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Helpful or Harmful?; The role of Instagram in the recovery from  
Major Depressive Disorder

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requirements of Cardiff Metropolitan University for the  
degree of Bachelor of Science

## Declaration

I hereby declare that this dissertation is the result of my own independent investigation under the supervision of my tutor. The various sources to which I am indebted are clearly indicated. This dissertation has not been accepted in substance for any other degree, and is not being submitted concurrently for any other degree.

Candidate

## Acknowledgements

Thank you to [REDACTED] you may have been my only project supervisor so far but you are the best by far I'm sure. You've kept me sane and I know for sure that this project would never have happened if it wasn't for you. And to [REDACTED] you are a gem in every way. University hasn't always been an easy experience for me and your constant support and care has been, at times, one of the only things that has gotten me through. Thank you both for restoring my faith in education.

\*\*\*

To my parents, [REDACTED] my sister [REDACTED] and my beautiful niece and nephew, [REDACTED] thank you for putting up with me. I've cried, stressed, ranted and raged for 4 years running, put you through hell and told you too many times I can't do it, but I made it, and that's all thanks to your support and constant light. Thank you to all of you for always picking me up and reminding me what I can achieve; you were right!

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To [REDACTED] thank you from the bottom of my heart. You've held my hand when I've panicked about word counts and the fact Google Scholar won't let me see the full article, you've told me I'm beautiful even after I've stress eaten a full Vienetta and definitely look disgusting, and you've saved me from all those moments of self-doubt; I'm honoured to have you in my life.

\*\*\*

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## Abstract

In recent decades there has been a proliferation of both young people and young adults aged 10-24 suffering from diagnosable mental health issues. One of the most commonly diagnosed mental illness is Major Depressive Disorder (MDD) with up to 18% of adolescents developing the disorder by eighteen years old. Concurrent to the rise in MDD, the social networking sharing platform Instagram has boomed in popularity with the number of users rising from 150 million in 2015 to 800 million in 2017. As a consequence of this phenomenon the online support community has started to trickle from other social media sites (such as Facebook) onto Instagram; with users creating accounts for the dual purpose of documenting their mental health 'journey' and accessing social support from those in a similar situation. As this is such a novel development, there is a substantial lack of research into the MDD "recovery community". To investigate this growing phenomenon a qualitative study was undertaken, interviewing with 6 participants aged 18-25 who currently have, or have held, a recovery Instagram account having been recruited through social media. A semi-structured interview was prepared, with results analysed using thematic analysis. Analysis suggested that a recovery Instagram is simultaneously both helpful and harmful towards recovery from MDD. This qualitative study into the role of recovery Instagram accounts when recovering from MDD is novel and more research is needed as this community is growing rapidly.

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# Introduction

## 1.1 Increase in Major Depressive Disorder

In recent decades there has been a proliferation of young adults aged 10-24 suffering from diagnosable mental health issues (Mojtabai, Olfson & Han, 2016), with approximately one in four adolescents meet the diagnostic criteria for a mental illness in their lifetime (Merikangas, He, Burstein et al., 2010). One of the most commonly diagnosed mental illnesses is major depressive disorder (MDD), with up to 18% of adolescents developing the disorder by eighteen years old (Avenevoli, Swendsen, He, Burstein & Merikangas, 2015). Whilst there is no definitive evidence pointing to a catalytic factor, puberty is thought to be a pivotal catalyst towards the development of the disorder (Thaper, Collishaw, Pine & Thaper, 2012) and it has been noted that unresolved mood disorders in adolescence heavily influence the probability of symptomatic reoccurrence in later life (Patton, Coffey, Romaniuk et al., 2014), and the development of depressive symptoms in adolescence is significantly associated with poor long term social, mental and educational outcomes (Burns, Andrews & Szabo, 2002).

MDD is a disorder which has a multifactorial and complex aetiology which has significant biological and social influences, including preceding disorders such as attention deficit hyperactivity disorder and anxiety (Rice, Sellers, Hammerton et al., 2017). It is characterized by a marked decrease in personal and social functioning, and includes symptoms such as a decrease in mood, low libido and in more severe cases, suicidal ideation (Young, Mueller & Tendolkar, 2016). Estimates indicate MDD carries a mortality rate of 12-15% (Walker, McGee & Druss, 2014), however it is thought this percentage reduces around 50% after the first year of onset (Laursen, Musliner, Benros, Vestergaard & Munk-Olsen, 2016), suggesting it is in the first year after onset those suffering with MDD are most vulnerable to suicide, thus prompt treatment is essential. Even though research has shown that prompt treatment is essential so as to reduce the suicide risk in sufferers many young adults do not seek medical or therapeutic interventions and will often suffer in silence, engaging in negative coping mechanisms such as self-harm and self-medication with both prescription and illegal drugs (Rueger, Malecki, Pyun, Aycock & Coyle, 2016). These coping mechanisms are often employed due to the barriers that existing therapeutic services pose towards young adults with MDD such as access, availability and the 'threshold of illness' that exists within NHS funded services (Andrews, Sanderson, Corry & Lapsley, 2000), alongside a fear of stigma from both professionals and peers (Jorm, Wright & Morgan, 2007). The current services are further unable to cope with the large proportion of young adults who present with mental illness, which increases feelings of inadequacy within those young adults who do seek help but are not 'ill enough' for secondary care, and instead are placed on psychotherapeutic medication

(Christensen & Hickie, 2010). These medications have side effects including an increased risk of suicide and have a high toxicity in overdoses, creating concern within the psychiatric community about the appropriateness of prescribing potentially fatal medications to a depressed patient (John, Marchant, Fone et al., 2016). As a result of this inability and reluctance to disclose feelings of depression and procure the services necessary for therapeutic treatment it is no surprise that young adults are increasingly turning to internet support groups (ISG's) for support, especially those based on social networking services (SNS) such as Facebook.

## 1.2 Increased use of ISG's on SNS

Part of SNS growing popularity within those experiencing depression arises from its relative ease from which relationships can develop, as it facilitates relational initiation, relational maintenance and reconnection, factors which can indeed increase the size and/or quality of one's support system (Zhou, Li & Liu, 2010). Furthermore, ISG's enable users to communicate asynchronously meaning that users can reply to posts and other interactions in their own time, allowing users to formulate responses and interactions consistent with the identity they wish to portray. It is this asynchronous communication that has driven the popularity of ISGs over more traditional face-to-face support groups (Klemm & Hardie, 2002) alongside the ease of access that ISG's offer, making them attractive to those with physical or psychological mobility issues such as in MDD, where symptoms such as lack of motivation and possible co-morbidities i.e. social anxiety can make it difficult for sufferers to attend traditional support groups (Warmerdam, Smit, van Straten, Riper & Cuijpers, 2010). ISG's provide a level of anonymity if the user decides to utilize it, thus it is unsurprising that they are often favoured when seeking support for sensitive topics or stigmatizing disorders (Fingfeld, 2000), such as recovery from sexual abuse and mental health disorders. This anonymity is also conducive to the disclosing and discussion of potentially embarrassing symptoms, encouraging honest discourse between members (Eysenbach, Powell, Englesakis, Rizo & Stern, 2004); this is known as self-disclosure, defined as a 'process of making the self known to others' (Joinson & Paine, 2007, p. 2) meaning that those suffering from symptoms relating to MDD such as a decrease in personal hygiene and in libido is increased with less fear of judgement or stigma from other members of the ISG. Self-disclosure itself has been noted to be influential in facilitating and promoting psychological well-being in those suffering from a wide range of mental illnesses (Balani & Choudhury, 2015) due to the resulting disinhibition, which is known to have a role in therapeutic counselling. Previous research argues that self-disclosure is beneficial within a mental illness ISG setting, improving trust as well as being an integral factor in the development of social development and control, alongside the expression of oneself

(Cozby, 1973). Previous research into internet communities revolving around MDD have shown that in addition to providing a safe space, ISG's can reduce feelings of isolation (Morahan-Martin & Schumacher, 2003; White, McConnell, Clipp et al., 1999), provide social support (Glasgow, Barrera, McKay et al., 1998) and in turn help individuals cope with their illness (Klemm, Bunnell, Cullen et al., 2003).

ISG's focusing on illnesses also allows individuals to display health seeking behaviour (HSB) with regards to their particular illness. HSB is the act of seeking information related to one's health (Lambert & Loiselle, 2007, p.1008), an occurrence that has been steadily shifting from health professionals such as doctors and nurses to the internet due to the growth in health-related websites. Whilst there have been multiple research studies undertaken investigating the prevalence and role of these health related websites and the extent to which people are using them, research has been centered around physical illnesses, especially that of cancer (Hoybye, Johansen & Tjornhog-Thomsen 2005; Klemm, 2005) The few studies that have been undertaken looking at the prevalence of MDD related HSB have concluded that individuals with MDD do also partake in this behaviour with Horgan, Aine and Sweeney (2010) theorizing that this increase in HSB shown by young people living with MDD was because of a low level of help seeking behaviour towards professionals. This was theorized to be due to an increase in self-stigma, fear of stigma and judgement from others and a lack of services; thus the expanse of and anonymity provided by the internet meant it is particularly attractive to young people living with MDD.

Whilst much of the research pertaining to online support groups is positive, there are negative consequences to using them as a form of social support. The most obvious one is that of access; those in developing countries, the elderly or those with a low income may not be able to afford to access the internet, thus preventing these groups from being able to access the support online groups offer (Dennis, Hodnett et al, 2009); additionally, a basic knowledge of computer systems is necessary so as to be able to access the particular ISG. The user must also be literate in both reading and writing (Barker, 2008) to understand the posts, rules of the ISG and be able to ask for support in a competent manner. Furthermore, popular online support forums often have thousands of members, which in turn creates a large number of posts so often posts can get "lost", as reading each post would require a significant amount of time; a commitment many members do not have the time to take on. (Shaw et al, 2002). A lack of visual and aural cues, such as facial expressions and vocal inflexions, can cause posts to be lost in translation or be misinterpreted. As a result, paralanguage has become commonplace, with cues being replaced with emojis and capitalisation of text (White &



Dorman, 2000) in an attempt to convey social information and aid impression formation. (Hancock & Dunham, 2001).

Although there is undoubtedly a large number of ISG's on text-based SNS such as Facebook, research has suggested that a positivity bias occurs in many users of SNS, specifically Facebook (Andalibi, Oxturk & Forte, 2017). Positivity bias refers to the idea that positive expressions are favoured over negative ones (Weistreich & Cole, 2010), with Vitak & Kim (2014) concluding that Facebook is perceived as a platform to share positive news and experiences more than negative. Whilst mainly text-based SNS such as Facebook are the most common SNS ISG platform, research has shown that photo orientated SNS can also be beneficial when struggling with MDD (Andalibi, Ozturk & Forte, 2017); this positivity bias which can hinder those from seeking help on an SNS such as Facebook in addition to the increase in popularity of photo sharing platforms (PSP's) such as Instagram mean that the community based on providing mutual mental health support originating on Facebook has started to trickle onto Instagram.

### 1.3 Increased use of Instagram as an ISG

Instagram is a PSP founded in 2010 and within seven years has accumulated around 800 million users (Casalo, Flavian & Ibanez-Sanchez, 2017). Around 30% of users are between 18 and 29 (Duggan & Brenner, 2013), however, it should be noted that there are multiple users under the age of 18, and thus estimates suggest around 40% of users are under 30 (Statista, 2018). Instagram is a unique platform due to its ease in making additional accounts without the need for email verification, meaning it is easy to make multiple accounts with varying levels of anonymity and each with a different focus. Compared to Facebook and other SNS, Instagram does not have the ability to create specific support or fan groups and instead communities form around public hashtags and multiple accounts dedicated to the community's central concept. Whilst research has shown that Instagram is the most detrimental to young people's mental health (Royal Society of Public Health, 2017), and considering Instagram's popularity amongst users who are statistically at a high risk of developing MDD, there has been minimal research into the use of Instagram in dealing with MDD as most of the existing research surrounding Instagram's relationship with mental illness revolves around the sharing of 'pro-ana' imagery, defined as imagery that promotes anorexia as a reasonable lifestyle rather than a severe mental illness (Borzekowski, Schenk, Wilson, & Peebles 2010). Since Instagram became aware of the use of pro-ana hashtags such as #thighgap and #proana and the algorithm was changed so it is no longer possible to search for potentially damaging terms, resulting, pro-ana accounts have decreased in number (Chancellor, Pater, Clear, Gilbert & De

Choudhury, 2016). The resulting gap has been filled by the rise in 'recovery accounts'. Based on the author's observations of recovery accounts, it is evident that they often contain distinctive features identifying them as a recovery account. They are often private accounts in which users have to approve followers and will contain posts that usually document, in an often journalistic style, their struggles and attempted recovery from mental illness. Accounts often have positive connotations within their user names such as 'improving\_[name]', 'rebuilding\_[name]' or 'finding\_[name]', Another distinctive feature of a recovery account is in the biography of the account, which is often the only feature visible to non-followers, as is it often focuses on the user's diagnoses and whether the user has had inpatient treatment or not; i- if so, the biography often has the amount of times and possibly locations of the inpatient unit. Whilst it is very much a hidden community due to the privacy settings and differing levels of anonymity many users employ it is a growing community with a conservative estimate of around 1.2 million active recovery accounts at any one time. This figure was gained by calculating the estimated number of mentally ill users of Instagram between 18-25 by dividing the number of users aged 18-25 by 4 (as the current literature suggests 1 in 4 young adults will suffer from mental illness), then dividing by 1000. 1000 was chosen as a conservative estimate that 1 in 1000 mentally ill Instagram users will be using it as a recovery account, however, this has not been corroborated.

Due to the clandestinity of both the community and the accounts there has been no research undertaken into the role of these accounts in a recovery effort in young people, thus this gap in the literature alongside the scale of this community and the vulnerability of the users means undertaking research is imperative so as to gauge the impact holding a recovery Instagram account has on a recovery effort from MDD. The research aim to be explored in this study is if using a recovery Instagram account during a recovery effort is helpful or harmful to recovery, alongside exploring the motivations behind initiation, prolonged usage and deactivation of the accounts.

## Method

### 2:1 Design

This project is a qualitative study, utilising a semi structured interview so as to provide reliable and comparative qualitative data (Cohen & Crabtree, 2008). Thematic analysis was used so as to gain a holistic understanding of Instagram's role in recovery.

### 2:2 Participants

This study used purposive sampling based on the inclusion criteria, recruiting five participants between the ages of 18 and 25 who have either held, or currently hold, a 'recovery Instagram' account and a diagnosis of MDD (Table 1). Participants were recruited through two streams, using either social media or the researcher's existing contacts.

Name*	Age	Sex	Diagnoses'	User status
Florence	22	F	MDD, OCD, C-PTSD, BPD	Current user
Jenny	19	F	MDD, BPD	Current user
Gill	22	F	MDD, Anorexia Nervosa	Previous user
Sophie	23	F	MDD, Anorexia Nervosa, Bulimia Nervosa	Previous user
Kelly	19	F	MDD, Bipolar Disorder	Current user

\* = Names have been changed to protect anonymity

Table 1

### 2:3 Ethical Considerations

Ethical approval for this project was granted on 27<sup>th</sup> October 2017 by Cardiff Metropolitan University (reference number: 9502) on receipt of an ethics form, participant information schedule and a finalised interview schedule. All participants' anonymity was ensured through a pseudonym, e.g. Sophie, which allowed for identification of transcripts. A risk of psychological distress to the participant was identified by the researcher due to the topic of the project. The information sheet given to the participant contained sources of support that were available to them if they felt any emotional distress, as well as the researcher's contact details. Fully informed consent was obtained from each participant and participants were reminded of their right to withdraw at the beginning and the end of the interview.

## 2:4 Materials

An interview schedule (Appendix A) was prepared so as to ensure the semi-structured interview ran correctly, with questions regarding their experiences of having a recovery Instagram account. Participants were also given an information sheet and consent form before starting the interview process, containing information about the aim and procedure of the study, as well as exclusion criteria and possible benefits and risks which they were required to sign. Information regarding anonymity, confidentiality and their right to withdraw was also included. The researcher's password protected iPhone audio recording software was used to record the interviews, and a password protected computer was used to transcribe and analyse the data.

### i. Semi structured interview.

The semi-structure interview was used in order to enable an in depth exploration of the individual's experiences of using a recovery Instagram, whilst allowing the interview schedule to be prepared before the interview. This interview format is beneficial to exploratory qualitative research as it allows for flexibility between the researcher and participant, as initial questions act as a basic scaffold for the interview, from which the researcher is able to follow up on the participant's answers through the use of follow up questions and prompts. This means the researcher is able to explore salient areas as they arise in the participant's responses (Pietkiewicz & Smith, 2014). Due to the lack of research in this area, no previous research was used to help construct the schedule, instead 14 open ended questions were asked split into six sections: background, usage, emotional impact, social contact, deactivation and comparisons to gather a holistic understanding of the motivations, experiences and consequences of using a recovery Instagram. Prompts such as "how does that make you feel?" and "why do you think that happens?" were used as necessary, so as to guide the focus of the interview back to the research aim.

## 2:5 Procedure

### i. Recruitment.

Following ethical approval, potential participants were recruited via two recruiting streams, social media or through the researcher's existing contacts. The researcher put a request on three social media streams; Facebook, Twitter and Instagram, stating the inclusion criteria and asking for those interested to contact the researcher through the social media's messaging service. Initial contact was made, and a brief overview of the study was presented to the individual, with a request to email the researcher if they were willing to participate. Further communication was then through email. For participants recruited through the researcher's

existing contacts, a message was sent to the potential participant giving a brief overview of the study and asking if they would like to be involved. The researcher's email was then given to the participant, and further communication was through email. A time and a date for the interviews were arranged, with two conducted in person, and three conducted over Skype. For the interviews conducted over Skype, the consent forms were posted to the interviewee to read through and sign. The consent form was then sent back to the researcher in a pre-addressed and stamped envelope, after receipt of which the interviews were arranged.

## ii. The interviews.

The interviews were conducted in a quiet location with minimal disruption to ensure the interviewee's felt relaxed and comfortable to divulge personal information, as well as to reduce any audio or visual distractions. Once the interviewee was comfortable, the information sheet and consent form was presented for the participant to read through by themselves. When the researcher returned the interviewees were given the opportunity to ask any questions they may have had, as well as being reminded of their right to withdraw, the confidentiality and anonymity procedures. Once they felt happy to participate the consent form was signed and the audio recording equipment was checked, after which the interview proceeded. In interviews conducted over Skype, the researcher read the consent form and information sheet through out loud, after which the participant was offered the opportunity to ask any questions, and reminded of their right to withdraw, before the audio recording equipment was checked and the interview commenced.

After the interview was completed the interviewees were thanked, as well as reminded of their right to withdraw and asked if they had any queries regarding the study. The audio recording was transferred to a password protected computer immediately after the interview; the original recordings on the audio recorder were then deleted so as to maintain a high level of confidentiality. The password protected computer was then used to transcribe the interviews verbatim, with changes made to names and locations so as to protect anonymity. A timescale of 2 weeks was given to the participant to redact any or all parts of the interview, after which the transcriptions were analysed using thematic analysis

## 2:6 Method of analysis

The interview was analysed using thematic analysis (Braun & Clarke, 2006). The main aim of thematic analysis is to identify repeating patterns of meaning across a qualitative data set, in the form of themes (Braun & Clarke, 2006), as well as allowing for flexibility in the analysis (Roulston, 2001). It was chosen as it enables in depth exploration around how the account

holders perceive Instagram in terms of helping or hindering their recovery. Thematic analysis consists of six stages as outlined in Braun & Clarke (2006), the first of which is familiarisation of the data in which the researcher reads the transcription multiple times whilst starting to note potential points of salience to the research question. This stage is followed by the generation of initial codes by adding either semantic codes or descriptive comments to parts of the transcript that explored the research question; these codes are then grouped into recurring themes in stage three. The resulting themes are then reviewed in stage four where the relevance of the codes within each theme are checked as well as ensuring the themes correlate with the dataset as a whole. The themes are then defined and labelled in stage five where each theme is justified and substantiated by pieces of the data set; the themes are then ordered and the analysis refined as a report is produced in stage six.

## Results

Interviews were held with five female participants, aged between 18 and 25; all of the participants held a diagnosis of MDD. All names were changed to protect participant confidentiality. Their experiences of using Instagram whilst engaging with the recovery process were recorded and analysed using thematic analysis (Braun & Clarke, 2006), as a result of which four overarching themes became apparent throughout all or the majority of the interviews, these were Instagram as a perpetrator, Instagram as a therapist, Instagram as a search engine and Instagram as a social instigator. (See figure 1)

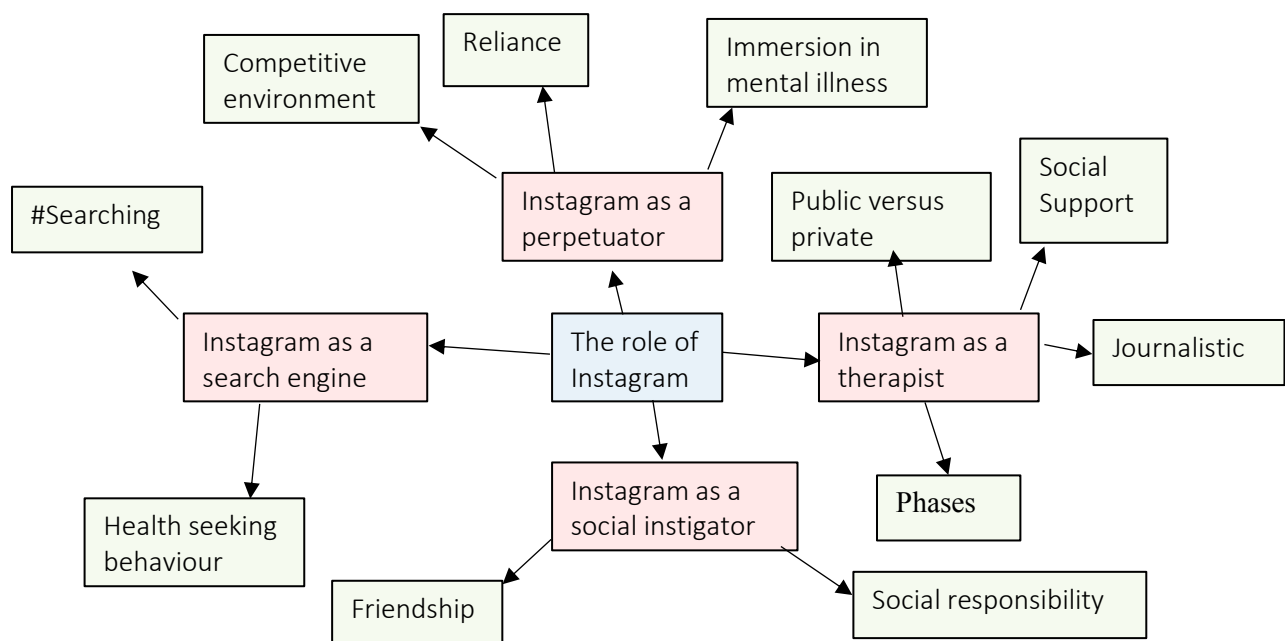


Figure 1. Thematic Map

### Instagram as a therapist

This overarching theme encapsulates participant's feelings around the support and positive impacts as a result of using a recovery Instagram account. From this overarching theme, four sub themes were identified – public vs private, social support, journalistic and phases.

#### Public vs private

One of the most common themes throughout all the interviews was the importance of having a private recovery account that was separate to their public account with the power to accept or reject followers. Gill emphasised the importance of having an anonymised account

*So I always had like my sort of public one... and then I'd have like my private one which like wouldn't have my name on, like wouldn't have my face as a profile picture,*

*like it'd be private stuff like that, so like I felt like people couldn't or like it would be harder for people to find me. (Gill, p.1, l. 36-41)*

Anonymity was of high importance for Gill as she was significantly more restrictive than other participants with regards to the information she provided in her profile and was also very stringent on who she accepted to follow her, feeling more anxious around her followers when the number of followers started to rise through a feeling of paranoia around the true identity of her followers –

*You can't check through all of those accounts, like some will be anonymous and stuff like that and there's always that voice in the back of your head, that's like... one of my old shitty friends that's made another account to try and spy on me (Gill, p.5, l. 245-250).*

Jenny however was not as concerned with the true identity of her followers, but took longer to accept followers on her recovery account, originally just using it as a personal 'diary' – *'I didn't let anyone follow it for a while, it was just kind of like thousands of posts and no followers'* (Jenny, p.1, l. 14-16). It was evident throughout all the interviews that each participant had a public Instagram account before creating a recovery account, with Florence stating *'I originally had just a personal Instagram account'* (Florence, p.1, l. 6). , after which they progressed to creating a recovery account. The ability to create a very private account with the power to accept or reject followers was, for many of the participants, a main contributing factor in the creation of the account as well as the ability to choose their level of anonymity, so as to increase the level of self-disclosure and help seek to a higher standard.

### Journalistic

Many of the participants described their use of their recovery accounts akin to keeping a diary, as Gill demonstrated – *'it was kind of just like very much like my diary'*. (Gill, p.2, l. 100) Many participants vocalised the importance of writing their thoughts down and expressed how that could often be helpful , with Kelly stating *'It's just a relief getting everything off your chest so it does make me feel better.'* (Kelly, p.1, l. 47-48), however even though Florence agreed with the importance of having somewhere to voice distressing thoughts, hindsight had allowed her to recognise the potentially triggering nature of her posts, meaning she is now more careful with her content –



*I really was just using it as a place to vent so was literally putting everything in my head on Instagram, which in hindsight probably wasn't the best of things to do, whereas now I'm quite wary... I don't want to have a negative effect on other people* (Florence, p.5, l. 249-253).

This consideration of others is a phenomenon which is unique to support communities when compared to a typical diary, as posts are seen by others in similar situations, and by being exposed to possibly triggering content can be detrimental to a recovery effort. Jenny transitioned from a diary to a recovery account, explaining that *'I'm quite a vocal person, like I need to express myself and I got bored of writing a diary, and it was just, it was easier on Instagram.'* (Jenny, p.1, l. 31-34), suggesting that being able to use a recovery account as a diary was one of the main motivating factors in creating the account; a point Sophie supported – *'I found it really useful to just document how I felt and stuff'* (Sophie, p1, l. 32-33).

### Social Support

Possibly the single largest contributing factor in the creation or continuing usage of each participant's recovery account was the need and opportunity for social support: *'I just saw loads of people helping other people'*. (Kelly, p.1, l. 13-14) The benefits of this support are facilitated by a similarity in the life experiences of the users, with Kelly further stating *'it does help seeing other people in the same position as you'* (Kelly, p.1, l. 48-50), something which Gill echoes even though her initial motivation was not to gain a support network *'I guess it becomes more like yeah emotionally supportive'* (Gill, p.1, l. 52-52). Jenny concurred with this idea of beneficial social support by explaining that *'there's so much care... and that's nice'* (Jenny, p. 3, l. 116-118), whilst Kelly touched upon the benefits of having support openly available – *'it does help having the support there... it is comforting knowing that there is support'* (Kelly, p. 2, l. 83-85).

Florence highlighted both the positive and negative side of the recovery community through her own experiences, touching on the fluid and sometimes detrimental atmosphere in the recovery community – *'when I first started using Instagram, it was... a really supportive place... whereas now... it's not as supportive and it can actually get very nasty'* (Florence, p. 2, l. 63-67). This fluidity suggests that it is a place that can be helpful at times and then unhelpful, and echoes the instability that many with mental illness feel with offline relationships.

## Phases

Participants described the phasic nature of their posting, with many reasons for the phases of inactivity given. Nearly all the participants felt their mental health impacted on their posting habits where they would post more when in a negative headspace *'like I definitely posted more if I had a shit day or whatever, kind of vent about it'* (Gill, p.2, l. 103-105); this increase in support seeking and thus in posting echoes the increase in real life support sought from medical professionals in times of crisis. Whilst Florence felt a decrease in her mental health generally meant an increase in posting, she did feel there was a threshold of privacy that she was reluctant to breach, explaining that

*If something very personal is going on, that I don't really feel like needs to be online or wants to be on, like I don't want it to be online... then I just won't use it at all.* (Florence, p. 2, l. 55-60)

Florence added that she would also stop posting if *'something's going down on Instagram, that I firmly want to stay out of, then that could prompt it'* (Florence, p. 2, l. 54-55).

## Instagram as a perpetuator

This theme encapsulates participant's feelings around the more negative effects of using a recovery account on Instagram, which can in turn perpetuate the cycle of mental illness. Three themes were then identified from this overarching theme, these were immersion of mental illness, reliance and competitive environment.

### Immersion of mental illness

Most participants voiced feelings of concern over whether using a recovery Instagram was prolonging their mental illness, due to the constant exposure of mental illness related stimuli on their Instagram feeds. Kelly, as a current user, acknowledged this – *'it does perpetuate things [distressing feelings], seeing other people's posts'* (Kelly, p.1, l. 43-44), a sentiment Gill, who viewed her use of a recovery Instagram in a retrospective manner, echoed –

*The things that you're seeing like you're constantly exposing yourself, you don't realise like how much you're just wrapping yourself up in that whole world', adding that 'it just like prolonged the length of time that I like was really depressed for.* (Gill, p. 3, l. 143-155)

Florence gave her insight into the effect that users posting graphic photos or commentary has on her, explaining that some accounts *'will post really graphic photos of their self-harm, or will go into extreme detail of suicide attempts, or restraints... but, when you go into like most minute details... that is so detrimental'* (Florence, p. 3, l. 102-109). She also commented on the impact accidentally exposing herself to graphic content had – *'I was not prepared to stumble across some of the things that I did which had a massive negative impact'* (Florence, p. 8, l. 361-362).

### Reliance

Participant's spoke often about feelings of anxiety around losing the support they have gained through being part of a recovery community, thus feeling reliant on Instagram; Kelly expanded on this, explaining that *'losing that support just seems really frightening... I'm not sure how I would cope... if I didn't have that account'* (Kelly, p.4, l. 186-188). Gill spoke about heightened anxiety when first thinking about deactivating – *'I was really anxious at first'* (Gill, p. 6, l. 320), describing that this anxiety was due to not wanting to lose the connections she had made on Instagram – *'I was like really worried about I guess losing those connections... it sounds stupid but you are worried that other people you'll never find again'* (Gill, p. 6-7, l. 326-334). Jenny likened her accounts to her child, explaining that she would *'probably feel like I've lost a baby I guess... ever since I discovered the internet it's been like weirdly home'* (Jenny, p.4, l. 310-314).

### Competitive environment

Some participants expressed feelings of inadequacy as a result of the severity of their illness, with Kelly stating *'you need to be a certain level [of ill] to get that support'* (Kelly, p. 2, l. 86-87), voicing concerns that there was a 'threshold of illness' that needed to be reached before a user was able to receive support and understanding from others within the community. Florence agreed with this sentiment, stating *'I'm not adequate, or my illness isn't good enough because I haven't, I haven't been inpatient'* (Florence, p. 8, l. 370-371), suggesting that inpatient treatment is seen to be this threshold that needs to be reached. This inadequacy sparked an atmosphere of competition between users as Sophie observed *'it's like a battle to be like the thinnest'* (Sophie, p. 4, l. 183), a view Florence reiterated –

*and cos Instagram can become a little bit of a competition, it's like 'I've been inpatient 13 times, and oh I've done this, and I've been sectioned however many times'* (Florence, p. 8, l. 362-365).

Florence spoke at length about this competitive culture that has developed within the recovery community, and worried for new users' perceptions, and indeed actions taken as a result of their mental illness - *'I think as newbies it can, it can really come across as a competition, I just don't think it's worth the risk to be honest'* (Florence, p. 8, l. 373-374).

## Instagram as a social instigator

This overarching theme captures participant's feelings around the social side of Instagram, and their perceptions of the followers that engage with them, and they engage with. Two themes were derived, friendship and social responsibility.

### Friendship

Much like in other online communities, participants spoke at length about the relationships they had forged through using a recovery account, some of which had transferred from the online world to the offline world. Even though her account was anonymised further than any of the other participants, Gill forged connections with some of her followers – *'definitely a few of them I would have said were my friends'* (Gill, p.5, l.226-227). Jenny gave an insight as to why she had formed bonds with her followers, stating *'you like get to know about people's lives because you read it... you don't really need to know much about them to like know them as a person from their Instagram'* (Jenny, p.5, l. 221-228) On the other hand, Florence attributed the development of her friendships to an act of mutual support between both individuals; – *'you build up these relationships and you sort of help each other out so yeah I'd say that you do make really good friends'* (Florence, p. 3, l. 136-138). Florence also articulated feelings of confusion when asked about how she views her followers, as she is both aware that they are just *'someone who I follow'* (Florence, p. 5, l. 223), as well as cognisant of the fact that *'in reality you know absolutely nothing about them, you just know... what this person is choosing to put online but that makes you feel like you know them'* (Florence, p. 5, l. 227-230).

### Social Responsibility

Participants expressed feelings of social responsibility towards their followers, not wanting to trigger them. This in turn impacted their ability to post honestly, thus creating a moral complex in Florence;

*I don't want to have a negative effect on other people but in the same respect I still need that space to vent so yeah you do have to be careful about it'* (Florence, p. 5-6, l. 253-255).

When Kelly was asked about a time when posting didn't give her a release, she recalled a time when she had posted something and when looking back felt guilt over exposing others to her distressing thoughts; *'it couldn't have been nice for other people to see'* (Kelly, p. 2, l. 77). Gill thought her age had an impact on her consideration of content – *'when you're younger you don't really understand the impact of like what you actually posting... as I kind of got older... I felt really like inappropriate somehow'* (Gill, p. 6, l. 309-314). Kelly described how the role number of followers had made her consider the content of her posts more carefully, explaining that *'with more followers it comes a lot more responsibility so, I do have to be careful'* (Kelly, p. 3, l. 161-162).

## Instagram as a search engine

This overarching theme encompasses the use of searching on Instagram, both through posts within the recovery community and actively searching Instagram as a whole platform. Two themes came from this overarching theme; #searching and health seeking behaviour.

### #Searching

There was a large variation in the ways participants became aware of a recovery community on Instagram, with three out of the five participants discovering it as an unexpected result of searching mental illness related hashtags, such as #depression. The remaining two participants came across recovery accounts entirely by accident, or through Instagram's algorithms. Kelly found out about the community using hashtags, explaining that she *'searched depression and mental illness, well I searched the hashtags and found a load of accounts'* (Kelly, p.1, l. 7-9) which she then followed, after a while deciding to make her own. Jenny on the other hand stumbled across recovery accounts after she found an old friend from Tumblr on Instagram, having previously used Tumblr as a platform to voice her thoughts and feelings around her mental illnesses before using Instagram – *'Well I used to have Tumblr... and I found a couple of peoples Instagram's... and I started following them... and then eventually I decided to make a private one'* (Jenny, p.1, l. 8-14). This idea of being exposed to the recovery community through the accounts participant's chose to follow was a common theme throughout most participant's interviews, with Florence encapsulating this in her response when asked how she originally found out about the community – *'Through people I was following... and they were talking about this community, and then you sort of link up with other people'* (Florence, p.1, l. 13-17); an experience Sophie reiterates –

*I accidentally stumbled across one one day, and I thought... it was a one off... and so I followed it then discovered it was loads of people, it was a genuine thing, so that's when I decided to make my own one* (Sophie, p. 1, l. 10-15).

Once she was acquainted with the recovery community, Sophie furthered her search using hashtags when she was in a negative place – *'if I was going through a bad patch I'd search like #thinspo or all that bad stuff* (Sophie, p.1, l. 21-22), noting that Instagram had since gotten rid of those search terms. It is worth mentioning that both Florence and Kelly both use mental health related hashtags in their current captions so as to further their post's exposure, thus raising awareness to their situation to both current and prospective followers.

### Health Seeking Behaviour

Participants spoke about the benefits and negative effects of health seeking behaviour on Instagram. For example, participants used Instagram to ask for peer support and advice on different concerns, (e.g. self harm treatments, medication side effects). Florence herself has used her recovery account for this purpose, explaining

*So for example when I have a medication change and it's something that you've never heard of before, if you put something like has anybody been on this medication people actually respond* (Florence, p.5, l. 211-213).

Jenny spoke about this health seeking in the form of 'calling for attention' through posting negative captions resulting in a surge of supportive replies – *'it's sort of a call for attention, which is a natural thing and everyone does it'* (Jenny, p. 3, l. 131-133). Sometimes however this health seeking can go awry, with Jenny describing a time she had borne negative consequences as a result of her health seeking regarding self-harm – *'people have got worried and contacted my parents, or like called ambulances or whatever when they may not have necessarily been needed to'* (Jenny, p. 2, l. 71-74). Furthermore, behaviours intended to be used as help seeking by participants, could sometimes be triggering or others in their content. Florence also commented that as a result of being exposed to other people's posts she has *'[not] necessarily learn how to self-harm to a worse extent but you definitely pick up tips'* (Florence, p. 3, l. 126-127), highlighting the severity of potential impacts on users.

## Discussion

This study aimed to explore participant's experiences of using a recovery account and investigate the role of Instagram in the recovery process from MDD. Five interviews with females aged 18-25 who were either past or current users of a recovery Instagram account were conducted using a semi-structured interview devised by the researcher. To date, there is no research specifically looking at the role of a recovery Instagram during a recovery effort from MDD and thus looked to gather a holistic overview of the impact of a recovery Instagram. The findings of this research showed the impact of using a recovery Instagram during recovery from MDD was great, with participants feeling both positive and negative effects from their engagement within the recovery community.

Thematic analysis of the interviews revealed four overarching themes. The first theme, "Instagram as a therapist" outlined the ways in which the participants felt their use of Instagram resembled that of a therapy session. Through the four subthemes of public versus private, journalistic, phases and social support it was evident that the participants viewed some aspects of a recovery Instagram in a positive manner in terms of having a safe space to vent in that they could moderate and control in terms of self-disclosure and anonymity. This feeling of a safe space led the participants to feel enabled to disclose the potentially distressing or upsetting thoughts inside their minds and thus reduce the power of the thoughts, a theme that has been evident in previous literature pertaining to the benefits of a safe space within a therapeutic environment (Heenan, 2006; Mason & Hargreaves, 2001). The social support offered from the community further facilitated this disclosure, alongside a feeling of confidence that they would be understood due to the similar experiences undergone by each user. "Instagram as a perpetrator" was the antithesis of "Instagram as a therapist", with this overarching theme highlighting the negative effects reported by the participants as a result of using a recovery Instagram. Three sub-themes were developed with participants voicing their concerns around the immersion in mental illness they were exposing themselves to, fears around reliance and feeling disengaged with the community due the competitive environment of the recovery community. It is worth noting that participants were often acutely aware of the negative impact using a recovery Instagram had on them personally, but were or had still used the community, suggesting that for users the benefits outweigh the negative assimilations associated with the recovery community. A third overarching theme, "Instagram as a social instigator", was produced from the analysis demonstrating the social prompting that occurs as a result of being part of the recovery community on Instagram. Friendship was a theme developed with participants speaking of the details and benefits of online friendships that have been established on Instagram. In

some cases these have developed further into the offline world, with participants speaking of a great bond between themselves and another Instagram user. Social responsibility was the second sub-theme developed with this theme enveloping the participants' feelings of responsibility for their followers leading to conflicting agendas in which the participants wanted to feel able to post honestly, however were cautious not to trigger their followers and cause them distress. The final theme derived from the analysis was "Instagram as a search engine" which embodied the way in which participants used Instagram for both health-seeking behaviour and through the use of hashtags to either initially find the community or find other similar recovery accounts.

The findings of this research correlate with that of previous research, albeit this is a novel study. Previous research suggests using the internet and its applications as a social instigator is common and beneficial within those living with mental illness as it reduces the social isolation that is all too often associated with mental illness (Morahan-Martin & Schumacher, 2003). Whilst previous research states that the ability to create and sustain relationships using the internet as a mediator is generally positive, friendships forged through a mutual need to use a recovery account can raise issues. Being exposed to posts containing disclosure of potentially suicidal or self-harm thoughts from a follower that a user has created a bond with could indeed be detrimental and cause a rise in anxiety as well as create a further conflict between respect for the follower's safe space and feelings of responsibility for the follower's safety (Dunham, 2004) which may, in some cases, include calling emergency services therefore putting strain on the friendship. There is also a question about the sustainability of the relationships forged on Instagram, as it is clear it is built on emotional instability from both parties and could well be classed as a high-risk friendship. Thus, the relationship risks being significantly more disclosive than a relationship built on another common factor, which in turn may cause emotional fatigue and be detrimental to one or both parties already unstable mental health. However, significantly more research needs to be undertaken examining the role of mental illness in friendships forged on an online mental health support group as a whole to further gauge the health of the relationship to the individual.

Previous research describes the role, benefits and disadvantages of health seeking behaviour (HSB) presented online. The current body of literature indicates that whilst HSB can expose individuals to unreliable health information with potentially catastrophic consequences such as increasing health anxiety and inciting cyberchondriasis (Muse et al., 2012), the benefits are far-reaching. HSB has been linked to reduced levels of anxiety in individuals and increased knowledge assimilation, and can ease the burden on national



health services as services are not burdened with minor illnesses (Williams, Nicholas & Huntington, 2003). Whilst research needs to be carried out investigating the prevalence of HSB within the recovery community on Instagram compared to general online HSB rates to gather an understanding as to whether there is more or less HSB within this specific community, this research indicated that HSB on Instagram presented itself as both physical and mental HSB. Physical HSB was presented as questions around medication side effects and treatment options for non-suicidal self-injury (NSSI), whilst mental HSB was presented as questions, pictures and captions designed to evoke support from other users as well as questions surrounding distraction and self soothe methods. The results from this study do vary from the current literature estimating that around half of individuals diagnosed with MDD engage in online HSB (Ayers & Kronenfeld, 2007). It was clear from both the interviews and the analysis that the recovery community on Instagram is a hotbed for HSB, with participants all having either viewed or engaged in HSB relating to either physical or mental health. Research pertaining to the relationship between anonymity and self-disclosure levels suggests that the higher the anonymity the higher the level of self-disclosure (Joinson, 2001). Whilst the participants held accounts with differing levels of anonymity, the provision of anonymity correlated with the current research in that it induced more self-disclosure, especially when discussing taboo subjects such as NSSI and other symptoms consistent with a diagnosis of MDD. Whilst the study does confirm that anonymity and self-disclosure are correlative, it cannot definitively say it was the provision of anonymity that was the pivotal factor in this increased self-disclosure. Whilst it may well have been a factor, the fact that as a user of a recovery account individuals are part of a wider community where taboo conditions and symptoms are not judged by societal standards and are accepted is most probably a contributing factor in the increased self-disclosure. To identify if the anonymity offered by Instagram is a driving factor in the creation and/or maintenance of a recovery account further qualitative research should be undertaken further investigating the contributing factors of choosing Instagram over another SNS or PSP.

Possible implications for this study are wide-reaching. The exploration into the role a recovery Instagram takes when used by an individual living with MDD whilst engaging with the recovery process has implications for all parties, whether it be users, the parents of users, educators and those working within the mental health services.

Whilst this study shows the potentially helpful effects of using Instagram whilst engaging with the recovery process it also highlights the consequences of using a recovery account. This can be relayed to those working within the mental health services so as to inform them of a possible barrier to their patients' recovery and alter care plans accordingly so as to minimize the negative consequences of using an account, as well as monitoring the accounts. This

research also emphasizes the importance for users and those at risk of creating an account to be aware of the impacts, both helpful and harmful so as to be fully informed before making a decision to create an account. A plan should further be put in place for those working with young people and parents explaining the consequences of using an account in this way so as to work with at-risk young people in a school or home setting discussing the impacts in a more in-depth manner. This study also stresses the importance for Instagram to be aware of this particular community and to monitor it accordingly so as to reduce the amount of potentially harmful content those engaging with this community are exposed to as well as increasing their safety measures for those at risk of suicide within the community.

This study has undoubtedly been pioneering in its investigation into the use of recovery Instagram accounts and is the first step in exploring this previously hidden community. The qualitative methods employed allowed for a deep yet holistic understanding of the role a recovery Instagram takes during a recovery effort from MDD whilst exploring motivations to start and continue using a recovery Instagram. As it is the first work in this area of cyberpsychology there are still further areas that need to be researched which include motivations for ceasing activity on the account as that area was not explored as in depth as would have been preferable, due to the overviews nature of the study. It would also be of salience to conduct the study with participants with other prevailing diagnoses', as although the individuals in this study had a prevailing diagnosis of MDD they all held co-morbid diagnoses, as shown in table 1. This is both a limitation and a benefit as whilst the experiences may indeed differ due to the disparity in diagnoses and thus may not be fully applicable to those suffering with a sole diagnosis of MDD, it has highlighted the overarching and common feelings users of a recovery Instagram experience as there were apparent common themes throughout the transcripts, evidencing the common feelings of using Instagram as a recovery tool. It would also be worth replicating this study with male users or users over the age of twenty-five as the feelings and experiences of female users aged eighteen to twenty-five may not be applicable to others. It may also be worth replicating the study with short term and long term users to see if the longevity of their account affects their perceptions of the role of Instagram. A further limitation of this study was in the analysis as it was conducted by one researcher and could have led to themes present within the data being missed due to the absence of another point of view. This was overcome as much as possible with the use of Braun & Clarke's (2006) "15-point checklist of criteria for good thematic analysis" (P. 96) which was strictly adhered to, meaning that the negative impact on the quality of the analysis was reduced as much as possible. Future research should also investigate the role Instagram takes when it is used in conjunction with mental health services and the effect on engagement in therapeutic services.

The answer to the title of this paper, 'helpful or harmful?' is not clear-cut. Whilst Instagram has some undoubtedly positive features such as feelings of community and social support, the negative impacts are far-reaching and potentially catastrophic. The area is yet to be fully explored and thus it is imperative further research is carried out so as to be able to fully understand the impact of using a recovery Instagram for those living with mental illness, however, this study provides a firm basis for further research to be built upon.

### Reflexive analysis

The term reflexive analysis refers to a researcher's awareness of their own personal biases and contributions and the impact that has on the way meanings are constructed throughout the analytical process (Willig, 2008). Throughout this research paper, my role as the researcher was influenced by my previous own holding of a recovery account. This influenced both the choice of topic when choosing an area for this project as well as the way I recruited and behaved with the participants, alongside the way I analysed the data. Whilst it could be argued that my previous account caused a pre-existing bias, I feel because I was aware of the recovery community I had an understanding of the way the community worked more than a more objective researcher, allowing me to explore further into the role a recovery Instagram and the data on a deeper level (Dwyer & Buckle, 2009). I also believe it made recruitment easier as I had previous connections with the majority of my participants, and the fact I used to hold my own account made it easier for participants to be honest as they didn't have to explain certain aspects, meaning the quality of data was higher as I felt they trusted me more. Whilst I found thematic analysis laborious at times, I made sure to stick with Braun and Clarke's (2006) six stages without rushing so as to allow deeper and more quality analysis of the data. Overall I feel like my previous connections with the recovery community on Instagram served me well when recruiting and undertaking the interviews and the benefits of my experience outweighed the possible biases that may have occurred.

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## Appendices

### Appendix A

#### Background/How

Can you tell me how you came to use Instagram as a recovery account?

How did you initially find out about it?

Why do you use it?

What did you expect, have they been met?

#### When

How long have you used it?

On average, how often would you use the account?

Posting/commenting, regular?

Are there phases of inactivity?

Why? What prompts change?

#### Why

How does posting make you feel?

Does it always make you feel like this? Why?

Can you describe a time when it's made you feel differently?

Why did it make you feel differently?

How do you feel posting impacts on your recovery?

Is it important? Why?

What are your reactions when people reply to your posts?

Do your reactions vary? Could you explain why?

#### What

What types of posts do you engage with most?

Why?

How does it make you feel?

What types of posts do you find have the most engagement on your account?

Why?

How does it make you feel?

## Who

How do you view the followers that engage with your posts on a regular basis?

Does the number of followers affect what you post?

How does that make you feel/can you explain it further?

## Deactivation

Have you ever thought about deactivating your account?

Why/why not?

How does the thought of deactivating your account make you feel?

Why?

How does it make you feel when someone you have engaged with deactivates their account?

Why?

Have you ever used/attended any other support groups?

Online/offline

If yes, how do you feel Instagram differs?

If no, why only Instagram?

Would you recommend using a recovery Instagram account to others in a similar position to you?

Why?

Anything else you'd like to add about your experience of using a recovery Instagram?

## Word Count Statement

Abstract	234
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Introduction	2,240
Method	1297
Results	3129
Discussion	2,331
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	8,997
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Signed: 

Date: 19<sup>th</sup> April 2018