CHAPTER 6

Loneliness Essentialism and Mental Illness Stigmatization

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Introduction

Another youth suicide had occurred. The posted letter on Facebook tells a story of the depressive loneliness a person goes through despite their social capital. Traditionally, there have been ample studies about loneliness underscored in the geriatric population. Some studies from India indicate both levels of depression and loneliness increase between ages 60 and 80 (Singh and Misralnd 2009); similarly, studies reported in reputable newspaper from the United States show baby boomers have found themselves alone more and more (Adamy and Overberg 2018). But newer studies on loneliness have described youth to be lonely in alarming numbers. And it seems to be a modern sickness (Wordley 2018). Therefore, these studies define loneliness as emotional or social isolation (Weiss 1973) that comes from being alone not by choice. The feeling of loneliness is based on fears of being cut off from other relations and always in hope to reconnect back to the society to avoid isolation (Johansson and Andreasson 2017).

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So who is to blame for this surge in isolation? The commonality of social network use seems to exacerbate the idea that loneliness is a result of social isolation as a disconnected society. The irony of this disconnect in today's society is that when social media were first created, they promised connectivity. But as (Klinenberg 2018) expresses, social networks led to social disconnection instead. Though phrased differently, the general idea is that societies are becoming lonelier and that loneliness is a silent plague targeting all in a society. There is a trend that shows disconnected societies are linked to the increase of loneliness within societies. The Internet is filled with a plethora of news articles, surveys, campaigns, and research draws attention to the danger of loneliness with the new generation that is continuously digitally connected or the need to end it. For instance, the first minister of loneliness was appointed in the UK in January 2018 to combat the isolation of "sad reality of modern life" as the Prime Minister Theresa May refers to it (Yeginsu 2018). Loneliness therefore is equated to a health epidemic that is infecting societies and should be purged.

Without a doubt, there is value in raising awareness of loneliness and for making it a priority in many societies. The explosion of public awareness is warranted as studies have linked loneliness to isolation that if left untreated may increase depression, cancers, or heart diseases. The explosion of public awareness is warranted as studies have linked loneliness to isolation that if left untreated may increase cancers, heart diseases, depression, and other mental health struggles (Louise and Cacioppo 2003; Heinrich and Gullone 2006). Youths in America alone are not the sole victims of loneliness. Societies that depend on *connected selves*, the continuous screen time bond whether a smartphone or a computer, seem to have increased isolated selves.

According to the British office of national statistics, compared to people over 64, younger adults (16–24 years old) are feeling lonelier than other older age groups (Pyle and Evans 2018) There has been a 52% jump in depressive episodes in children (12–17) years old and a 63% increase in junior adults (18–25) according to a Journal of Abnormal Studies (2019) that corroborated the aforementioned findings. The continuous connection to social networks has taken a greater toll on this generation made up of what is referred herein as *digital citizens*. In the millennial generation, young adults who are more likely to use social media (Duggan and Brenner 2013) are labeled digital natives, then the generation Z, the ones with continuous connection to the digital system, seem to be the citizens of the discursive space, taken here as the culmination of communication in social

networks and social media, rather than just native to it. Studies have indicated the frequent connection to the social networks by young adults have more odds of social isolation perception than others whose connection is less frequent (Amatenstein 2019).

Certainly, there is value in the ubiquitous discussion of loneliness as isolation. But I find this idea of the plague problematic for a few reasons. First, the overgeneralization of loneliness conceals the stigma and shame that targets the most lonely, the people who suffer from mental illnesses. Second, the essentialism of this emotion diminishes class struggles, overlooking the have and have-not access to help. For example, the insufficient funding (Saraceno and Dua 2009) leaves the loneliest people to dwell in their own loneliness. Finally, it links mental illness stigmatization superficially rather than placing it at the very core of loneliness. When loneliness is attached to mental illness, it highlights either trendy treatment such as breakup therapy or popularly accepted discourse such as misused anxiety terminology which highlight isolation and social disconnect.

Instead, in this chapter, the focus is on the intersections of loneliness, stigma, and major mental illness such as schizophrenia, a "condition" hardly discussed when the epidemic of loneliness is enthusiastically deliberated. Loneliness in this chapter signifies "a feeling" of solitary perceptional state. Such focus acknowledges the zealous understanding of the lonesomeness and sadness resulting from digital communication spatial togetherness and physical isolation. But more importantly, it highlights an underrepresented study of loneliness connection to mental illnesses that is not in the popular discursive space. I argue that when it comes to a mental illness link to loneliness, the use of intersectionality as demonstrated in Patricia Collins and Sirma Bilge (2016) work is essential for both its contextualization and analysis. "When it comes to social injustices," write the authors, analysis of only single axis of oppression such as race or class alone should be avoided. Instead, the analysis should focus on the cultural, disciplinary, structural, and interpersonal axes of oppressions that affect the intersections of these categories. This work focuses on the human experience and its value in understanding situations.

This paper is concerned with unjust discursive spaces that are faced by identities at the intersections of different axes of power of mental illness. Public literacy on mental illnesses has increased since its debut in 1950. However, the stigmatization remains high. In today's connected self, the stigma is particularly circulated in social media discursive spaces that highlight these axes of oppressions and increase the feeling of loneliness.

While stigma remains, policies to help this group have been undertaken. The hope of this chapter therefore is to highlight the intersections of mental illness, communication and stigma to contribute to intersectionality and communication scholarship by shifting our attention *from brainblindness,* the sightlessness that comes as the result of apathy toward mental illness differences.

Ultimately, raising awareness of the relationship between the discursive space on loneliness and mental illness colorblindness in this chapter stems from my hope to add a voice to those who advocate for crafting a new language of mental illnesses to eradicate its judgments. In this chapter, I discuss the continuous stigma of mental illness. I delineate some of the loneliness and isolation that occurs as the result of the discursive space. I suggest that a shift in talks about our brains can help us to accept different ways of emotional existence and alleviate such isolations. This shift, I advocate, comes in what I call *brain mindfulness*, awareness of our diverse brains. In other words, the time has come to accept individuals with brain diseases as survivors rather than defining them as broken, as it is still customary to do with people who have mental illnesses. My contribution to this topic, I hope, may add to the new attention of communication scholarship on intersectionality. In addition, I hope to expand intersectionality literature by diversifying the intersections to move beyond the body to be more inclusive of brain literature. Rather than focusing on the dysfunctions of the brain, I'd like to show the brain's disparity as simply different existences that come with their own creativity and importance. I use interpretive inquiry as a method in this chapter.

Stigma and Schizophrenia as Mental Illness

Adapting communication studies understanding on stigma (Applegate and Smith 2018), stigma is created, spread, and reduced through the discursive space. When discussing stigma within the mental illness, it is useful to discuss it from an extrinsic discursive space that implicates an intrinsic self. Stigma, in other words, is the result of extrinsically shaming or guilting others because they may be different than what is considered "the norm." Stigma has a long literary history when it comes to body discussion. Historically, *stigmatos* is the burning marks of the deviants (Webb 1883). This mark of the negative deviance is materialized in the negative perception of community. Therefore, experiences of being berated, humiliated, and ostracized (see Smith et al. 2016, for a review) become intrinsic within the

discursive space. A useful definition herein of stigma is alienation due to shame, overuse, or silencing. Destigmatization: the act of destabilizing the alienation through interactions.

But mental illnesses do not discriminate. They can come to any living individual. Yet in our daily quotidian, it is easier to discuss bodily stigma, while mental illnesses, taken here as thought or emotional differences such as depression, anxiety, or psychosis, are still largely taboo. For definitional purposes, depression is understood as the feeling of dejection. Although loneliness is not necessarily causative with depression, some depressive outcomes are possible. Another outcome of loneliness can be anxiety and vice versa. Obviously, anxiety literature is vast, but this chapter focuses on Generalized Anxiety Disorder (GAD) as it can be experienced by many. Schizophrenia development usually occurs after puberty, between the ages of sixteen and thirty. The spectrum of the disease is varied. The individual's experience of psychotic episodes can range from seldom to quite often while living a common life in between. To be diagnosed, a person has to have a combination of two of the characteristics such as illusions, hallucinations, confused thought, seeing, hearing, or smelling things that may not be present (Janes, n.d.). About 4.7% of adults in the United States live with bipolar disorder or schizophrenia and struggle on a daily basis with such conditions (World Health Organization 2017). Compared to other mental illness statistics, this percentage is low. However, symptoms of anxiety and depression are both part of the struggle.

da Rocha et al. (2017) who conducted a meta-analytical review on psychosis—difficulties of discerning what is real and what is illusion—databases reported few findings. People who struggle with psychosis frequently feel lonely. Corroborated by a study by Stain et al. (2012), the feeling of loneliness was endorsed by 80% who were diagnosed with psychosis in Australia. Just as important, aside from help provided by mental health services, such individuals struggle with limited connection to the physical world due to stigma and their own anxiety toward the world. Traditionally, feelings of loneliness are associated with the negative experiences of psychosis, but most recent studies have shown that loneliness could cause the development of psychotic experiences (Møller and Husby 2000)

According to the World Health Organization (2017), more than 300 million people suffer from depression, and 260 million suffer from anxiety disorder. About 43.8 million, or approximately 1 in 5 adults, in America experience mental illness in any given year. The range includes anxiety (18%), such as obsessive compulsive behavior. And 6.9% (16 million adults)

had at least one major depressive episode in the past year. Yet much talk about this topic is dismissive and hashed. Dismissiveness comes in the form of equating a person who struggles with anxiety or depression as being "lazy" or a "downer." The apathy comes in the form of equating psychosis to horror and fear. The depiction of psychosis in cinema has been villainous movies such as Maniac Cops (1988) or the Butterfly Kiss (1994). And despite organizing, "World Mental Health Day," to raise global awareness and mobilize support for mental health issues, stigma is endless. For sure, mental health organizations such as the WHO, with their mental health action plan 2013–2020 and the creation of a social media "mental health day," help raise awareness while help mobilizing support of this long forgotten problem. But much of mental illness discourse still revolves around shame, apathy, and fear.

The negativity of mental illness stigma is so ingrained in our media and social media that the inculcation of its stereotypes becomes part of our daily vernacular. It comes in labels such as "abnormal," "loony," "psychotic" or "unpredictable," "thought disturbances," or "lonely people." Simply put, these labels are associated with the word "broken." It is sad that depression and anxiety, a daily struggle for some, have become clichéd terms such as, "we are all anxious" or "you are not alone, everyone is depressed." But if depression and anxiety are misused and overused, schizophrenia is met with apathy, as the casual use for instance of "stop being paranoid" undermines the real struggles that a person with paranoia goes through daily.

Take the word "mental" alone. It is not used to represent a person's state of mind. Many times, historically, it was used to refer to a person with behavioral, emotional, or intellectual deviations to show their "abnormality." Therefore, language is powerful and we need to start there. If we correct our ways of saying things, we redirect our communication to be more inclusive to individuals usually neglected as an afterthought. In many instances, the discursive spaces are places where individuals with mental illnesses are castigated as when a shooting crisis happens and remembered only when we are faced with the enormity of our heroes' suicides. If we are serious about resolving this cycle, we need to join the conversation on mental illnesses at the interpersonal, cultural, and structural discursive spaces axes of oppressions because many of the people who struggle daily cannot just "move on."

Loneliness and Mental Illnesses in the Days of the Connected Self

There is a plethora of literature on loneliness. It is overwhelming to choose a topic of discussion within it. Loneliness is linked to emotional or social isolations from others (Weiss 1973). Categorized as situational, developmental, and internal, loneliness is described as the detaching from environmental factors, the result of physiological or psychological stresses, or associations with internal factors such as self-esteem or mental distress (Tiwari 2013). However it is classified, loneliness is seen as pervasive in societies where the usage of social media is high (Pitman and Reich 2016). Taken here as the perception of feeling lonely based on a feeling of isolation from others, there is no doubt that talk surrounding loneliness emphasizes its worsening to the extent that loneliness has been called a silent plague within the discursive space. There is value in such description. While social media promised interconnectivity, it seems the more people are connected, the lonelier they get (Turkle 2011).

The increase of trolling, stigma, and shaming in online platforms can lead to more vulnerability for lonely people (Turkle 2011). For instance, the fear of missing out (FOMO) or the mystery of missing out (MOMO) on social media has been associated with stress, worry, and loneliness. A survey study conducted by Andrew Przybylski, a psychologist at the University of Essex in England, told LiveScience that of 2000 working Britons aged 18–65 surveyed, FOMO was highest and most connected to depression for those who didn't have the feeling of being engaged, nurtured, and acknowledged. MOMO on the other hand is blamed on the anxiousness related to the idea that friends are having better lives because they have not posted for a while. These conclusions are supported by Stephanie Eken, a psychiatrist and the regional medical director of Rogers Behavioral Health, a clinic that runs several teenage-anxiety programs. She has noticed that social media has increased the level of anxiety in teenagers from all backgrounds (Denizet-Lewis 2017). But narrowing the focus, Pitman and Reich's (2016) empirical study proposed that contrary to text-based social media, twitter, image-based platforms, and Instagram have the potential to ameliorate loneliness due to the enhanced intimacy they offer.

Rather than focusing on social networks in a normative context (bad or good), this chapter investigates the relationship between discursive space stigma and mental health illness loneliness. As digital citizens spend more time in discursive spaces, the circulation of stigma must be highlighted.

According to the American Psychiatric Association (APA) website, more than 46 percent of Americans will experience a diagnosable mental disorder throughout their lifetime. Scientists still battle with causes and effects but some imaging has shown the involvement of genetics, situations, and environment. For instance, "Brain structure and chemistry imaging studies have shown that the frontal lobe becomes less active when a person is depressed" (Bennington-Castro and Jasmer, *Everyday Health*, 2018). Yet the stigma of mental illness in the form of shame persists, and it erupts more in discursive space.

Those of us who use social media frequently have noticed undoubtedly a range of emotions spanning from glories of instant gratification when a text arrives to the dejections of loneliness when the "likes and loves" cease to flood our Facebook, Instagram, or twitter. Therefore, social media has been researched in areas of identity, self-esteem, social inclusion, and relationship to loneliness (Lenhart et al. 2010; Davis 2011). And recent studies substantiate the link between loneliness and social media anxiety and depression. In 2010, a Mental Health Foundation survey indicated that in addition to elderly, loneliness is also associated nowadays to the younger generation (18–34) more so than the over 55 group that has traditionally been prone to loneliness. This presents a difficulty with treatment because when young person reaches 21 years old, they are considered too old for youth services as Jenny Edwards, the chief executive of the Mental Health Foundation and Paul Farmer, the chief executive of Mind, relays in a new essay. If this is the case, imagine those of us who may have such difficulties, but no access to benefits as their access to services expires at 21 years of age. But more so, as the authors write, this is problematic because loneliness is linked to depression, paranoia, anxiety and is a known factor in suicide (Gil 2014). In other words, the stigma of mental health illnesses and loneliness goes hand in hand. However, when loneliness is attached to mental illness in the discursive space, it draws attention to more popular discourse such as breakup or friendliness loneliness.

Methodology

In choosing to use interpretive perspective as a methodology for the discursive space, I acknowledge that interpretation is inherently subjective (Denzin 2011). I am also acknowledging that as a mother entrenched in mental illness, researching and writing about this topic, my interpretation

of the topic is close and intimate. It is not about romanticizing this methodology (Silverman 1997); it is about acknowledging the accountability and responsibility assessed in the self-reflexivity involved in this method. The question of accountability is central to this research where the individual is prejudiced against. Is my interpretation helping or hindering the mental illness community I so want to defend? As a mother of children with mental illness, and not a person of mental illness myself, do I have the right to speak on behalf of such a community? When I write am I reinforcing the same mental illness stigma that I claim to raise awareness of in this chapter? These are questions that a methodology based on solely "objective' methods that insist on the researcher's interpretation invisibility may not be highlighted. Therefore, in choosing interpretive inquiry as a method for the discursive space, I emphasize critical research within interpretation that highlights the centrality of these questions to not speak at (or on behalf) but rather, I hope, alongside the community. Eisner's (1998) model of inquiry measurements in terms of weight, coherence, cogency persuasiveness are useful for the interpretive inquiry herein as focused on memes that deal with the intersections of mental illness and loneliness.

The idea of "Meme: The new replicators" made its debut in the book "*The Selfish Gene*" (Dawkins 1976/1999). The author makes an analogy between gene transmission and cultural transmission. Abbreviating meme from its original Greek roots, "Mimeme" the author contents the French word "meme" that means same, as a "unit of imitation" p. 192. The summary of a meme as a unit of replication of cultural transmission is appropriated here as a replicator of unit in categorization for loneliness in the *digital circulation*. Its purpose is to share common characteristics of satire and laughter (Shifman 2013) which tend to mushroom in social media as Facebook pages (Bellor 2018). Facebook is chosen as the means of digital circulation. A Google search returns an overabundance of memes with the highest about loneliness and depression (about 26,800,000 results in 0.57 seconds,) followed by 17,900,000 results (0.66 seconds) for a loneliness and anxiety memes search. Finally a smaller, yet expected, number about loneliness and schizophrenia (about 796,000 results in 0.67 seconds). One of the first memes one sees portrays an image of Beyoncé looking disturbed and the text underneath "Are you bored & lonely, why not become schizophrenic?" Yet the loneliness tied to mental illness is not a joke!

Facebook is chosen as a de facto of the meme digital circulation. Facebook users speak 75 languages and collectively spend more than 700 billion minutes per month on Facebook (Grossman 2010) with a population membership growth of 282.3% between 2010 and 2017 (Internet World Stats, 2017). Put as "a digital country," Facebook is considered third largest behind China and India. Basically, 26% of the earth's population is connected to Facebook. In 20 minutes on Facebook, over 1 million links are shared and more than 3 million messages are sent (Internet World Stat). The average user has about 130 friends and 48% of 18–34 year olds check Facebook regularly and usually as soon as they get up. Without a doubt, the amount of time spent on social media by youth creates a continuous connected self. And when mental health within these spaces is discussed in terms of conditions, disorders, and disturbances, the connection that uses these spaces to remedy loneliness may be subjugated to more mental health issues.

Results: Loneliness and the Connected Self

The connection between social media and loneliness is documented. The 2018 Pew Research Center Internet and Technology reports teens use of smartphone (95%), constant screen time (45%), Snapchat and Instagram (70%), and YouTube (85%). Certainly, studies have connected the dots between anxiety or depression and screen time. However, "the problem is that [these studies] show only correlations. It is entirely possible that teenagers who are more anxious and unhappy to start with are more drawn to smartphones to deflect their negative emotions than their better-adjusted peers," says psychiatrist Richard Friedman (Friedman 2018). While the research on the relation of youths spending time online and mental health well-being is still at its infancy, studies show these correlations. For instance, out of 450 youths (11–17 years old), researchers indicate that constant media users, about (37%), were associated with sleeping difficulty and (47%) were associated with anxiety (*2018 Children's Mental Health Report, Child Mind Institute)*. On the other hand, some studies show that teens with low emotional issues (socially for instance) experience the negative effects more than the kids with a high level of social-emotional concerns (Barrett 2018). Due to this continuous self-connection, youth are described to be together from across gaming communities or chatting communities, but alone avoiding many outside activities. I provide this data to emphasize that the frenzy in the discursive space takes loneliness as a key factor for

youth destructions. In an effort to destigmatize loneliness, there is a trend to "meme" about it. The themes I found at the intersections of mental illness and loneliness are categorized as follow: the power of loving one's self, the power of positive thinking, and the power of alternativism.

Don't Be Weak: The Power of Loving Yourself

The consensus of the memes within this category frame of loneliness is the feeling of being alone and isolated. These memes are used in a way to empower the feeling of existing alone as opposed to being with others. Facebook memes in this category advocate, with good reason, for the power of self-loving. The main idea in the memes is it is important to be strong and be comfortable with the self to attract the right people. Equating isolation to the power of self is important as it shows many people to stand on their own and love themselves before "they are able to love others." But a tacit meaning enticed within the coherence of this message in the digital circulation of these memes may be vulnerability, weakness, and oversensitivity that is embedded within this positivity, for a person who is living with depression (whether clinical or situational) or anxiety for instance. Take a meme showing a man sitting by himself and the included text mentions "At least I have voices in my head to keep me company." This meme might sound funny to some, but let's imagine a person who lives (and struggles) with schizophrenia, one of the mental illness conditions that is based on psychosis, where illusion is a daily struggle. It targets sensory, some live with hearing voices, others with seeing things, and yet others smell things that may or may not be present in that space. When put in this context, such a meme is not funny. In hypervisibilizing loneliness this way, we risk it being no more than a click bit, which brings me to the next point that these memes highlight,

Cheer Up—Just Cheer Up: The Power of Positive Thinking

The coherence in these memes is about exercising and visualizing greatness. For instance, memes posted at Jay Shetty websites, viewed by 4 billion followers, and circulated in Facebook, advocate for the power of positivity. A meme posted on Jay's Shetty webpage shows two men sitting in a broken building block. One seems lonely, sitting doing nothing. The other smiling as he builds the blocks one at the time. The message in the text connotes a person can either sulk at what life gives them or turn a situation

to their favor. Another meme from Facebook shows two women looking out of two different bus windows. One sees a dark convoluted image and the other sees a green landscape. Otherwise, the intersections reveal these memes to show a theme about depression and loneliness while invoking depression as a choice. But depression is an illness. No choice there. In fact, being lonely in one year predicts depressive symptoms in the following year more reliably than other depressive symptoms (cite) and loneliness left unchecked increased the chances of experiencing social anxiety, depression, and paranoia said Dr. Michelle Lim, a researcher and clinical psychologist at Melbourne's Swinburne University.

Therefore, the power of positive thinking, albeit important, might not be easy for all. The point at which loneliness and mental health issues intersect is a particularly tricky one, and the relationship between them is causal for many people. For some, a mental health condition prevents them from being able to socialize and open up to people, and for instance, this is a case for one of my own children. Individuals who live with psychosis, for instance, and who may depend on medication to help them deflect the loneliness associated with paranoia and fear may forego treatment for since attention is paid to mental health illnesses, and it is either discriminatory or stigmatized. The discursive space therefore becomes a haven in disturbing the loneliness. Perhaps, changing the way we meme might be helpful to those living with mental illness who rely on discursive spaces as a way of connectivity in combating their loneliness.

"Toss Those Pills:" The Power of Alternativism

The cogency of a meme that shows Samuel Jackson with a subtext "What if I tell you that exercise is better than any antidepressant," had a few replies such as "I would not know. I am too depressed to drag myself out of the bed, thanks though one more thing to hate myself" is so telling and tends exactly to this chapter's argument. Another meme is divided into two areas, the top area shows a green forest, describing it as antidepressant; the bottom level shows antidepressant medication describing it as lowdown. In most of these memes, the emphasis is on tossing medication and using alternative medication such as exercising or meditations. The influence of these memes belittles mental illnesses that require medication. As one of the counter-memes presents, exercising is good when a person is lonely because of a bad day. But if a person struggles with episodes of psychosis, the power of alternative medication might not be enough. And this discourse is masked

under the auspices of alternative medication. Instead, memes that help defuse the stigma rather than encourage it are more useful. I agree with Rottenberg's (2014) call to incorporate the mental illness community in the meme frenzy to avoid pop culture isolation and loneliness. But is there a way to use funny yet non-harmful memes? I am speaking of memes that show our collective hypocrisy on cheering for physical disease survivals, yet reprimanding mental illnesses. One meme comes to mind, it shows the Joker with a subtext "have a physical illness and people handle it fine. Have a mental illness problem and everyone loses their mind."

Analysis: From Brainblindness to Brain Mindfulness

A single mode of analysis of the memes, units of the digital circulation, accentuates the positivity that these memes try to advance to rid a self from its loneliness. This positivity comes in the strength of the self, the strength of thoughts, and the strength of alternative healing. Undeniably, there is potency in this positivity. The power of positivity is an important one because there is value in visualizing goodness to make a self at peace. The extended knowledge on brain plasticity is providing even more intriguing understanding of the power of positivity. Brain plasticity is about our brains connecting new synapses unassociated previously when new habits take place. So importing positive thoughts in our brain may help reshape and change our brains in positive ways. But the problem with positive thinking is the ignorance of other emotions (aside from the happy ones). Tricking our brains to always being positive is unrealistic. What happens when the positive thought and the end goal do not match?

Surely, a single mode of analysis highlights the essentialization of loneliness as epidemic. For one reason, the different memes of positivity bet emotions against each other. More so when a generalization of positive thoughts overshadows the different emotions that are also important, it creates unrealistic views on emotions in the digital citizens whose brain plasticity is still in early development. Therefore, positivity might be disempowering because it takes away from the reality of the different emotions (considered good or bad) that are part of human nature. Even more, it equates the natural feelings of sadness or anger to weakness and oversensitivity. In other words, rather than emphasizing that emotions are healthy in different ways, we organize them hierarchically with some being better than others and some that should be eradicated completely. So instead of

empowering people who live with loneliness, it might frustrate them and bring about situational depression and anxiety. So where do we go from here? An intersectional frame highlights loneliness not in terms of its epidemics, but rather in terms of its history within the connected self-discursive spaces. By applying Collins and Blinge, 2016 view on intersectionality, this chapter moves the conversation of power oppression axes interpersonally (interpersonal thoughts affect injustice), culturally (the hegemony in which we live keeps some rules and practices in place at the expense of others), and structurally (some rules let some bodies thrive at the expense of the rest) to mental health. On the interpersonal level, these memes reveal that part of the stigma is that mental illness is situated at the interactions of many digital circulation narratives. For example, the fear narrative and the therapy guilt narrative go hand in hand. There is a reason for this fear; media, social media, or education still discuss mental health in terms of conditions, disorders, and disturbances, with isolated incidences taking center stage when successful people end their lives. Often, when attention is paid to mental health illnesses, it is either discriminatory or stigmatized in our communication. A person who may struggle might refuse to acknowledge a selfhood online or offline out of fear of dismissal from loved ones and other interpersonal relationships in discursive spaces, for example Facebook friends.

On the cultural level, the stigma of mental illness is situated at the interactions of the above narratives but also the pill narrative. In many ways, the pharmaceutical moneygrubbing view of pill development gives rise to the alternative narrative. But in many cases, such as schizophrenia for instance, pills are a necessity. Overgeneralizing alternativism stigmatizes this type of mental illness by veiling its existence. In shadowing psychosis (or discussing it only in the health circles), these types of mental illnesses are most stigmatized. Yet both medication and technology are improving the daily health of people who experience manic episodes. The veiling takes agency away from people who live with manic episodes. After footage emerged of Carrie Fisher frantically pacing around a cruise-ship stage in 2013, she explained what was happening instead of trying to cover it up. She told the Daily Mail, "I was in a severely manic state, which bordered on psychosis. Certainly delusional. I wasn't clear about what was going on. I was just trying to survive.… There are different versions of a manic state, and normally they're not as extreme as this became. I've only had this happen one other time, 15 years ago, so I didn't have a plan of action." But Fisher lived a healthy and successful life. With pill development for the sake of

money overtaking the discourse, we are left with many narratives: the fear narrative, the pills narrative, the therapy guilt narrative, and the funding narrative. Therefore, the competing narratives enhance the stigmatization within mental illnesses in different levels of discursive spaces. And a language of stigmatization can lead to prejudicial behaviors against those who are stigmatized.

Finally, structurally (some rules let some bodies thrive at the expense of the rest), the digital circulation of memes combines all the previous narratives and intersects them with that of funding for mental illness. The surplus of memes and discussion of loneliness as a plague, in other words, overlook the stigma and shame that comes with loneliness, and the overuse may belittle the feeling. The essentialism of this emotion diminishes class struggles overlooking the have and have-not access to help. For example, the insufficient funding (Saraceno and Dua 2009) leaves the loneliest people to dwell in their own loneliness. US administration not only vilifies mental illness but also belittles mental health crisis via budget cuts. For instance, as a result of government decrease in funding, the National Institute of Mental Health is planning for about a 30% reduction in funding or a half a billion dollar decrease in 2019 (Epstein, *Bloomberg*, February 15, 2018). For instance in NYC where I live, home health help are being laid off and flex accounts that helped youth with anxiety or other mental illness with outings, such as a trip to a museum, are being cut to be replaced with "free" outings. And yes this will not affect people who can offered finding a private help, but it does affect others who depended on such services for social interaction improvements.

Put differently, overstating the loneliness problem can make it harder to ensure we are focusing on the people who may need help the most. In popular discourse, the epidemic of loneliness overgeneralizes loneliness as happening to all. The intersectional view matches research in that it tells a story about the intersection of poor, displaced people, people who might not have family to help with medications for mental illness as the people who suffer most. As Eric Klinenberg (2018) advocates, in both places such as the United States or the UK, the lives of people who may "have not" are unstable and when loneliness visits them, they suffer most due to lack of adequate medical care. The decrease of funding for mental illness and research in America magnifies the discrepancy. Therefore, the competing digital circulations enhance the stigmatization within mental illness in different levels of the discursive spaces. And the language of stigmatization leads to prejudicial behaviors.

Consequently, stating loneliness as a plague takes away from depression or psychosis, and loneliness gets stigmatized and overly judged in the form of stigma that surrounds mental illness. Stigma comes at the intersections of different discursive spaces; mental illness and class are also emphasized. The memes that highlight positive self, positive thought, and alternative medicine come at the expense of people who may not have access to these thoughts or means. They instead highlight vulnerability, weakness, and oversensitivity. Loneliness overuse makes the internal feeling invalidated. For a discussion of loneliness to be productive, these axes of oppressions need to be acknowledged. In other words, instead of being blind to mental illness, we need to be mindful about mental illness. Brainblindness is about making loneliness the same for everyone. It is about labeling the common brain as "normal" at the expanse of all other types of brains. By being mentally conscious about these different oppressions, we can help, not in terms of positivity, but rather in terms of appreciating our different brains, acknowledging the need that some of us might have, for funding or pills, and welcoming brain otherness in terms of diversity rather than in terms of exclusion.

In sum, the shift for which this chapter is advocating is a shift of our quotidian vernacular from brainblindness to brain mindfulness. A shift that visualizes the disease in its normality and the person in its survival instead of a disease that is hashed and an individual who is broken as much digital circulation embedded with memes tends to explode. Instead of epidemicizing loneliness, let's think of it in terms of globalized loneliness. One tells a story of overgeneralization. The other tells a story of difference. Thinking of loneliness from a global front, we can see what others have done to combat the stigmatization that is embedded in mental illness connected to loneliness. For instance, New Zealand Prime Minister Jacinda Ardern has made tackling mental health problems a priority for her government which encourages campaigns such as "Like Minds, Like Mine," a publicly funded program aimed at reducing the stigma and discrimination associated with mental illness. "Our work seeks to influence individuals, whanau, organizations and communities to improve and sustain their mental health and help them reach their full potential." All narratives (digital circulation, education, or public discourses) need to be attended to in order to help the destigmatization of mental illness that relate to loneliness.

Conclusion

This chapter reveals the connected self lends itself to a slur of digital circulation about loneliness. There is no denying that we are becoming more isolated, but this chapter refrains from essentializing loneliness by calling it a health epidemy. This type of labeling devaluates the loneliness we claim we are fighting against. In memming about loneliness, this chapter advocates by scholarship that stresses social media's positive representation of mental illness issues and highlights memes that help defuse the stigma rather than encourage it. Memes are enjoyed and appreciated by many. But the end cannot justify the means. The goal of memming in this matter should be to describe the behavior without attacking the individual as has been customary in stigmatized digital circulations. Otherwise we are only reinforcing old toxic language online, preventing youths from getting the help they desperately need. If anything, memes have more impact on our youth's identities since they represent a way of communication for digital citizens. Because of this, more empirical studies within this community from the communication (and not solely from the medical treatment scholars) are warranted. Therefore, in joining scholars who write about the interactions of mental illness, stigma, and communication (Applegate and Smith 2018), the contribution of this chapter is to expand on intersectionality in communication but also to bring brain as a diverse entity instead of only skin diversity discussions of intersectionality.

References

Adamy, Janet, and Paul Overberg. 2018. The Loneliest Generation: Americans, More Than Ever, Are Aging Alone. *The Wall Street Journal*, December 11.

Amatenstein, Sherry. 2019. Are You Aware of the Negative Effects of Social Media? Studies Suggest a Link Between Time Spent Using Social Media and Loneliness. *PSYCOM* 3: 19.

Applegate, Amanda, and Rachel Smith. 2018. Mental Health Stigma and Communication and Their Intersections with Education. *Communication Education* 67: 382–393.

Barrett, Kira. 2018. Social Media's Impact on Students' Mental Health Comes Into Focus. *Nea Today Education Policy*, September 27.

Bellor, Emily. 2018. Memeing Mental Illness: A New Group Therapy. *Compass*, April 28, 3.

Bennington-Castro, Joseph, and Robert Jasmer. 2018. Depression Signs, Symptoms, Latest Treatments, Tests, and More. *Everyday Health*.

Bowers, Elizabeth. n.d. Are You Guilty of Stigmatizing the Mentally Ill? *Everyday Health*.

Cacioppo, John, and Hawkley Louise. 2003. Social Isolation and Health, with an Emphasis on Underlying Mechanisms. *Perspectives in Biology and Medicine* 46 (3 Suppl.): S39–S52.

Campoamor, Danielle. 2018. Donald Trump Is Devastating Our Mental Health with His Policies and Rhetoric. *Teen Vogue*, June 12: 3.

Collins, Patricia, and Sirma Bilge. 2016. *Intersectionality*. Cambridge: Polity Press.

Crenshaw, Kimberlé. 1989. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*: 139–167.

da Rocha, Beata Michalska, Stephen Rhodes, Eleni Vasilopoulou, and Paul Hutton. 2017. Loneliness in Psychosis: A Meta-Analytical Review. *Schizophrenia Bulletin* 44 (1): 114–125.

Davis, Katie. 2011. Tensions of Identify in a Networked Era: Young People's Perspectives on the Risks and Rewards of Online Self-Expression. *New Media & Society* 14 (4): 634–651.

Dawkins, Richard. 1976/1999. *The Selfish Gene*. New York: Oxford Press.

Denizet-Lewis, B. 2017. Why Are More American Teenagers Than Ever Suffering From Severe Anxiety? *The New York Times Magazine*, October11.

Denzin, Norman. 2011. *Handbook of Qualitative Research*, 4th ed., ed. Yvonna S. Lincoln. Thousand Oaks: Sage.

Duggan, Maeve, and Joanna Brenner. 2013. The Demographics of Social Media Users—2012. *Pew Research Center Internet & Technology*, February 14.

Eisner, Elliot W. 1998. *The Enlightened Eye: Qualitative Inquiry and the Enhancement of Educational Practice*. Upper Saddle River, NJ: Merril.

Epstein, Jennifer. 2018. Trump Calls for Action on Mental Health After Shooting, Gives No Specifics. *Bloomberg*, February 15: 5.

Friedman, Richard. 2018. Relax: The Digital Age Is Not Wrecking Your Kid's Brain. *New York Times*, September 17.

Gil, Natalie. 2014. Loneliness: A Silent Plague That Is Hurting Young People Most. *The Guardian Health & wellbeing*, July 20. Accessed February 2, 2019. https://www.theguardian.com/lifeandstyle/2014/jul/20/loneliness-britains-silent-plague-hurts-young-people-most.

Gonzalez, Christian Alejandro. 2018. Intersectionality—A Review. *Quillette*, August 24.

Grossman, Lev. 2010. Person of The Year: Mark Zuckerberg. *Time*. December 15, 2010.

Heinrich, Liesl, and Eleonora Gullone. 2006. The Clinical Significance of Loneliness: A Literature Review. *Clinical Psychology Review* 26: 695–718.

Janes, Robert. n.d. How To Recognize Important Warning Signs Of Schizophrenia. *Health Prep*. Accessed March 19, 2019. https://healthprep.com/mental-health/how-to-recognize-important-warning-signs-of-schizophrenia/.

Johansson, Thomas, and Jesper Andreasson. 2017. The Web of Loneliness: A Netnographic Study of Narratives of Being Alone in an Online Context. *Social Sciences* 6 (3): 101.

Klinenberg, Eric. 2018. Is Loneliness a Health Epidemic? *New York Times*, February 9.

Lenhart, A., K. Purcell, A. Smith et al. 2010. Social Media & Mobile Internet Use Among Teen and Young Adults. *Pew Internet & American Life Project*, 1–37.

Martin, Chris. 2017. *Intersectionality is a Political Football, Here Why it Doesn't Have to Be*. Heterodox Academy, April 17. https://heterodoxacademy.org/intersectionality-is-a-political-football-heres-why-it-doesnt-have-to-be/.

Møller, Paul, and Ragnhild Husby. 2000. The Initial Prodrome in Schizophrenia: Searching for Naturalistic Core Dimensions of Experience and Behavior. *Schizophrenia Bulletin* 26 (1): 217–232.

Ohlsson, Robert. 2018. Public Discourse on Mental Health and Psychiatry: Representations in Swedish Newspapers. *Health* 22 (3): 298–314.

Pittman, Matthew, and Brandon Reich. 2016. Social Media and Loneliness: Why An Instagram Picture May Be Worth More Than a Thousand Twitter Words. *Computers in Human Behavior* 62: 155–167.

Pyle, Edward, and Dani Evans. 2018. Loneliness—What Characteristics and Circumstances Are Associated with Feeling Lonely? *Office for National Statistics*, April 10.

Rottenberg, Jonathan. 2014. Fighting Depression Stigma: The Ends Justify the Memes. *Psychology Today*, April 6.

Saraceno, B., and T. Dua. 2009. Global Mental Health: The Role of Psychiatry. *European Archives of Psychiatry and Clinical Neuroscience* 259: 109–117.

Shifman, Limor. 2013. Memes in a Digital World: Reconciling with a Conceptual Troublemaker. *Journal of Computer-Mediated Communication* 18: 362–377. https://doi.org/10.1111/jcc4.12013.

Silverman, David. 1997. *Qualitative Research: Theory, Method, and Practice*. London: Sage.

Singh, A., and N. Misralnd. 2009. Loneliness, Depression and Sociability in Old Age. *Industrial Psychiatry Journal* 18 (1): 51–55.

Smith, Rachel A., Xun Zhu, and Madisen Quesnell. 2016. Stigma and Health/Risk Communication. *Communication*. https://doi.org/10.1093/acrefore/9780190228613.013.96.

Stain, H.J. et al. 2012. Understanding the Social Costs of Psychosis: The Experience of Adults Affected by Psychosis Identified Within the Second Australian National Survey of Psychosis. *Australian and New Zealand Journal of Psychiatry* 46: 879–889.

Steckl, Carrie. 2019. The Government Shutdown's Impact on Mental Health Programs. *MentalHelp.Net*, January 8: 2.

Tiwari, S.C. 2013. Loneliness: A Disease? *Indian Journal of Psychiatry* 55 (4): 320–322.

Turkle, Sherry. 2011. *Together and Alone*. New York: Basic Books.

Webb, Anne. 1883. *A Manual of Etymology: Containing Latin & Greek Derivatives with a Key, Giving the Prefix, Root, and Suffix*. Philadelphia: Eldredge.

Weiss, Robert. 1973. *Loneliness: The Experience of Emotional and Social Isolation*. Cambridge, MA: MIT Press.

Wordley, Amelia. 2018. Loneliness Is a Much More Modern Phenomenon Than You Might Think." *Word Economic Forum*, April 16.

Yeginsu, Ceylan. 2018. U.K. Appoints a Minister for Loneliness. *The New York Times*, January 17.