining and pose liability issues for the organization. Self-care, as a form of self-management, brings the state and organization into the mind and body. The practice of self-care enables organization and states to continue to entrench neoliberal practices in their structures. Case loads will continue to grow and workers will continue to be expected to produce quality work.

As structures in social services erode, workers are charged to self-manage, rather than come together and challenge the system as a form of self-care. As a contrast of the individualized form of self-care, which involves exercise, eating healthily and doing yoga, critical social work identifies the need for a critical, collective approach to self-care which positions worker burnout in the socio-political context that they work in (Profitt, 2008). As Profitt (2008) explains "activities could consist of sharing personal-professional struggles, giving mutual feedback on practice experiences, taking stock of how one is doing, and collective problem-solving around such things as organizational and workplace barriers that contribute to isolation and stress" (p.163). Critical social work self-care involves acknowledging that a barrier to critical self-care is the neoliberal marketization of social work organizations which work to promote worker isolation (Profitt 2011). In addition, critical social workers conception of self-care needs to include connecting individual issues to societal structural issues and engage in collective resistance efforts to bring out social transformation (Profitt 2011). Self-care in critical social work can actually reduce isolation between coworkers and reduce the dehumanization that occurs between workers and service users as well as alleviate feelings of frustration towards a system that only works for a minority of people (Profitt 2011).

**Research Limitations and Future Work**

There are many research limitations involved in this study. My study is small scale and thus may not be representative of the available posts on Instagram.

Another limitation regarding this study is the medium that I used to gather my data. As I used the Instagram app, I was subject to the structures of Instagram. I gathered data on different days which may have changed what kind of posts will be seen. In addition, my particular Instagram searches will be subject to my personal algorithm. This algorithm will also limit the posts that I will see due to my previous searches and/or activity on my phone. Thus, the data that I gathered may have been geared specifically towards my past activity on the app instead of showing what any other person would see. Therefore, this limits the chances of my data being random.

Further, as a qualitative research study, this study is subject to my own life experiences and biases. While I did my best to be reflexive through my data gathering and coding process, these are subject to my own socio political scripts and narratives that are available to me.

Future studies could use a phenomenological approach through interviewing popular self-care bloggers to ascertain further their views of self-care and how these inform the mental health discourse. Another future study could use a phenomenological approach to interview social workers and how they use self-care in relation to the workplace and burnout. In addition, more studies should be concerning self-care and mental health discourses on social media as social media becomes increasingly relied upon for information, communication and community.

**References**

Ahmed, S. (2007). A phenomenology of whiteness. Feminist Theory, 8(2), 149–168. https://doi org.ezproxy.library.yorku.ca/10.1177/1464700107078139

Barnett, J. E., Baker, E. K., Elman, N. S., Schoener, G. R., Barnett, J. E., Baker, E. K., . . . Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice, 38*(6), 603-612. doi:10.1037/0735-7028.38.6.603

Batliwala, Srilatha. 2007. Taking the power out of empowerment— An experiential account. Development in Practice 17(4–5): 557–565.

Best, P., Manktelow, R., & Taylor, B. (2014). Online communication, social media and adolescent wellbeing: A systematic narrative review. *Children and Youth Services Review, 41*(Complete), 27-36. doi:10.1016/j.childyouth.2014.03.001 https://www.aaai.org/ocs/index.php/ICWSM/ICWSM11/paper/viewFile/2880/3264

Bertolote J. (2008). The roots of the concept of mental health. *World psychiatry: official journal of the World Psychiatric Association (WPA), 7*(2), 113–116.

Black, T.G. (2006). Teaching trauma without traumatizing: Principles of trauma treatment in the training of graduate counselors. *Traumatology* , v.12.

Bracken, P., & Thomas, P. (2001). Postpsychiatry: a new direction for mental health. *Bmj, 322*(7288), 724-727.

Brown, D., & Leledaki, A. (2010). Eastern movement forms as body-self transforming cultural practices in the west: Towards a sociological perspective: Research-article. *Cultural Sociology, 4*(1), 123-154. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1177/1749975509356866

Brown, W. (2006). American Nightmare: Neoliberalism, Neoconservatism, and De Democratization. *Political Theory*, *34*(6), 690–714. https://doi.org/10.1177/0090591706293016

CAMH (2019). The crisis is real Retrieved from https://www.camh.ca/en/driving-change/the crisis-isreal

Chambers, Ruth; Gill Wakley; Alison Blenkinsopp (2006). *Supporting Self-care in Primary Care*. Radcliffe Publishing. pp. 15, 101, 105. ISBN 978-1-84619-070-4.

Choudhury, M., Sushovan, D. (2014). Mental Health Discourse on reddit: Self-Disclosure, Social Support, and Anonymity. *Eighth International AAAI Conference on Weblogs and Social Media*. Conference conducted at Association for the Advancement of Artificial Intelligence.

Chomutare, T., Kutz, D., Shankar, K., Connelly, K., Chomutare, T., Kutz, D., . . . Connelly, K. (2013). Making sense of mobile- and web-based wellness information technology: Cross generational study. *Journal of Medical Internet Research, 15*(5) doi:10.2196/jmir.2124/

Corrigan, P. W., Markowitz, F. E., & Watson, A. C. (2004). Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin, 30*(3), 481-491. doi:10.1093/oxfordjournals.schbul.a007096

Crammer, J. (1981). Critical Psychiatry: The Politics of Mental Health. Edited by David

Crawford K, Faleiros G, Luers, et al. (2013) Big data, communities and ethical resilience: a framework for action. WhitePaper for PopTech and Rockefeller Foundation. Available at: http://poptech.org/system/uploaded_files/66/original/BellagioFramework.pdf

Crilly, P., Jair, S., Mahmood, Z., Moin Khan, A., Munir, A., Osei-Bediako, I., . . . Kayyali, R.

(2019). Public views of different sources of health advice: Pharmacists, social media and mobile health applications. *International Journal of Pharmacy Practice*, *27*(1), 88-95. doi:10.1111/ijpp.12448

Csiernik, R., & Adams, D. W. (2002). Spirituality, stress and work. Employee Assistance Quarterly, 18(2), 29–37

Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, v.40, p.305,

Dalphon, H. (2019). Self-care techniques for social workers: Achieving an ethical harmony between work and well-being. *Journal of Human Behavior in the Social Environment, 29*(1), 85-95. doi:10.1080/10911359.2018.1481802

De Choudhury, M., Morris, M. R., & White, R. W. (2014). Seeking and Sharing Health Information Online: Comparing Search Engines and Social Media. In Proc. CHI 2014, to appear.

DeFehr, J. N. (2016). Inventing mental health first aid: The problem of psychocentrism. *Studies in Social Justice*, *10*(1), 18-35.

Destine, S. (2019). #ReclaimingMyTime: Black women femme movement actors' experience with intra-movement conflicts and the case for a transformative healing justice model. *Societies Without Borders, 13*(1), 1-21.

Esposito, L., & Perez, F. M. (2014). Neoliberalism and the commodification of mental health. *Humanity & Society*, *38*(4), 414-442.

Fergie, G., Hunt, K., & Hilton, S. (2016). Social media as a space for support: Young adults' perspectives on producing and consuming user-generated content about diabetes and mental health. *Social Science & Medicine*, *170*(Complete), 46-54.

doi:10.1016/j.socscimed.2016.10.006

Foucault, M. (1994). *Ethics: Subjectivity and truth*. P. Rabinow (Ed.). (R. Hurley et al.,Trans.). New York, NY: The New Press.

Foucault, M., Khalfa, J., Murphy, J. P., & Taylor and Francis (2006) *History of madness*. Abingdon, Oxon: Routledge. EBooks York University.

Gieck, D. J., & Olsen, S. (2007). Holistic wellness as a means to developing a lifestyle approach to health behavior among college students. *Journal of American College Health, 56*(1), 29-36. doi:10.3200/JACH.56.1.29-36

Hande, M. J., Taylor, S., & Zorn, E. (2016). Operation ASD: Philanthrocapitalism, Spectrumization, and the Role of the Parent. In *Psychiatry Interrogated* (pp. 81-101). Palgrave Macmillan, Cham.

Havranek, E.P.; Mujahid, M.S.; Barr, D.A. (2015). "Social determinants of risk and outcomes for cardiovascular disease: A scientific statement from the American Heart Association". *Circulation*. **132** (9): 873–898. doi:10.1161/CIR.0000000000000228

Hesse, A. (2002). Secondary trauma: How working with trauma survivors affects therapists. Clinical Social Work Journal, 30, 293–311.

Ingleby. (1981). Bulletin of the Royal College of Psychiatrists, *Penguin Books 5*(8), 149-150. doi:10.1192/S0140078900011913

Kaufmann, M. (2015). Resilience 2.0: Social media use and (self-)care during the 2011 norway attacks. *Media, Culture & Society, 37*(7), 972. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1177/0163443715584101

Knight, C. (2010). Indirect trauma in the field practicum: Secondary traumatic stress, vicarious trauma, and compassion fatigue among social work students and their field instructors. *Journal of Baccalaureate Social Work* , v.15 (1)

Knobel, M., Lankshear, C. (2007). A new literacies sampler. *A New Literacies and Digital Epistemologies, vol. 29.* Retrieved from http://literacyandtech.pbworks.com/f/Text.pdf#page=209

Kollack, Ingrid (2006). "The Concept of Self-care". In Kim, Hesook Suzie; Kollak, Ingrid (eds.). *NursingTheories: Conceptual and Philosophical Foundations*. Springer Publishing Company. p. 45. ISBN 978-0-8261-4006-7. Retrieved 31 August 2013.

Lafrance, M. N., & McKenzie-Mohr, S. (2013). The DSM and its lure of legitimacy. *Feminism & Psychology, 23*(1), 119-140.

LeBlanc, S., & Kinsella, E. A. (2016). Toward epistemic justice: A critically reflexive examination of 'Sanism' and implications for knowledge generation. *Studies in Social Justice, 10*(1), 6. doi:10.26522/ssj.v10i1.1324

Lyons, E., Boots, L., Wangberg, S., Spanakis, E. G., Santana, S., Tsiknakis, M., . . . Tziraki, C. (2016). Technology-based innovations to foster personalized healthy lifestyles and well being: A targeted review. *Journal of Medical Internet Research, 18*(6) doi:10.2196/jmir.4863

Macias, T. (2015). "On the footsteps of Foucault": Doing Foucauldian discourse analysis in social justice research. In S. Strega & L. Brown (Eds.), *Research as Resistance: Revisiting Critical, Indigenous, and Anti-Oppressive Approaches, Second Edition* (pp.221-242). Toronto: Canadian Scholar Press.

MacLennan, D. (1987). Beyond the asylum: Professionalization and the mental hygiene movement in Canada, 1914-1928. *Canadian Bulletin of Medical History, 4*(1),7-23. https://doi.org/10.3138/cbmh.4.1.7

Mandell, W. (1995). Origins of mental health: The realization of an idea. Retrieved from https://www.jhsph.edu/departments/mental-health/about-us/origins-of-mental-health.html

Mayes, C. (2015). *The biopolitics of lifestyle: Foucault, ethics and healthy choices*. Routledge.https://www.researchgate.net/profile/Andre_Schulz2/publication/257365485 Me etic_Communication_Media_-Concepts_Technologies_Applications/links/00463525510a91a323000000.pdf

McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work: Social Thought, 30*(3), 212-233. doi:10.1080/15426432.2011.587384

Menzies, R., LeFrançois, B. A., & Reaume, G. (2013). Introducing mad studies. *Mad matters: A critical reader in Canadian mad studies*, 1-22.

Merchant, C. (2006). The scientific revolution and the death of nature. *Department of Environmental Science, Policy, and Management*,*97*,513-533. doi: 0021 1753/2006/9703-0008

Michaeli, I. (2017). Self-care: An act of political warfare or a neoliberal trap? *Development, 60*(1-2), 50-56. doi:http://dx.doi.org.ezproxy.library.yorku.ca/10.1057/s41301-017-0131-8

Miller, P., & Rose, N. S. (1986). *The Power of psychiatry*. Cambridge : New York, NY, USA:

Polity Press.

Mohsin, M. (2019) 10 Instagram Stats Every Marketer Should Know in 2019 [Infographic]. Retrieved from: https://www.oberlo.ca/blog/instagram-stats-every-marketer-should know

Moreno MA, Jelenchick LA, & Egan KG, et al. (2011). Feeling bad on Facebook: Depression disclosures by college students on a social networking site. Depressions and Anxiety. 28(6):447–455.

Moreno MA, Jelenchick LA, & Egan KG, et al. (2011). Feeling bad on Facebook: Depression disclosures by college students on a social networking site. Depressions and Anxiety. 28(6):447–455.

Morrow, M., & Malcoe, L. (2017). Critical inquiries for social justice in mental health. Toronto ;: University of Toronto Press.

Nadesan, M. H. (2010). *Governmentality, biopower, and everyday life*. Routledge.

Neil, L., & Mbilishaka, A. (2019). “Hey curlfriends!”: Hair care and self-care messaging on YouTube by black women natural hair vloggers. *Journal of Black Studies, 50*(2), 156 177. doi:10.1177/0021934718819411

Nelson, A., & Ebrary - York University. (2011). *Body and soul: The Black Panther Party and the fight against medical discrimination*. Minneapolis: University of Minnesota Press.

Newell, J.M. et al. (2010). Professional burnout, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians. *Best Practices in Mental Health: An International Journal*, v.6 (2).

Newell, J.M., & Nelson-Gardell, D. (2014). A competency-based approach to teaching

professional self-care: An ethical consideration for social work educators. *Journal of Social Work Education, 50*(3), 427-439. doi: 10.1080/10437797.2014.917928

Newman, M. W., Lauterbach, D., Munson, S. A., Resnick, P., & Morris, M. E. (2011). It's not that I don't have problems, I'm just not putting them on Facebook: challenges and opportunities in using online social networks for health. In Proc. CSCW. 341-350.

O'Connell, A. (2016). My entire life is online: Informed consent, big data, and decolonial knowledge. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, *5*(1), 68-93. https://www.jstor.org/stable/41669891 Accessed: 08 11-2019 19:21 UTC

O'Halloran, M. S., & O'Halloran, T. (2001). Secondary traumatic stress in the classroom: Ameliorating stress in graduate students. Teaching in Psychology, 28, 92–97.

Park, M., McDonald, D. W., & Cha, M. (2013). Perception Differences between the Depressed and Non depressed Users in Twitter. In Proc. ICWSM 2013.

Paul, M. and Dredze, M. (2011). You are what you tweet: analyzing Twitter for public health. In Proc. ICWSM

Park, M., McDonald, D. W., & Cha, M. (2013). Perception Differences between the Depressed and Non depressed Users in Twitter. In Proc. ICWSM 2013.

Profitt, J. (2011). Self-care, social work, and social justice. In D. Baines (Eds.), Doing anti oppressive practice (pp.25-46). Nova Scotia: Fernwood Publishing.

Profitt, J.(2008). Who cares for us? Opening paths to a critical, collective notion of self-care. *Canadian Social Work Review 25*,(2), pp. 147- 168. https://www.jstor.org/stable/41669891 Accessed: 08-11-2019 19:21 UTC

Ralley, O. J. D. (2012). The rise of anti-psychiatry: A historical review. *History of Medicine*

*Online*.

Scott, K. (2017). *The language of strong Black womanhood: Myths, models, messages, and a new mandate for self-care.* Maryland: Lexington Books.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105-115. doi:10.1037/1931-3918.1.2.105

Spring, L. (2016). Pathologizing Military Trauma: How Services Members, Veterans, and Those Who Care About Them Fall Prey to Institutional Capture and the DSM. In *Psychiatry Interrogated* (pp. 125-142). Palgrave Macmillan, Cham.

Stephens, T., & Joubert, N. (2001). The economic burden of mental health problems in canada. *Chronic Diseases in Canada, 22*(1), 18-23. Retrieved from http://ezproxy.library.yorku.ca/login?url=https://search-proquest com.ezproxy.library.yorku.ca/docview/216595878?accountid=15182

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

Thachuk, A. (2011). Stigma and the politics of biomedical models of mental illness. *International Journal of Feminist Approaches to Bioethics, 4*(1), 140-163. doi:10.2979/intjfemappbio.4.1.140

Thornton, D. J. (2010). Race, risk, and pathology in psychiatric culture: Disease awareness campaigns as governmental rhetoric. *Critical Studies in Media Communication*, *27*(4), 311-335.

Weisgerber, C., & Butler, S. H. (2016). Curating the Soul: Foucault's concept of hupomnemata

and the digital technology of self-care. *Information, Communication & Society*, *19*(10), 1340-1355.