MENTAL ILLNESS STIGMATIZATION ON SOCIAL MEDIA AND IDENTITY CONSTRUCTION.

AN INTERSECTIONAL CASE STUDY

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ABSTRACT:

Simone Biles and Naomi Osaka stated on social media that they dropped essential competitions such as Tokyo Olympics and Grand Slam in France to deal with mental health issues in 2021. Once people with mental illness have been perceived as "incapable" and "weak" in general common sense, the Naomi Osaka and Simone Biles case study aims to understand if their statements have the potential for positively changing the image of mental illness in the public understanding. A total of nine in-depth interviews were collected from people who deal with mental health problems in Brazil. The results found that the participants perceive social media as an essential tool for stigma reduction. User-generated content on social media improves the discussions around mental health problems and spreads scientific information. Lastly, mental illness stigmatization occurs on different levels for people depending on their social position. In Brazil, black and poor people are the most segregated regarding mental health problems.

Keywords: stigmatization, intersectionality, social media, mental illness, social representation

Chapter 1. Introduction

Most people affected personally with mental illness must also deal with prejudice and stereotypes besides struggling with the diseases. The stigmatization affects this group on many levels of life, from having good jobs to being part of a group of people. Therefore, mental illnesses started to be part of the scope of studies of not just psychologists but also sociologists. The Media have portrayed people with mental illness in films as people to be feared, have distorted perceptions of the world, or are weak and responsible for their condition. (Corrigan and Watson 2002)

"Health" and "Illness" embed through an expansion of meaning and social belief systems related to the inner values of collectivities and social groups. Physical and mental health problems can be defined as broadening current beliefs about what is normative in society and socially accepted. The common sense of illness is not a purely medical and scientific phenomenon object of study. Many sociocultural factors form the common sense around health, for example, representations and descriptions of life and death, ideas about healthy lifestyle, communities' dynamics and features, the predominant ideas about science in society, knowledge acquired from social communications, joint accounts, and beliefs regarding illness conditions, etc. (Dixit 2005)

The notions of illness and health take essential values of human society as they express numerous vital assumptions, we have about what life and death mean. So, the conceptions of health and illness are strongly related to morality and normality ideas. A healthy life can be translated to a "moral life. Popular daily explanations about illness and health can be intensively established in a community social context. A moral state of affairs is often used to describe health as "the good life" illustration. (Dixit 2005)

Usually, the social sciences have the temptation to avoid confusing "norm" with "normal". But in everyday life, these terms and meanings merge as the account of normality gives a suitable notion of morality. Therefore, the situation of illness and health is not purely relevant to biology or body physical studies. (Dixit 2005)

Health and illness include conflicts about what is socially accepted, moral, normal, and good. When it comes to mental illness, everyday knowledge in premodern cultures related the mental conditions to danger, evil forces, religion, and purity. In these societies, sickness meant the transgression of social norms. Every "age of civilization" conceptualizes mental health problems differently. The logical and social common sense reflects their conceptualization, which means that a lot of times will differ from scientific orientations. The mental health common sense is created in everyday conversations. (Dixit 2005)

1.1.1 Social Media role in mental health everyday conversations

Social media is an internet application that allows users to generate their own content and share it with their pairs. A study showed that 47% of people in the UK use social media regularly. However, most low income and people with disability are not part of these figures. So, marginalized people are less likely to have their voices and concerns spread on the world wide web. (Betton et al 2015)

Even with barriers, one of the essential characteristics of social media is that it is cheap and straightforward to use, which helps influence content generation. Most of the content on social media is from individuals, leading the mental health dialogue into the public debate. The methods for reducing mental health stigmatization are contact, education, and protest. So, Personal narratives on Twitter, for example, help with a mix of these approaches. (Betton et al 2015)

There are many social media channels, but this study will focus on the twite that Naomi Osaka wrote when she withdrew from the French tournament. And the video of Simone Biles's press conference she did after quitting the Tokyo Olympics in 2021 on Youtube, both for mental health issues.

1.1.2 Identity formation and mental illness stigmatization

Research shows that healthcare professionals marginalized women with mental illness. This stigmatization has consequences for individuals personally affected by mental health problems. Society perceives them as incapable of achieving goals in life, such as keeping their social

responsibilities, having an education, connection with family members, and having a good job. Marginalization plays a role in people's identity when they are stereotyped and marginalized in society. (Van Den Tillaart , Kurtz and Cash 2009)

Cultural attitudes change over time regarding mental health and behaviour, and attention deficit hyperactivity disorder, for example, was seen as unknown decades ago and might change again. Labelling people often means separation, which means "them" are different than "us." When it comes to mental health, the stigmatization becomes part of the person, as it is common to call someone with schizophrenia "schizophrenic," in contrast to physical diseases, where someone with cancer is usually described as "Someone who has cancer." So, the person that has cancer is part of "us" while the "person with schizophrenia" became "them", the "schizophrenic." (Rusch, Angermeyer, Corrigan 2005)

Although mental illness stigmatization and how it affects its interventions has been described in studies in the last 30 years, it is crucial to consider that people with mental health problems are also part of stigmatized social groups. These conditions will mostly add limitations to the intervention's effectiveness. According to intersectional theory, the discrimination, public perception, and attitude towards people with mental illness will also consider educational level, social status, race, and criminal behaviour. Therefore, members of the social group who have multiple stigmatized identities will accumulate double disadvantage. (Oexle and Corrigan 2018).

1.1.3 Brazilian context in mental health and social media

According to a World Health Organization survey, Brazil is a worldwide leader in people suffering from anxiety disorder and number five globally in numbers of people with depression. (De Souza and De Souza 2017). A survey conducted in Sao Paulo, the largest city in Brazil, showed that adults living in the city were more likely to have mental health problems than similar researchers led in other parts of the world. (Andrade et al 2012). Also, a recent study showed that the covid 19 pandemic put mental health a public health problem in Brazil (Goulart et al 2021)

Brazil is a large country with approximately 8.5 million Km^2. According to the HDI index, the Brazilian economy is one of the biggest globally, and controversially the country is number 79th in the HDI. In 2006, the Brazilian population was 188 million people, 68,1% aged between 15 to 64 years old. Portuguese is the language spoken in Brazil. The population is a mix of descendants of Europeans 53,7% white, 38, 5% Mixed White and black called "*mulatos*," 6,2% black, and 0,9% Japanese Amerindian and Arabs. Most Brazilians declare to be Catholics; around 73,6% of the population and 15,4% are protestants. All Brazilians have access to the free public Unified Health System (SUS). Private health is also commonly used by the middle class for most treatments. The Brazilian constitution assures healthcare for all Brazilian citizens, and people with mental problems are guaranteed civil rights. (Dressler, Balieiro and Dos Santos 1998)

In 2015, the Brazilian Association of Psychiatry, The Life Appreciation Centre, and the Federal Council of Medicine created the "Yellow September" campaign to bring awareness and prevent suicide among Brazilian people. The campaign was influenced by the World Health Organization International Day of Suicide prevention, held on September 10th. With social media support, the campaign became popular and had 52 thousand followers on the campaign page on Facebook in 2015. (De Oliveira 2018).

Brazil is one of the global leaders in social media users compared to other countries worldwide; 65 million Brazilians are users of Facebook, making Brazil the second most prominent social network user after only the US. In 2012, Brazil was the largest market outside the US for Google and the number five among YouTube users. Twitter declared that Brazil is among the five largest audiences on the platform. The time spent on social media is also much bigger among Brazilian people than people around the world; they spent an average of 361 minutes on social media, while Brazilians used Facebook for 535 minutes in 2012. Brazilians also spent a considerable among of time on YouTube, growing by 5%, while worldwide, it dropped by 3% in the same period. For Alexandre Hohagen, Facebook Vice president for Latin America, the Brazilian culture helps with the numbers as Brazilian people are more open and like to connect with friends. (Chao 2013)

> *"In Brazil "it's common for someone to start talking to you in the elevator or a restaurant just to start a conversation" (Chao, 2013, p. 4)*

1.1.4 Problem Statement

The Tokyo Olympics shocked the whole world when the high-performance athlete Simone Biles decided to step back during the competition in Tokyo due to mental health problems. Biles had the highest achievement in 2016 when she won four gold medals in Rio. Simone was highly criticized when she decided to abandon the competition to address her mental health issues. Two months before the match, Naomi Osaka opened that she was feeling depressed and having symptoms of social anxiety. Therefore, she quit the Tennis tournament in France. (Tardelli et al 2021)

Even though people have been more open to talking about mental health in the last years, there are still taboos around mental health and mental illness (Brown 2020). As part of communication mechanisms, social representation creates common-sense knowledge about mental illness. These representations can change over time, and it does not necessarily represent scientific knowledge. Social representations can stigmatize a group or modify an old collective perception by bringing new information about a phenomenon to common sense. (Hoijer 2011)

The statements of Simone Biles and Naomi Osaka are believed to be a new paradigm regarding mental health on social media. Therefore, the individual who deals with mental illness's perception of these statements is relevant. Also, understanding how stigmatization and intersectionality are perceived by these people in general and concerning their cultural identity can bring insights into the possible layers of discrimination that a person with mental illness suffers in the Brazilian cultural context.

The following questions will guide the research:

- In what way do Brazilian people who are personally affected by mental health issues perceive Simone Biles and Naomi Osaka's statements on social media as a tool for stigma reduction? How do they see intersectionality in relation to mental illness stigmatization in the Brazilian social context? How do they link to their own identity formation?

Chapter 2. Theoretical framework

2.1.1 Definition of cultural identity

When we ask what cultural identity is, we need to think of two ways of seeing it. First cultural identity is related to the cultural characteristics; we look at religion, moral education, language, literacy, manners, and social attitudes. These aspects will change depending on the environment; the relevancy will be what is alike and what differentiates. In this sense, the person's cultural identity will be unique with the specific combination of her cultural features. Some scholars explore the idea of hybridity, which means the cultural identity is a product of the cultural mix. The other perspective of cultural identity refers to the individual belonging to a group; here, what is analyzed is the common collective cultural identity. (Savery, 2010)
What is a cultural group? The cultural group is not solely people with the same cultural characteristics; for Scousers and Geordies, cultural groups are not as simple as considering a group that speaks the same dialect. The cultural identity is formed because these characteristics trace diverse features over an extensive part of life, so the idea of a cultural group is not just about the group features but the culture they share. So, the cultural identity seen from the perspective of group membership broadens the identity. (Savery 2010)

> *"Identity now is defined as a self-concept or self-perception that is both existential and categorical, both individual and sociocultural, and that shifts and develops over time. Individual identity is tied to a person's identification or senses of and activity around belongings. Therefore, identification is the work of belonging that occurs as a person identifies characteristics that help them determine what constitutes or does not constitute "membership" in a particular identity, group, or collective. Collective identity is about how those notions of self and other groupings are formed inside and outside of the individual and impact the formation of social categories of belonging. The work aspect of identity involves the activities around the "auto naming" or self-authorship that evolves from how and when individuals come to construct their personhood and by extension their grouping around the particular salient identities in their lives. "* (Urrieta and Noblit 2018, *p4).*

For Urrieta and Noblit (2018), identity is broad and interdisciplinary. It needs a critical and interpretive criterion about culture and sociology theories, so it means that a multidisciplinary analysis throughout sociology, culture, anthropology, ethnicity, and feminism with interpretative and critical paradigms recognize that our position influences the analytical framework.

2.1.2 Stigmatization role in identity formation by Goffman

Society established categories where people will be placed, and the relationships created. When a stranger appears, the first thing we do is categorize this person based on his social identity. Social identity is a more accurate way to describe personal attributes. Usually, we anticipate which will be these attributes and transform them into a standard demand. As we are not necessarily conscious of these demands, they become a question of whether they are fulfilling or not. This moment is when we understand our expectations about how this person should be. This is called "demands made in effect" we assigned to that person is more likely to be an allegation created "in effect a virtual identity." In contrast, his actual social identity will be categorized based on the proven category's attributes. (Goffman 1963)

Evidence can make the strange a less desired kind, like a weak, bad, or dangerous person. The strange is diminished in our minds from a normal person to a discredited type. Stigma became an attribute to discredit, in special in a pervasive impact on weaknesses or also described as failing. (Goffman 1963)

> *"The stigma, then, is really a special kind of relationship between attribute and stereotype, although I don't propose to continue to say so, in part because there are important attributes that almost everywhere in our society are discrediting" (Goffman 1963, p2)*

Even though there are attributes omnipresent in society that discredit people, stigma associates' stereotypes with attributes. Does this double view raise questions regarding stigmatization, such as a person who suffers from stigma presuming her uncommon attributes? Or does she think other people do not notice the difference? In the first question, the stigmatized assigned the discredited situation, and in the second with the disreputable. (Goffman 1963)

The person who suffers from stigmatization has similar beliefs about her identity to the "normal" people. Her concerns lay in if she may be perceived as normal as well. At the same time, the stigmatized has the perception that she is not accepted entirely and will not be treated on "equal grounds." She will absorb from a society that others perceive her as a failure, which she might agree. How do the stigmatized respond to that? When it is physical, the person might search for plastic surgery; homosexuality might search for psychotherapy, not to transform into a normal person but to someone with a record of correction of the "problem". (Goffman 1963)

When the socialization between normal and stigmatized happens, the causal factor of the stigma is faced by both parties. The person who suffers stigmatization will feel insecure about how others will associate with her. An example is the ex-mental illness patient, who will fear showing emotion when taking part in sharp interchanges with another person. For people who have a mental disorder, failing can be interpreted as trying to get attention, which means they are discreditable individuals, discredited people. (Goffman 1963)

The exposure might be expanded when interacting with strangers that will most likely have an unwanted interest, proposing advice or help about the stigmatized condition. The stigmatized person might get categorization that doesn't fit into their identity; there will most likely be an inconsistency of what is the person's actual and virtual identity. This mismatch will exclude the stigmatized from society and discredit the individual. (Goffman 1963)

Also, a person with stigma can have a similar moral career which will have cause and effect. First, when the stigma condition comes during the first sixteen years of life, the person with stigma will naturally know that condition throughout the life. Second, when the stigmatized is immersed in a community, neighbourhood kind of protective bubble. At the same time, that young person when becoming a full adult, will lack this protection and stigma will take place in their social identity. Last, the stigma becomes part of the person's identity later in life, when the person has been learned to be normal for the whole life but suddenly acquires a stigmatized attribute such as "having a contagious moral blemish" or becoming a "handicap," and that changes the position of this individual from normal to stigmatized. (Goffman 1963)

Goffman started the development of the initial concepts of how social and cultural differences compensate and punish mental illness as much as how it forms roles and status in society.

Goffman concluded that mental illness upstretched critical social problems related to social interaction for individuals, families, place, and identity. Stigma was present even before psychiatry, but only in modern history did psychiatry take the theme more seriously. Goffman believed that a social position would never be the same for individuals with mental health problems hospitalized in psychiatric hospitals. The institution will produce an unfavourable status for having a record of a severe mental illness, both in terms of employment and social treatment. (Pescosolido 2015)

2.1.3 Why does intersectionality matter to stigmatization?

All of us have multiple identities; some grant privileges, and others make us oppressed. Our identity is broader than the dimensions deemed in individual development models. Oppression works as a corresponding and interweaving mechanism that disregard groups. It is the base for learning and living with intersectionality. (Sloan et al 2018)

> *"Within intersectionality, "lived identities are treated as interlaced and systems of oppression as enmeshed and mutually reinforcing: one form of identity or inequality is not seen as separable or subordinate." The oppression of each group of people operates differently, but not separately. Failing to use the lens of intersectionality creates a false picture by not taking into account the multiple layers and forms of oppression requires recognizing the ways multiple identities are enmeshed and, therefore, need to address simultaneously without the subordination of one identity over the other. "(Sloan* et al 2018, p 98)

In the whole world, religion, race, ethnicity, gender, sex, tribal affiliation, class, nationality, and caste can be the primary explanation for how people are evaluated. The oppressional system is not the same for everybody; it is needed to understand people's privilege and marginalization to make sense of people's individually and collectively identities. (Sloan et al 2018):

> *"A different forms of oppression are added to an already oppressive situation, the interactions increase exponentially, which in turn, increase the complexity of oppression on a person." (*Sloan et al 2018, p *108)*

Maher and Tetreault created the Web model that enables examining the individual position in society concerning oppression. A person's place on the web can be illustrated as her access to power and resources. Identity on the web can be used for reflection on systematic and structural power dynamics in cultural relationships. The position is not a matter of choice; we are placed in a cultural context regarding race, class, caste, sex, nationality, ethnicity, and ability when we are born into the world. Depending on where a person is positioned on the web, it can increase or decrease their access to education, healthcare, and economic, social, and political prospects. (Sloan et al 2018)

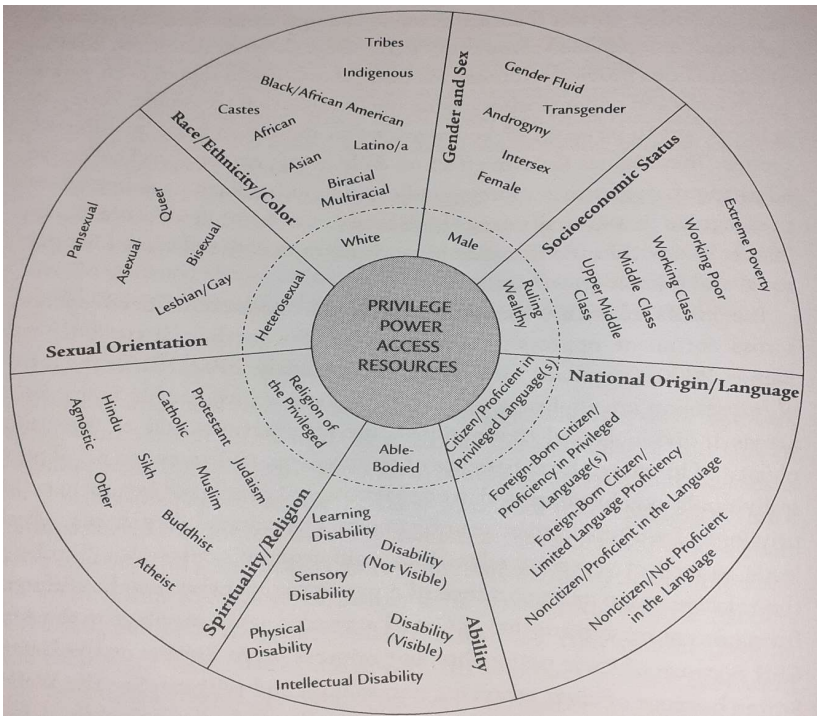

Figure 1.. Conceptual framework , taken from The Web. Critical Multiculturalism and Intersectionality in a Complex World. (Sloan et al 2018)

2.1.4 Understanding intersectionality in the Brazilian society – Gilberto Freye and Lelia Gonzales

Brazil was discovered and colonized by Portugal. Having many characteristics like other Latin Christian civilizations, such as Catholicism being the main religion, it was considered an "extension" of Portugal, being named "Portuguese America." The Brazilian territory's location,

regional diversity, and climate need also be considered when analyzing Brazilian history. Brazil doesn't have an entirely European background then likewise African. (Freyre 2013)

Even before arriving in the Brazilian region, the Portuguese had made capital of the slavery business, being common in their society the use of Africans as domestic workers and Eastern Indians for their ability to build cabinets and cave wood. The natural path in the colonization of Brazil was to use African slavery to perform the heavy labour in the fields and the local indigenous population. (Freyre 2013)

As Portugal had money and capital when they settled in Brazil, the sugar cane plantation had Portuguese aristocrats who lived like feudal lords, given the king's decision power and privileges. (Freyre 2013)

The big white mansions of the Portuguese became a symbol of their stability and power in Brazil. The Jesuits disagreed with these privileges and power and could not establish in Brazil their "theocratic system" as they did in Paraguay. In Brazil, the Jesuits worked in education; their role was to educate the wealthy children of the feudal system and the indigenous. Indigenous and white seemed an ideal race arrangement, while black and "*mulatos*" (mixed between slavery and white) were not. The plantation lords also own intellectual property in Brazil. Sending later their male children to be educated in Europe. (Freyre 2013)

Slave man's proximity with these educated white boys and their narratives about civilization and kindness was essential to help to end the plantation system. The democracy took place in Brazil, but it already began with race and class ideologies of dominance. Black and indigenous people had never had a stable and lasting social and cultural dominance. (Freyre 2013)

Later, to recover from centuries of slavery , the Brazilian government had received many European farmers attracted to Brazil to the ease of demanding control from their local organizations. Their government acted as advisors regarding migration issues, which shaped the Brazilian foreign policy for several years. (Freyre 2013)

For Gonzales (2020), black and "*mulatos*" were marginalized systematically in Brazilian society. For Gonzales (2020), the decisions in Brazil are still under the European descendants; while black people and indigenous have a lack of cultural identity, which explains their low

mobility in the Brazilian society. For her, slavery was abolished, but the Brazilian minorities are at the margin of society in political and social spheres. They are in the lowest skilled jobs and have the lowest salary among workers (Gonzales 2020). According to IBGE (The Brazilian Institute of Geography and Statistics), the primary provider of data about the Brazilian population. In 2019, 68,6% of the leadership positions were occupied by white people while 29,9% were by black and "*mulatos*", when it comes to people under the poverty line, 32,9% are black or "*mulatos*" while 15,4% of white receive less than US$ 5,50 per day. Among illiterate people, the black people in the rural areas are 20,7% while 11,0% are white, and for each 100 thousand young people, 98,5% of the homicide's victims were black and "*mulatos*" while 34,0% white. In the political representation, 75,6% of the congressman are white, and only 24,4% are black or "*mulatos*". (IBGE 2019)

Figure 2. Social inequalities for race and color in Brazil (Source:IBGE, 2019. https://biblioteca.ibge.gov.br/index.php/biblioteca-catalogo?view=detalhes&id=2101681).

Gonzalez (2020) believes that the Brazilian black women are the group who are the most discriminated against and lowest position in the Brazilian society, as they are in the margin in the fields, society, and urban centers, working as maids without any legal rights, which it doesn't differ much from the slavery era. For Gonzales (2020), the exploration continues as the black people, and "*mulatos"* doesn't have access to education, housing, employment, decently paid jobs, and healthcare.

2.1.5 Social Representation Theory - Serge Moscovici

The social representation theory assumes that social and communication processes are responsible for the basic knowledge we have as common sense. Especially the concept of health, most comprehended through interaction and talking with one another. The notion of mental illness used in daily knowledge explains social representations. (Dixit 2005) The definition of that process is:

> *"By social representations we mean a set of concepts, statements and explanations originating in daily life in the course of inter-individual communications . . . they might even be said to be the contemporary version of commonsense."* (Dixit 2005, p 4)

Social representation theory has been progressively used to explain illness and health actions. Overall, the social representation studies related to these topics have been done more broadly than in mental health and illness. (Dixit 2005)
Still, these studies bring important insides to base the current studies:

1. Social representations are a central point among social values and the individual experience. (Dixit 2005)
2. Labelling is an important mechanism in social representations, and illness is often classified as deviance. (Dixit 2005)
3. The social representation of illness and health has a psychological complexity where the values, present information, and individual experiences form one crucial picture. (Dixit 2005)
4. Social representations reflect the individual to society as well as illness and health. The personal experience of health enables the integration of the individual into society, fulfilling social roles. Illness, on the opposite, is a result of a disruptive society. Social actions have a crucial role in defining what illness and health means. (Dixit 2005)

2.1.6 The social representation theory and identity

The social representations help individuals make sense of changes in the world. Consequently, individuals' identities are formed within social representations. It is a ubiquitous part of how the individual experience the social world. (Breakwell 2014)

For Breakwell (2014), the individual deliberately or involuntarily participates in the identity ongoing formation processes. New experiences can question the validity of the current identity perception. And the social representations are essential in the fundament of giving significance and meaning to experiences. When the individual acknowledges the social representation, it can potentially affect how the experience is interpreted and links to the individual identity. An example of that is the smoker's social representation, which can more or less be more damaging depending on the predominant social representation when it is linked to harmful to the health of the smoker and others around, the experience of the smoker, and his identity will be more negative.

Social representation theory explains how the group members are motivated to action. Social representations have the flexibility to encapsulate the group identity's values, regimes, and purposes. The social representation creates the group identity and is also responsible for loyalty. The last indicates membership, and the content is a purposeful sign. (Breakwell 2014)

2.1.7 Social Representation Theory relevancy for Social Media studies

Communication processes of social representation identify how groups' understandings are created and translated using communicative mechanisms focusing on the social acknowledgment processes. Social representations are the first assumption of this process. The second is the groups and individuals' production of social representations using communication and interaction. (Hoijer 2011)

The theory of social representation from Serge Moscovici uses objectivations and anchoring as social-communicative mechanisms to create social representations: Anchoring brings "unknown" to the public sphere in which we can interpret and compare to previous social representations. At the same time, objectivation transforms the unknown into a concrete object. (Hoijer 2011)

Anchoring

Anchoring is the process of showing the social representation many times to acquire cultural assimilation and incorporate the new social representation into a popular one. So gradually, the new information and idea will become part of the collective common sense of society. In the anchoring process, new ideas are linked to a well-established social phenomenon. (Hoijer 2011)

The anchoring process can be done by naming, emotional, thematic, antinomies, and metaphors. (Hoijer 2011) For this research, I will only explore the three theoretical concepts below:

- Naming: It is the process of naming an unknown phenomenon. For example, a new political group can be called terrorists. (Hoijer 2011)
- Emotional: A new phenomenon is connected to well know emotions with that the unknown can be seen as a danger or threat. (Hoijer 2011)
- Thematic: Themes are close to ideology in common sense thinking. E.g., Equality, human rights, and democracy. (Hoijer 2011)

Objectification

The transformation of an unknown phenomena to known to the common sense is part of the objectification process, which materializes the phenomena into something concrete we can experience or perceive. It arises from abstract ideas that can happen in the media. An example of that can use climate change, a phenomenon abstract that is often objectified by heatwaves, storms, etc., even though climate change is an abstract and mathematical phenomenon that can't be associated with local floods or hurricanes. Objectivation is an inevitable process that always occurs when a new phenomenon appears. (Hoijer 2011)

In the Moscovici original representation theory, the psychoanalytic abstract and relational concepts are studied as objectification of neuroses, ego, unconscious, complexes, etc., in general, common sense in French society. (Hoijer 2011).

Also, objectivation can be seen in two ways:

-Emotional is when there is a robust and sensitive element in the objectification, for example: using floods or forest fires to talk about climate change. (Hoijer 2011)
-Personification is when objectification of a phenomenon is associated with a well-known person to promote an idea. E.g., Celebrities are talking about climate change. (Hoijer 2011)

Chapter 3. Methodology

3.1.1 Ontological, Epidemiological considerations

This study aims to analyze the perception of people who deal with mental illness about the Simone Biles and Naomi Osaka cases concerning mental health issues on social media. It will also explore the perception of these statements and potentially if the participants are making any comments relevant to the mental illness narratives linking to their cultural identity, so the epistemological and ontological considerations are interpretivism and social constructivism.

In Social sciences, opposite ways of approach are compared in the way the world exists and is objectified as part of Ontology. At the same time, epistemological reasoning explains the forms of knowledge for knowing the world. (Della Porta and Keating 2008)

As the ontological is related to what we study, more precisely the object that has been investigated in this research, the world is seen through the social constructivism lens. In social constructivism, the representation of the world is the object of the world, not its classifications. Also, in this approach, the theoretical framework is not a description of reality, but it serves as a partial way to help to understand the world; in social constructivism, the theories are compared with one another to bring an explanation. (Porta, Donatella, and Keating 2008). Silverman (2014) explains that social constructivism emphasizes the knowledge constructive and theoretical facets, so the things are part of a social construction process developed in a specific context. Also, in social constructivism, the research is involved in practical activities in which people are continually engaged in managing, sustaining, and constructing the world, they sense exists.

Epistemological reasoning is related to how we know things. Knowledge here differs from beliefs, which means the researcher needs to present reasons why something is the way he is offering to convince others maybe. Interpretivism emphasizes human volition and mechanical laws as people are the mean actors. The research work is to understand their motivations. Interpretation of a social phenomenon has many forms as the mean actors have complex motivations and imperfect knowledge. So, the world is not understood as an objective reality but as an interpretation that people give from their position in society. It is essential to say that the social scientist also interprets these interpretations through literature. What differentiates social science from natural science is that in human sciences, the knowledge is also filtered by subjectivity by the people who have been studied and the researcher. (Della Porta and Keating 2008)

3.1.2 Sampling strategy

The strategy used to choose the participants was the convenience sample. This strategy is a nonprobability sample strategy where a population is a target for having specific attributes such

as easy access to, willingness, availability, and people that the researcher can easily reach. (Etikan, Musa, and Alkassim 2015)

In the case of this research, this strategy was used for easy access that I had to people who deal with mental health problems in my online and offline networks for being part of the studied group. Bryman (2016) explains that a convenience sample is often used in qualitative research as probability research involves costs and a lot of preparation and many difficulties.

When I chose the topic of this study, mental illness, I started to observe on my social media timeline how much people talk about that and what they engage. On my Facebook, LinkedIn, and Instagram, I noticed accounts that some people on my network used to post, share articles, and make stories related to the topic. I decided to message these people talking about the study when most had replied positively about their wish to participate. The number of participants was not enough to cover McCracken's (1988) approach of eight participants. So, I messaged other people I knew on my offline network that were open to talk about mental health problems on our everyday conversations. The message I sent to all the participants was the same, where I talked briefly about the topic of the research and introduced the terms of confidentiality.

I also had a recommendation from one of participants to reach one more person who would balance the study better with one more male participant. This strategy is explained by Bryman (2016) as snowball sampling when the participants recommend more people that can contribute to the research.

The study counted nine participants, all of Brazilian origin, some living in Brazil and others in Denmark. Six female participants and three males with different occupations and ages. As McCracken (1988) says, a small sample of eight people is enough, to give insights and characteristics of a determined culture when doing in-depth semi-structured interviews.

As people were invited to participate in the project before I had an interview guide, after the confirmation of participation the participants, I conducted a pilot interview to test the interview guide I had approved by my supervision and to check how the questions worked. Having the interview guide tested, I interviewed the 9 participants, and the interviews had a duration of 30 to 45 minutes each, and 8 interviews were conducted using Zoom video calls, only one inter-

view was conducted in person. The interviews were recorded, and the language used was Portuguese for being the researcher and participants' native languages. After the interviews, I transcribed the audios and translated from Portuguese to English.

3.1.3 Research Design

As Case studies focus on a specific question, case, the nature, and density are regarded to that particular case. (Bryman 2016). Simone Biles and Naomi Osaka can represent a new paradigm of dialogue regarding mental health problems on social media. The athlete's statements are treated as a case study because it is specific to two athletes that used social media to communicate their mental illness during significant competitions in the world: The Tokyo Olympics and Grand Slam in France, both in 2021.

Often case studies are criticized for validity and generalization reasons; the critiques lie on how a single case can be significant in terms of representation. For De Saint- Georges (2018), the most critical point of a single case study is not the ability to show results that are significant to represent other cases. But the relevancy of answering questions about a new problem or showing the density of a phenomenon explored before, changing the previous view about the problem. The principal contribution of case studies is the usability of the study in various degrees.

This case study is considered exploratory as the study is not intended to generate results but to serve as preliminary research. It is meant to be an initial description in a specific context of a social phenomenon that encourages further research on the subject. (Fregerslev 2019)

3.1.4 Method of data collection

According to Bryman (2016), in qualitative research, the data collection and analysis emphasize words rather than numbers. Often the study design is based on interpretivism, inductivism, and constructivism. As this study is interested in the participants' perception in the Naomi Osaka and Simone Biles Case, the qualitative semi-structured deep interviews were chosen as a method of data collection.

Reliability and validity in the interview research surpass the conceptual and technical concerns. It increases epistemological questions such as the nature and objectivity of knowledge of interview research. Objectivity can be explained in two ways: the arithmetic intersubjectivity measured statistically and the unbiased, reliable knowledge. (Kvale 2012)

For Kvale (2012), reliability is part of the consistency and trustworthiness of the results of a study. It is about the capacity to reproduce the findings for another researcher. It is often concerned with the assurance that the participants would give the same answers to a different interviewer. It was impossible to assess this study as only one researcher conducted all the interviews, but the research had a solid craftsman-like, where the knowledge produced is validated and crosschecked. (Kvale 2012)

For Bryman (2016), reliability is mainly used in quantitative research unless the research is concerned with terms devised in social sciences, such as relationship equality, racial prejudice, poverty, and religious orthodoxy. Also, he states that replication is quite rare in social research, being more valuable by researchers who deal with quantitative research. This research is mainly concerned with the perception and cultural identity of people who deal with mental illness in the Brazilian context about a specific case. I would argue the mean concern here is originality, as described by Bryman (2016):

> *"[In] academia the real reward comes not from replication but from originality" (Bryman 2016, p 41)*

On the other hand, validity is a process that is done throughout the whole research process and that validates the research as scientific knowledge. To assure validity, this study followed the seven stages of an interview inquiry suggested by Kvale (2012):

1. **Thematizing:** conceptualization of the theme should be formulated before the interview starts. (Kvale 2012) It elaborates a summary of the research and possible data collection methods, and it can be found in Appendix 2.

2. **Designing**: the design is about the planning of the stages of investigation and how to acquire the desired knowledge and considering the moral implications of the research. (Kvale 2012) An interview guide was created and can be found in Appendix 2.

3. **Interviewing:** the quality of the interview depends on the use of an interview guide and techniques that assure the participant can feel comfortable in sharing their opinions. (Kvale 2012). The interview guide was tested during a pilot interview to ensure the interviews would collect enough data for the research and the questions were not insensitive to the participants. In the next methodology topic, ethical implications will be detailed.

4. **Transcribing**: The transcription is the process of transferring the oral interview to a written language and assures the confidentiality of the participants. (Kvale 2012) The participants names were not used in the transcriptions neither the report, the participants were named by numbers and their gender, and professional title were used in the analysis it can be seen on the transcriptions. The table of participants can be found on Appendix 2 and transcriptions on Appendix 1.

5. **Analyzing**: It implies a defined methodological approach before starting the interviews. (Kvale 2012). As it was stated in step 1. An overview of the project was written to define the theme and methods to be applied in the research. The thematic analysis was chosen from the beginning of the project to analyse the data, and it will be explained more about this choice further in the analysis part in the methodology.

6. **Verifying**: Reliability, validity, and generalization need to be assessed to ensure scientific knowledge validity (Kvale 2012). As explained above, the generalization of this study is made through the criteria for generalization of one single case study to others, being the relevance of the study the most crucial factor to be considered for generalizing a study (De Saint- Georges 2018), as well as the reliability accessed so used the Bryman (2016) argument in which most of the social research it is the originality, besides of having followed and crosschecked the Kvale (2012) seven steps of how to conduct an interview.

7. **Reporting**: The result of the study needs to be reported considering scientific and ethical aspects—the confidentiality of the participants in the report and the consequences of publishing the content to the participants. (Kvale 2012). The analysis followed the phases of the Reflexive Thematic analysis of Braun and Clark (2021) as the confidentiality followed all the ethical considerations of Silverman (2017) and Kvale (2012) which will be detailed in the following section.

3.1.5 Ethical considerations

Silverman (2017) had talked about ethical considerations in qualitative research. Here I will detail how I ensured that ethics was applied throughout the research processes:

1. Participants must receive information about the purpose of the study and as the intended uses of research and methods. If there are any risks related to their participation in the research. (Silverman 2017). Before conducting the research, the topic and interview guide was approved by the coordination of master thesis and supervision at Aalborg University, with that assessment I was sure that the study would not make any harm to the participants. The participants were informed in the invitation message, and in the beginning of the interview that the research would be about mental health problems image on social media and their identities would be kept confidential. I also explained that I would need to use other characteristics such as age, occupation, and gender in the analysis and that their opinions would be shown together with that in the report. Nevertheless, I informed that the thesis could be available on the Aalborg University Project Library before asking them to confirm the consent for the participation. So, each participant had verbally consented their participants at the beginning of the interview. I avoided to use the world stigmatization while introducing the research to the participants as I could had influenced what participants would say. Instead, I said that the research was about mental illness image on social media. As Silverman (2017) says that too many details can biased the participants answers.

2. The research must assure confidentiality regarding the storage and access to the interview content. (Silverman 2017) The interviews were video recorded to help the researcher make the content transcriptions. After the master thesis defence pass, the videos will be deleted from the researcher storage.

3. Participants must participate in volunteering, and the participants can withdraw from the research whenever they want. (Silverman 2017) When I invited the participants to be part of the research through private message, I wrote to them that the research I assured that their confidentiality was guaranteed and gave them the interview estimated time. As the participants agreed with the participation, I asked the most convenient time for creating a zoom invitation for a call. The interviews happened in the time the participant scheduled and their freedom of withdrawing from the project was informed.

4. The participants must be protected from any possible harm. Participants' well-being and interest must be respected in the first place, regardless of any research interest. (Silverman 2017). For being a sensitive and very personal subject such as health. People were not pushed to go into details while answering question. Some participants were given more detailed and deep descriptions while others did not. The most important was to avoid a stressful experience for the participant. As Kvale (2012) states that is crucial to consider possible self-understanding changes and stress experience for the participants while conducting interviews.

Also, I considered the benefit of the research for the community of people with mental illness as I am myself part of. Again Kvale (2012) says that in order to be ethical, the purpose of the research can´t be solely scientific but also aims to benefit the human situation of the group studied. My interest in investigating mental illness stigmatization comes from my personal experiences as someone with mental illness and has suffered discrimination. The research interest comes from me being a member of the stigmatized group aiming to bring the topic into discussion in the scientific community and society to help minimizing stigmatization.

5. The research must clarify any conflicts of interest, and the impartiality of the research must be clear. (Silverman 2017) The research was approved by thesis coordinator and followed by supervisor both from Aalborg University, which clears any commercial, academic, or personal conflict about the research. Also, the participants were informed at the beginning of the interview that the University approved the study as part of my master thesis.

3.1.6 Thematic analysis

Thematic analysis is a method that enables the development, analysis, and interpretation of patterns across qualitative data. Thematic analysis allows a researcher to systematically code the data set, developing it into themes and analyzing it. Thematic analysis also involves design thinking, where the researcher needs to make choices and other thinking aspects during the research. So Thematic analysis is especially suitable for problem statements within qualitative research. Like all the different qualitative research methods, it implies subjectivity and reflexivity. (Braun and Clark 2021)

For Braun and Clark (2021), subjectivity is not an issue that needs to be addressed during the research; this works as a resource in the analytical processes. Subjectivity is used to see in some humanities fields as problematic and disrupts the objectivity of science; therefore, it needs control and management. Subjectivity often seems like a bias that can compromise the objectivity of the research. But in reflexive Thematic Analysis, subjectivity is essential in data analysis. In the reflexive thematic analysis, subjectivity is a value, not a problem, as it seems like the most valuable aspect of qualitative sensibility. So, the researcher's sensibility enables thematic analysis to happen, what "drives the engine." It is because reflexive research perceives subjectivity as an ally in the knowledge production processes as knowledge is treated as situated in, which includes the researcher's practices. The reflexive Thematic analysis is part of a more significant movement in qualitative research, where studies are critical- interrogative, partial, reflexive, and situated. Therefore, subjectivity is a crucial element in performing reflexive thematic analysis. In qualitative research, who we are, the researchers' values, and social identities, become an instrument for the analysis. Good reflexive analysis not purely involves subjectivity, but it interrogates it. Therefore, reflectivity is the best way to define the meaning of the research in the generation of research.

Another important thing about the thematic analysis is the reflexivity that the enabling role of the researcher to be critically evaluated as it entails expectations, choices, and assumptions about the research. The researcher's standpoint might exclude or enable the research, it means the personal research positioning about race, culture, socio-demographic, gender, age, ability, social class, etc., and values. (Braun and Clark 2021)

In my case, I am Brazilian, black, from slums with unprivileged background , and with mental illness. I believe all that background enabled me to get access to the participants and have more openness in talking about a very personal and stigmatized subject such as mental illness. Furthermore, my personal ideological feminist views combined with my background influenced the choices of theories and focused on the data analysis in a more intersectional approach. As Braun and Clark conceptualized, data analysis is an art, not a science. The creative process is essential to conduct a good analysis using a rigorous framework. It means that two reflexive Thematic analyses can have different results. (Braun and Clark 2021)

Thematic analysis can be inductive or deductive; in this research, I used the inductive approach. In the inductive Thematic analysis, the dataset works as a starting point for the researcher. In this sense, participants would have been given the choice of having their "voice" heard directly. But Thematic analysis also deals with subjectivity; therefore, voice can't simply be given; there are perspectives, theories, and other things involved in the meaning-making process where the research engages with the data. The researcher brings to the data theories embedded and social positions; therefore, the process can't be called purely inductive, but the Thematic analysis inductive process gives emphasis to the data meanings and grounds this meaning as a depart point when engaging with the data as I am interested in the participant's perspectives, meanings, and experiences I chose to work more inductively. (Braun and Clark 2021)

Another thing with Thematic analysis is the coding and theme development which can be more semantic or latent, experiential, critical, realist, essentialist, or constructivist. In this research, I used the essentialist semantic, experimental, inductive coding processes where the analysis is located within data driven. The analysis focuses on meanings more essentialist and aims to capture the reality expressed in the dataset. (Braun and Clark 2021)

Having that said, the thematic analysis was chosen to analyze the perception of people who deal with mental illness and their identity formation because of the advantages cited by Braun and Clark (2006):

1. Flexibility to use a different theoretical framework
2. Easy Methodology
3. Good way to describe fully and summarize the data
4. Social interpretation of data is allowed
5. Public, in general, can understand the findings.

The approach used in this study for thematic analysis was inductive as the themes and coding process merged initially from the data. The thematic analysis method described by Braun and Clark (2021) includes the six phases that were used for this thesis detailed below:

Phases Thematic analysis – Simone Biles and Naomi Osaka Case

1. **Familiarization:** The nine interviews were transcribed using verbatim from the Portuguese audio tape from interviews. After it was translated to English.
2. **Coding:** All the transcriptions were read multiple times and the most relevant statements were highlighted and taken to a notebook aiming to create the initial codes.
3. **Generating initial themes:** Themes were developed from codes.
4. **Developing and reviewing themes:** The themes were reviewed based on the problem statement.
5. **Refining, defining and naming themes:** After refining themes and going back to the problem statement the final themes were named.
6. **Writing up:** Analysis were conducted, and results stated in written report.

Chapter 4. Analysis

Braun and Clark's (2021) approach involve six phases, starting from data familiarization, coding, generating initial themes, developing reviewing themes, defining and naming themes, and writing up. I will describe how I went through this process to develop the themes below.

Phase 1. Familiarization

According to Braun and Clark (2021) familiarity is the researcher gets immersed and intimately familiar with the data. As I collected the data myself, interviewed all the nine participants, and transcribed and translated the interviews, I started to take some notes of some insights I had during these processes.

4.1.1 Phase 2. Coding

Coding is where the researcher systematically identifies potentially profound segments of data for the research question. (Braun and Clark 2021). First, I selected the answers from each question I asked the participants and placed them together to see if common words and approaches came from the same subject. Then I compared if there were significant differences among these approaches. Finally, I wrote the questions from the interview guide and then linked the words and statements that appeared most relevant to the questions:

Question: What do you think that when the person openly, in case you had to do it in the other job. Openly say “I have a mental health problem”. Do you think this has negative consequences for people's lives?	Codes: -Prejudice -Isolation -Have your credibility affected -Try to control emotions and actions -Family have shame
Main quotes	"Yes. There is a lot of prejudice against people who have mental health problems." Appendix 1- line 312
	“It looked like this: “A shame” to say that my aunt had a problem. And I also see it today, it's still the same thing, only today, it's more talked about than it used to be “Appendix 1- line 917
	"At first, it was because my mood changed, and I ended up taking it out on people, but now I'm not “nice”, I'm “in mine”, I isolate myself." Appendix 1- line 495
	" Since I found out that I have the problem, I try to control myself all the time, so I don't throw it on the people around me. around me" Appendix 1- line 1363
Question: Do you think this is shown on social media. What is the image of mental illness on social media?	Codes: -On social media people can choose their own content -Hypocrisy as the mental illness is only explored on specific times of content such as yearly campaigns to reduce suicide rates

	-Toxic positivity not accounting the difficulties a person that suffers with the condition will face every day.
Main quotes	"it's like that because everything we follow on social networks, they are one way or another, they are very close to what we are looking for, and what we like is delivered to us, which we do well." Appendix 1- line 116
	"Of hypocrisy right, I even talked about it last year in Yellow September. They only worry about that in the yellow month, right, but the rest of the year it's fake, lack of God, lack of I don't know what, these things. Appendix 1 - Line 501
	"I think there's a glamorization on the part of some people when talking about psychological treatment etc. And such, but I see a lot in a line of toxic positivity you know!? A lot of the content that I have contact with, because it ends up going to the side of romanticizing the whole thing" Appendix 1- line 1727
Question: Do you think that in a way in Brazilian culture, this somehow influences how people perceive mental illnesses compared to physical illnesses, for example?	Codes: -The religion plays a role as many people are Christian -Poor people have less access to treatment and are less exposed to mental health educational content - Mental health problems are seen as fake
	"I was lucky to have private treatment, which at the time I was employed and that opens doors, and that brings comfort, which is different, right, in the public system " Appendix 1- line 1766
	" the people who don't go through this, think that this is fake. Today there is a polarization “Oh it's a lack of God”

	“It's a lack of slaps in the face”, “it's a lack of friends”, those things” Appendix 1-line 546
Question Your family friends, do you think their perception is positive or negative regarding mental problems?	Codes: - Hide mental illness from family afraid of losing credibility -Family use the mental illness to invalid aggressive or reactive behavior that is justifiable - Less stigmatization among higher educated people
Main quotes	" My boyfriend, when I talked about therapy or when we have a fight for some reason, he turns around and says, “you know because I think you didn't improve anything with therapy.” Appendix 1 – line 175
	"My wife even hid it from the family, she even told me to hide it and not tell anyone, I even thought it was very wrong. I thought that people have to know to be able to deal with that, sometimes the person is bad, they are going through a crisis and the family is important in this, right". Appendix – line 2004
	"Let's put it this way, because it was the side of the family that went to school, that lived in an academic environment, you know!? Oh, talk to other people. On the other hand, the other side of the family, not so much already” No, I'm not crazy!” “Psychologist for what?” I'm not crazy, are you calling me crazy?" You know ?! things like that" Appendix – line 1439
Question: What do you think about these statements? Do you think these statements helps in reducing stigma?	Codes: -The role of social media in the democratization of mental illness information -Social media and its potential for democratization of mental illness information and stigma reduction - Perception of Simone Biles and Naomi Osaka

	- Naomi Osaka and Simone Biles role in stigma reduction
Main quotes	"I think it helps a lot, people seeing that it's not just a person who has a mental problem, but it can be anyone, regardless of the economic part." Appendix 1- line 424
	"Help. Helps a lot. I think it helps, for example, in Simone's case, I remember when she talked about it, she started to talk a lot about it, to have a lot of publications." Appendix 1-line 232
	"I think it's Laila's space, very important, first because they recognize their moment, to make this decision to take a step back in such an impotent moment, right, I think to think that they were placed in two world tournaments with the weight of the Olympics and the French tournament weight and there they take that step back, it's very symbolic" Appendix 1- line 1836
	" it's important to show that successful people, who they consider successful in life, who have a healthy lifestyle, who are disciplined, who are focused, and who also have that, and that doesn't mean they're crazy." Appendix – line 1555
	“I think the first issue is the impact, the person says “Wow! She gave up because of depression, the person will start to ask themselves, like “My God if a person who is there at his peak feels like this, why can't I feel like this too?” Appendix 1 – line 2089

Interviewer: And do you think how this could be done on social media, for example. Or in the media, anyway, social network and media are now almost the same thing, how could this be done?	Codes - Public figures from internet such as influencers, youtubers and other celebrities open up about their mental illness -Health professionals and other scientists use social media to share scientific information about mental illness -Normal people with mental illness share their mental illness on their social media to bring discussion and awareness to the topic
Main quotes	"And then putting him to speak in the campaign, I think it's a “friendly face”. And then, entering social networks in the same way that advertising publication enters, without us wanting to there, it appears, also appears the little video of Dr Drauzio talking" Appendix1- line 1595
	"More people talk about it, discuss it, there are many forums, for example, on twitter there are many conversations, many trends for us to discuss" Appendix - line 1285
	"So, in addition to public people and brands, I think that people from our daily lives, from our social circle, when they bring this up, when they start to discuss the topic, it is also an identification, even perhaps more powerful, it is because it's closer." Appendix 1- line 1910
	"Yes, because it's no use for an ordinary person to say to another “ah, but don't do that”. Now if you are a person who is already an influencer “oh my gosh I'm going to do what you're telling me”. Appendix – line 849

4.1.2 Phase 3. Generating initial themes

After generating the codes, I went back to data to find more relevant quotes relevant to the codes in other questions, with that I the ended up with the following themes:

Codes	Theme

-Prejudice -Isolation -Have your credibility affected -Try to control emotions and actions -Family have shame	Identity formation perception and stigmatization
-On social media people can choose their own content -Hypocrisy as the mental illness is only explored on specific times of content such as yearly campaigns to reduce suicide rates -Toxic positivity not accounting the difficulties a person that suffers with the condition will face every day.	Social media and mental illness stigmatization
-The religion plays a role as many people are Christian -Poor people have less access to treatment and also are less exposed to mental health educational content - Mental health problems is seen as fakedia.	Brazilian culture attitude towards mental illness
-Hide mental illness from family afraid of losing credibility -Family use the mental illness to invalid aggressive or reactive behavior that is justifiable - Less stigmatization among higher educated people	Family reinforcement role in the stigmatization
-The role of social media in the democratization of mental illness information -Social media and its potential for democratization of mental illness information and stigma reduction - Perception of Simone Biles and Naomi	Simone Biles and Naomi Osaka cases perception for democratization of mental illness information and stigma reduction on social media

Osaka - Naomi Osaka and Simone Biles role in stigma reduction	
- Public figures from internet such as influencers, youtubers and other celebrities open up about their mental illness -Health professionals and other scientists use social media to share scientific information about mental illness -Normal people with mental illness share their mental illness on their social media to bring discussion and awareness to the topic	Ways in society can democratize the mental illness information for stigma reduction

4.1.3 Phase 4. Reviewing potential themes.

As some of the themes were related to the same topics or were a summary of what the participants had in their answers to each question, so I went to the problem statement, conceptualized the theme's names, and got the core idea to discuss in the analysis. As Braun and Clark (2021) states, that validity and richness of themes are done in this phase, therefore it is crucial to speak to the problem statement. I end up with four themes:

1. Perception of Stigmatization of mental illness and identity formation
2. The role of intersectionality in mental illness stigmatization in Brazil
3. Social media and Mental illness representation
4. Perception of Simone Biles and Naomi Osaka Case concerning identity formation and social representation on social media

4.1.4 Phase 5. Naming Themes

After the themes above, I made the description of each theme and defined the overall story to be discussed. Two themes merged in one, and I had three themes as final, the summary of each theme will be found in the introduction of each theme in the report and therefore this is the final theme:

1. Perception of Stigmatization of mental illness and a possible link to identity formation
2. The role of intersectionality in mental illness stigmatization in Brazil
3. Perception of Simone Biles and Naomi Osaka Case about identity formation and social representation on social media

4.1.5 Phase 6. Writing up (the report)

This analysis will focus on the perceptions that Brazilian people who have mental illness have about stigmatization, the intersectionality role of the stigmatized person with mental health problems in the Brazilian social context, and how the participants perceive Simone Biles and Naomi Osaka's statements as a tool for stigma reduction on social media. For that, I considered three themes after an inductive coding process:

- Perception of Stigmatization of mental illness and a possible link to identity formation.
- The role of intersectionality in mental illness stigmatization in Brazil.
- The role of Simone Biles and Naomi Osaka Case to social representation and a possible link to identity formation.

1. Perception of Stigmatization of mental illness and a possible link to identity formation

In this theme, I will discuss how stigmatization plays a role in people's social identity. How the participants describe their opinions and experiences about the stigmatization of the mental illness condition for that, I am using the concepts of Goffman (1963).

Mental illness is placed on people's social identity like a virtual "mark" that shows that they deviate from normality. When a person receives a diagnosis of a mental health problem and shares it with society, the status of this person changes from a normal individual to a stigmatized one. Although the stigma might be placed on a specific characteristic of the person, the stigma is extended to the rest of the individual, placing him now as a discredited person. (Goffman 1963). When I asked the participants about how a person is perceived when open to the society that they have a mental illness, most participants described that they think they are

perceived as "weak" and "incapable" of reaching their goals in life. Goffman (1963) said that this extension of the stigma doesn't have logic or connection with the original reason for the stigmatization. One of the participants described that her performance started to be judged as inferior at her workplace after she revealed to her managers that she was struggling with mental health issues, even though her performance didn't change as she was in the same workplace for six years:

> "*[...] Look at me, I'll give you an example of mine. This was well received by my manager well received in the sense like "I understand you I will try to help you" which was well received. But the supervisor who was below him she said a sentence to me is one of my crises that I have never forgotten. That's how it is, and I felt that she judged my productivity and my delivery for knowing my mental health problems. So I delivered very well. But she always fell for this talk that a slip I made was because I was weak, I was that. I was weak. So I spent six years in this company. I... I... how can I put it. I also hurt myself a lot. [...]"* Participant 1, female, 35 years old, Specialist in Customer Success – Example 1(Appendix 1- line 89)

Stigma comes to people in different stages of their lives; some are already born with stigma, and others acquire it throughout life. The most challenging part for those who acquire later in life is that this person became used to living life under the normality, then suddenly they discover the mental illness and must start to learn how to live with prejudice and discrediting. (Goffman 1963). Here the participant described having "fewer problems" when he decided to isolate when the symptoms of mental illness started to show:

> "*[...] At first, it was because my mood changed, and I ended up taking it out on people, but now I'm not "nice", I'm "in mine", I isolate myself. In fact, I'm already isolated, right, as I'm living alone. But at first it affected more, especially the couple I'm here with. I used to cry here, so... [...]"* Participant 3, male, 37 years old, HR Professional. – Example 2 (Appendix 1- line 495)

Goffman (1973) says that isolation is one of the consequences of stigma, as well as the fear that the diagnosis of mental illness brings the person the fear of being perceived as someone

who has not to control over their emotions or trying to get attention when having a social interaction with a "normal" person. When asked if revealing having a mental disorder affected people´s lives negatively, one of the participants said she became very cautious about how she acts while with her husband, being afraid that any over-emotional reaction could be interpreted as part of her illness:

> *"[...] In my case, I don't know, because so far I haven't been told anything and I've been trying since I found out I have the problem, I try to control myself all the time so I don't throw it on people who are around me, blaming something that happens "because you weren't paying attention, because you were ...", since it wasn't the person's responsibility, right, and I've done it before, in the first marriage. I already did that, and another one today, I mean not today, when I realized that I had a disease, that the doctor said, the psychologist there [...]"* (Appendix 1- line 1363)
>
> *"[..] Oh, today I've already become controlling myself, laughs, I'm already like "What I said was ugly, was it bad? ", then I'll apologize at the time, if it was something, if I realize [...]"* Participant 7, female, 39 years old, housewife – Example 3 (Appendix 1- line 1373)

Goffman (1963) also says the social interaction between a normal person and a stigmatized individual is a process that brings discomfort to the "normal" person, who also feels uncomfortable dealing with the stigmatized individual. The reactions can be different, but the participants described receive unwanted advice to "improve" or "cure" their mental illness from people that are not close to them. One of the participants expressed that often people, when she realizes her depressive condition, advises her sounding that she can quickly end the mental health problem with simple things such as having a more positive attitude towards life:

> *"[...] So I think that nowadays it is much better, people are learning to respect more, but still a lot of people believe that there is a lack, I don't know, "God in the heart", if you go to church to pray, you just get up and take a shower and forward ball "mine is just you get up from this bed[...]".*Participant 6, Female, 34 years old, Purchaser – Example 4 (Appendix 1- line 1107)

Back to the concept that stigma is extended to the person as a whole social identity, it is also typical that people with stigmatized conditions prefer to talk about their mental illness with people with the same or similar situation (Goffman 1963). One of the participants revealed that he felt very comfortable opening up about the process and treatment of his mental illness after the diagnosis because he was in an intimate environment of friends and family where people were open and familiar with mental health issues:

> *"[...] Talking openly about mental illness ends up being a burden for the person, I think the company looks at you differently, your social circle looks at you differently, it depends a lot on your own bubble, for example I felt very comfortable bringing these reflections to my environment, I consider myself in a very healthy bubble, and even within that bubble, I had people who unfollowed me, when I started sharing this type of content, people who said "Wow, but you are opening up a lot , give it a go", right, so, if, within my bubble that I already consider, from a place, I don't say privilege, but from a place that I managed to conquer with comfort, I've already suffered this, I imagine people who they are not [...]"* Participant 8, male, 30 years old, marketing manager – Example 5(Appendix 1- line 1703)

Another thing that often happens for people who deal with mental health problems is having any reactive or aggressive behaviour associated with their mental illness. It is like the stigmatized person cannot more become angry at situations normal would easily find empathy from the rest of the society. (Goffman 1963) A participant said that often while she argues with her boyfriend, he blames her reactive behaviour to an ineffective treatment of her mental illness with her psychologist:

> *"[...] Another person in my social circle that I feel has more resistance, incredible as it may seem, is my boyfriend. My boyfriend, when I talked about therapy or when we have a fight for some reason, he turns around and says, "you know because I think you didn't improve anything with therapy." But why? Because he has a lot of resistance and then his resistance has a reason. He has a very difficult life story. [...]"* Participant 1,

female, 35 years old, Specialist in Customer Success – Example 6 (Appendix 1 – line 174)

Another common thing that happens with stigmatized people is being isolated from the wider society for fearing discrimination. When they discover the mental illness condition, many people ride any evidence of condition from social contexts where they were immersing as they fear losing credibility. (Goffman 1963). A participant said that his wife hid from her own family her depression, fearing to become a discredited person among them:

"[...] Look at my family exactly, at my family exactly, my wife even hid it from the family, she even told me to hide it and not tell anyone, I even thought it was very wrong. I thought that people have to know to be able to deal with that, sometimes the person is doing bad, they are going through a crisis and the family is important in this, right[...]" Participant 9, male, 36 years old, social worker – Example 7 (Appendix- line 2004)

Sometimes, the fear of being discredited in the own family also relates to another characteristic of the stigma, which extends that discrimination to the whole family members (Goffman 1963). Here the participant revealed that her family had the shame of her aunt because she had severe mental illness and for many years, the family denied her mental illness or hidden from her what the aunt had:

"[...] I saw it in my family because they hid it a lot. It looked like this: "A shame" to say that my aunt had a problem. And I also see it today, it's still the same thing, only today, it's more talked about than it used to be [...]" Participant 5, female, 46 years old, logistic and health care worker – Example 8 (Appendix- line 917)

Stigma usually spots people who are considered a deviation from normality, an undesirable difference that a person carries that stops her from being perceived as normal for the wide society. When it comes to mental illness, as the person doesn't have any physical attributes to justify the stigmatization, it is focused on the person's character. Most of the time, people with mental illness are perceived as "weak," who has not to control over things, can't reach goals in

life, and a discredited person. The stigma will work differently for the person with mental illness depending on when in life they found out they have the disease. (Goffman 1963) Most people interviewed were in the middle of their thirties, which means they have been used to being perceived as a normal people for almost their whole life. When they got diagnosed with mental illness, it changed their social identity and self-perception drastically as they had to start living with discrimination as a stigmatized person. For Goffman (1963), the stigma occurs in the interaction between the person with stigma, the mentally ill, and the normal, healthy person. Therefore, when acknowledging the stigma condition, these social interactions bring anxiety and fear to the individual who carries the stigma. Then people with stigma will react differently to cope with the stigmatization; some will prefer to isolate themselves from everybody, and others will limit their contact with people with similar stigmatized or immersed somehow in that stigmatized social identity. For example, psychologists, health professionals, etc. or try to hide the illness and eventual symptoms being afraid became discredited in the social environments they are already immersed.

2.The role of intersectionality in mental illness stigmatization in Brazil

As was described in the previous theme, stigmatization can possibly affect a person's social identity. But what Goffman (1963) did not discuss is that individual identities can suffer multiple stigmatizations, increasing the level of discrimination and reducing their access to resources in society. Sloan et al (2018) developed the web model to illustrate how people are placed in relation to others when they have multiple stigmatized conditions. This model will show how intersectionality increases the discrimination and access to information for people with mental illness in the Brazilian cultural context. This theme will discuss how class, educational level, religion, and race can reinforce segregation for people with mental illness in Brazil. I will use the participant's perceptions about how inequality plays a role in mental health stigma and access to resources. For that, I will use the theories of Freye (2013) and Gonzales (2020).

As Freye (2013) and Gonzales (2020) explored, Brazil is a country that started its history with slavery and privileges to the colonizers, first Portuguese, and later other immigrants from Europe. For having this structure from the beginning, the democracy started in Brazil, segregating some minorities and positioning people in extensive social classes. It impacts society as a whole as people from higher classes have more access to resources while the rest of the population

does not. In particular, "*mulatos"* (mix between enslaved Africans and Europeans), black people, and indigenous people had never had factual social and political representations, which puts them in the margin of society. One of the things this study found out was that when it comes to mental illness, this positioning in society possibility makes the person with mental health issues face more prejudice. The segregation takes place in terms of having access to information, treatment, and a more open and accepting social environment to deal with their mental illness. One of the participants described that mental health issues it is more accepted by the wider social context when it happens in the high middle-class environment:

> *"[...] Yes. It has consequences because, as I said, it is still a social taboo and I think that psychiatric and psychological treatment is also very much vetoed from the higher social classes, because whoever has the right to pay is the one who ends up having access. Of course, we have treatment in the public network, but little is said, it's very difficult to get a place, service a little more precarious, obviously, I'm a super team alive the SUS, but I think mental illness is not the highest priority, when we look at our health system, so, I think that adding this issue of the social barrier to the fact that it is a taboo [...]"* Participant 8, male,30 years old, Marketing Manager – Example 9 (Appendix 1- 1697)

As Gonzales (2020) explained, most poor people have a specific social identity, as she describes the black people and *"mulatos"* as being at the bottom of the social classes. So historically, slavery, discrimination, and lack of social and political representativeness put this group in a more vulnerable situation when it comes to mental health. Some of the participants described that where she works, she feels that the taboos around mental illness are smaller among more educated and people working in higher management positions compared to people in production and operation in the company:

> *"[...] for example, here where I work, I don't know because of the team's profile, so I have a strategic area with a high-performance team. So it's the head of relationship, it's the manager where I work with people who already have another level of knowledge. When talking about mental health with mental health is as important as a Covid. But then when I go to the operation, not all of it is seen that way. [...]"*

Participant 1, female, 35 years old, Customer Success Specialist – (Example 10 Appendix 1- line 140)

As Gonzales (2020) discussed and the IBGE (2019) confirms, most people in strategic and leadership positions in Brazilian companies are white, which explains the relation between the colonization, slavery, and actual social positioning of black and "*mulatos"* in the Brazilian society. The job market and consequently also having access to information and a more academic environment regarding mental health issues. One thing that one of the participants described was how his background as being black person coming from a low-income family affected his access to resources and, worse, the process of accepting his new social identity as a person with mental illness, as in the Brazilian context having a mental illness is perceived as a disease of upper-middle-class, that is not commonly seen a black person stand back from work because of mental health issues. It made his process of dealing with stigmatization and self-identity worse:

*"[...] I think that people who come from poor origins, who are black descent and who have this ambition to achieve social advancement, is a very arduous path, right, and this path, and this arduous path, has a price, which is having to put a lot of energy, having to put in a lot of effort. And it was at the age of 30 that I found myself tired of this process that I started there at 18. [...]" (*Appendix 1- line 1645)

"[...]I think this relationship with hard work comes from the cradle too, it comes from the family, my family, too I have ancestry from the people here in Bahia (most black state in Brazil) , they were too young when they migrate to São Paulo to build a life, build houses, give a life with dignity for their children, and my grandparents' relationship, and naturally their children, my parents, my uncles have with work is this thing that has to be arduous, this thing that has to be suffered, this thing that has to be above anything else. So I realized that I absorbed a lot of their values from my perspective, so this is a constant theme in therapy. [...]" (Appendix 1 - line 1653)

"[...] after six long months in a "burnout", and that's when I decided, hey, it's time for me to take a break, it's time for me to take a break, and this also bringing a little, through the crossing of the race, it had a very big weight, because again, we don't have examples in society of black people who make this movement, right?!, the sabbatical,

the sabbatical year, he is very romanticized, and in general, he is white, and he is cis, and he is upper middle class. […]" Participant 8, Male, 30 years old, Marketing Manager – Example 11 (Appendix 1- line 1671)

Another thing that most of the participants mentioned was that in Brazil is common to relate mental illness to a lack of religiosity, more specifically, being Christian. Most of the Brazilian population is primarily Christian due to the Portuguese colonization (Freye, 2013), but some religions practiced by enslaved Africans, which are popular even nowadays, have been discriminated against since colonization. Gonzales (2020) described that the African religions and their cultural manifestations are only accepted by the wider society when it is related to tourism or other cultural events where white people can make a profit on that. She also said that as African religions are targeted at discrimination in the Brazilian social context, it also attracted many homosexuals to follow the religion as they felt more accepted than in Catholic and Protestant churches. So, a person who carries a mental illness together with other stigmatized social attributes such as homosexuality, for example, might have the prejudice from a "normal" person also extending to their religiosity. So not being Christian is also a negative attribute of the stigmatized person with mental illness character. Here are some of the statements of some of the participants about how they experienced their non-Christian beliefs or not practicing any religion being linked to their mental illness:

"[…] today there is a polarization "Oh it's a lack of God" "It's a lack of slaps in the face", "it's a lack of friends", those things. Since it's not a visible pain, it's an internal thing." […] Participant 3, male, 37 years old, HR Professional – Example 12 (Appendix 1- line 546)

"[…] people who are very religious too, even a person who is a little more modern, religious people, even if they are young, they have the perception that you need to pray more, you need to go to church, or something like that, that it will get better and it will be salvation for everything […]" Participant 6, female, 34 years old, Purchaser – Example 13- (Appendix 1- line 1181)

> *"[...] I think that, precisely because the mental is inside and not necessarily externalized, it is confused with this question of "there is fake", "lack of God", I've heard a lot of "lack of God" laughs , then, going back a little bit to this question of ours, of our toxic religious relationship, much fruit of Christianity [...])"* Participant 8, male, 30 years old, Marketing Manager – Example 14 (Appendix 1 – line 1758)

Another essential thing that participants brought was that, among their acquaintances, the more educated ones tended to understand mental health issues better. Some participants stated that there is less stigmatization among more knowledgeable people than in the wider social environment. It was explained in two ways: first, a participant related to the primary education that people receive differently in Brazil depending if they attend public or private school, as the public schools may lack resources while the paid school gets a better structure offering psychological support and education to the students which makes them familiar with mental health problems, the same with higher education, as people who have higher education tends to have access to more information and therefore understand better mental illness than those who are not exposed to an academic environment. One participant said that in her family, she feels that the more educated people are, the less stigmatization of her mental illness. In contrast, other participant stated that the contact with psychology in private schools makes the mental illness something familiar to the children, which also influences in having less stigmatization to people with mental problems among these children:

> *"[...] Let's put it this way, because it was the side of the family that went to school, that lived in an academic environment, you know!? Oh, talk to other people. On the other hand, the other side of the family, not so much already" No, I'm not crazy!" "Psychologist for what?" "I'm not crazy, are you calling me crazy?" You know ?! things like that, so I would venture to say that the more knowledge a person has about various things, the easier it is for him to face it as a common disease [...]* Participant 7, female, 39 years, housewife – Example 15 (Appendix 1 – line 1439)

> *"[...] I think that for the beginning you have to reach the focus that is behind, the children, there had to be a psychologist in each school, at least one, not just one, but you need someone to listen to them, and someone to encourage them to understand*

> *what it is. It's not incentive the word is another. Awareness. "Oh, my friend is ok and I'm going to make fun of him "School is a place where children should see this, unfortunately here in Brazil they don't have this service. There is no such view in the public school. In private, it's totally different […]"* Participant 9, male, 36 years old, social worker – Example 16 (Appendix 1 – line 2025)

Last, what was discussed about how mental illness is perceived among Brazilians? Most have described that people think that when someone shows evidence or talks about having mental health problems, most people assume it is "fake." Again, relating to Goffman's (1963) concepts of linking the mental illness to the person's character, in her behaviour, a person with mental illness is "faking" a condition to cover a negative characteristic of their character. One of the participants said that when she anxiety crisis, the mother often said it was "fake" and that she could control that if she wanted. Here there are their statements:

> *"[…] It's just that I have two examples in my personal life of people who I still have a little trouble understanding the weight says to my mother and my mother for many years many years. She played my anxiety as fake […]"* (Appendix 1 - line 159)
>
> *"[…] sometimes when I have a crisis she says "Oh you have to calm down […]"* Participant 1, female, 35 years old, specialist in customer experience – Example 18 (Appendix 1- line 169)

Sloan et al (2018) stated in the web model that a person with several stigmas is placed far from resources and power than another with less or carries only one type of stigma. In the Brazilian society, a person in a top management position would face less prejudice while opening up about their mental health issues than someone that works in production. Their social environment would be more accepting and educated about mental illness and perceive that as a physical disease. While black people and *"mulatos"*, who are also the majority of poor people according to Gonzales (2020) would be exposed to a more hostile social environment due to the lack of information around mental illness among the most impoverished and uneducated people. Also, a black or "*mulato"* would face a more arduous process of stigmatization as there is no social representation of black people having mental health problems. Stepping back from work to recover as mental illness is seen as a disease of white, upper-middle-class, and

heterosexual people. Homosexuals would also be placed far from the centrum compared to a heterosexual person when accessing resources and suffering stigma. And finally, religion also operates as an additional factor in the stigmatization of the person who suffers from mental illness in Brazilian society. As African religions and not being a Christian are judged as a factor for having a mental illness, not being Christian is also a deviation of the normality in Brazil and therefore adds a stigma and consequently places these people also far from power and resources.

3. The role of Simone Biles and Naomi Osaka Case to social representation and the possible link to identity formation

In this theme, I will describe the perception of participants about Simone Biles and Naomi Osaka using the representation theory as a tool for changing mental health common sense through social media. I will also link how the participants' perception possibly change their group identity as stigmatized people with mental health problems—using the approach from Hoijer (2011) to social representation theory application in media studies. The researcher perceives the case of Naomi Osaka and Simone Biles as a new paradigm for mental illness discussions on social media as it links the individual social identity, media, and the common sense of people in the society.

Breakwell (2014), in her research, explains how illness and health are almost translated into moral and immoral in society when considering normality. Having a mental illness place the person in the abnormality, and people with mental health problems are often labelled negatively in media (Brown 2020). As media has the role of incorporating a topic into the collective thinking, Simone Biles and Naomi Osaka is seen as a potential for changing a more positive perception of people with mental illness from the wide society. One of the first questions I asked the participants was how they perceived mental illness portrayed on social media in general before introducing the Naomi Osaka, and Simone Biles statements into the conversation. Most of the participants said mental illness was portrayed negatively on social media. The topic was only discussed in more scientific terms in September when campaigns about the prevention of suicide happened on social networks in Brazil and around the world. A participant emphasized that the yearly campaign about suicide and prevention was the only positive thing she could relate to the topic on her social networks. However, it was not sufficient to bring awareness to the topic as nothing was said during the rest of the year:

> *"[...] They talk about the issue of depression, that's how it compares that it involves the issue of suicide, it's only in Yellow September. Who talks, look, people, don't do that, it's not frivolous. Then it involves social media, they campaign, the rest of the year they do nothing. [...]"* Participant 4, female, 25 years old, student – Example 19 (Appendix 1-line 720)

Hoijer (2011) explains that the social representation theoretical framework from Moscovici aims to explain how a subject is shown on Media to create discussion on people´s interactions about a topic. It is advantageous when studying how concepts change over time. The participants had described mental illness as a theme that have very distorted ideas and concepts in common sense. According to Hoijer (2011), the process of anchoring is responsible for creating these distortions through stereotyping. When a new concept comes to the public name, it becomes more familiar to people when they can relate to something they already know. In the case of mental illness, it has been described by the participants named in the Brazilian common sense as "fake." Only having more attention in specific campaigns when they link it to suicide, adding to depression and other mental disorders an emotional element of anchoring, which helps people to relate the mental illness to the same concern as a severe physical disease. But as some of the participants stated below, it is not done for the whole year. According to some of the participants, the thematic process of anchoring occurs in most Brazilian Media as "the diseases of the century," especially when the subject on Media is anxiety or depression. Other mental health disorders such as bipolar disorder or schizophrenia are often thematized as "dangerousness" or "unpredictability," as one of the participants described:

> *"[...]I think they show people who are mentally ill very negatively. They really show as if they were crazy, crazy people who need to be hospitalized. Not a normal person who can get along with other normal people. Because they are normal people. [...]"* Participant 2, female, 58 years old, retired – Example 20 (Appendix 1- line 320)

Objectification is also part of the communication process of social representation, and it is responsible for turning the phenomenon into something concrete to the public, as Hoijer (2011) explains. It is the objectification that makes the unknown something familiar to common sense.

The Simone Biles and Naomi Osaka case on social media is explained by the notion that Hoijer (2011) gives to personification, part of the objectivation process. It is the attachment of a phenomenon to a person; attaching celebrities and other well-known figures in society to talk about how they cope with mental illness has the potential to bring mental health problems to a more positive perception from the wider society. Most participants see Simone Biles and Naomi Osaka's statements as having the potential to educate people about mental illness and, most importantly, bring the mental illness into the public debate and possibly change the common sense about the mental diseases to a more positive one in society. In the second part of the interview, I asked the participants if they had heard about the Simone Biles and Naomi Osaka statements and showed the video of Simone Biles on YouTube from her press conference quitting the Tokyo Olympics and the twit that Naomi Osaka published after stepping back from the Grand Slam in France in 2021. Most had stated that their visibility of them as athletes helps to bring the discussion about normalizing mental illness as an ordinary physical disease; also, some said that it was imperative that it was done during the critical competition's as it put their case in evidence in many types of Media extending the debate, and also it demystify that the mental illness is the problem of the character of the individual, that even people who are perceived as healthy and disciplined can have mental illness and it is not a matter of choice. Some of the statements are below:

> *"[...] I think that because of the visibility they have, the importance they have in the world of sport, because of their fame too, this helps a little to demystify the idea that it is fake. If two people with such great potential decided to leave because of that, to prioritize their mental health and be able to have a better performance up front. It's very courageous. So, this ends up bringing good things for other people to think about and understand that this really is an evil, it is not something that we will control. It is a disease like any other and you have to seek treatment [...]"* Participant 3, male, 37 years old, RH professional – Example 21 (Appendix 1 – 629)

> *"[...] Yes. Including to stop thinking that everyone who has a mental illness is a loser in life. You can't do anything, right, that's there, a champion, two champions, that they went over their health. [...]" (*Appendix 1 -line 1541)

"[...] But it's important to show that successful people, who consider themselves successful in life, who have a healthy lifestyle, who are disciplined, who are focused, and who also have that, and that doesn't mean they are crazy. It doesn't mean they are losers. And that the time they are taking to rest is not vagrancy or laziness. Because that's how at least many people see who is taking time off from work, I don't know, from training whatever, it's because they're lazy. He gave the excuse of having to take care of depression, it seems like I'm listening to my neighbour saying: "So-and-so left work because he said he was depressed, he went to take care of himself. He is lazy" [...] Participant 7, female, 39 years old, housewife – Example 22 – (Appendix 1 -line 1555)

"[...] Help. Helps a lot. I think it helps, for example, in Simone's case, I remember when she talked about it, she started to talk a lot about it, to have a lot of publications. Here in Brazil, it was like this, much talked about, much talked about. You turned on the television and you know why she had it, you know why, you know what causes a person to have a mental burnout being a sportsman. So, these discussions started, this was good because it led to the media. [...]" Participant 1, female, 35 years old, specialist in Customer Success – Example 23 (Appendix 1 – line 232)

Back to the identity formation process discussed at the begging of this analysis, the social representation theory can also be used to analyze how a change in social representation can potentially change a group identity. Although Breakwell (2014) makes clear that it is hard to define what is a group to study the link between identity formation and social representation properly, he makes a good argument that I am going to use here, that social representation might not help to explain how group identity is formed but how it is manifested. Here, Breakwell (2014) emphasizes that the active process of motivation of a group of individuals with the same identity has the primary reason of existence to act rather than exist; groups in this concept could achieve objectives. To illustrate that, after showing the Naomi Osaka and Simone Biles case cases about mental illness on social media. The participants had given some suggestions about how social media could be used as a tool for stigma reduction of mental illness. Most have said having a mental illness in more frequent discussions, from public people to use the public space of voice they have through the fame to talk about their own mental health issues to bring awareness to the topic to own individuals with mental illness share their

experiences and how they cope with mental health issues while living life as part of the process of creating a more positive social representation of mental illness to the common sense of wider society :

> *"[...] More people talk about the subject, discuss, there are many forums, for example, on twitter, there are many conversations, many trends for us to discuss. [...]"* Participant 6, female, 34 years old, purchaser – Example 24 (Appendix 1- line 1285)

> *"[...] I think that artists, public people in general, have this power right, to bring the discussion to the public. [...]"* Appendix 1- line 1899

> *"[...] So, in addition to public people and brands, I think that people from our daily lives, from our social circle, when they bring this up, when they start to discuss the topic, it is also an identification, even perhaps more powerful, it is because it's closer. [...]"* Participant 8, male, 30 years old, Marketing Manager – Example 25 (Appendix 1- line 1910)

Mental illness is negatively socially represented today in Media. Public figures such as Simone Biles and Naomi Osaka can help spread factual information about mental health problems and consequently help people to discuss in a more positive perspective mental illness. At the same time, the content generation concept on social media can also work as a tool where individuals with mental illness can share their experiences to help with breaking stereotyping in their own social network around mental illness. Both initiatives can potentially increase the discussions around mental illness on social media and change common sense about mental illness. The process of anchoring and objectification is not isolated together public figures and regular people to anchor mental illness more positively on social networks.

Chapter 5. Discussion

As Goffman (1963) explained and this study confirmed, stigma works as a "virtual mark" in the person who is placed in a stigmatized position; this mark is extended to the rest of the person's life, as this study showed in example 1, work performance being associated to mental illness. Another thing the results stated in example 6 is a reactive or aggressive behaviour linked to the mental health problems when it would be normal and acceptable for normal people to behave that way. A person who suffers from mental health problems will fear becoming discredited in her social circle, as shown in example 7, where the mental illness was rid of the family with the fear of losing credibility.

Goffman (1963) also explores that the interaction between stigmatized and normal individuals brings a lot of discomfort and anxiety for the stigmatized person. Among the results stated as consequences for people with mental illness most likely is isolation, as shown in example 2, and limited contact with people outside of the stigmatized group, as it is showed in example 5. Another common thing described by Goffman (1963) is how comfortable normal people feel in giving unwanted advice to people who have a stigma. In the case of mental illness, receiving advice about the "way to cure" or "improve" the illness is given freely by people without any scientific basis, as stated in example 4. Also, besides extending to the whole person, the stigma can be extended to family members with mental illness; the family can be shamed or feared for being related to the relative with a mental health problem, as shown in example 8.

This study aimed to extend the concepts of stigmatization from Goffman (1963), giving an intersectional figure of the people with mental illness in the Brazilian social context. The findings stated that mental health problems are perceived as upper-class diseases, as is stated in the example 9, while black people suffer more stigma than white people when having a mental illness, example 11. It all makes sense to Gonzales's (2020) explanation about how black people and "*mulatos"* are segregated in the Brazilian society, being positioned in low skilled jobs, less frequency of children in regular education, for example, 15 and 16, and representation in poli-

tics and leadership positions, the example 10. Another factor that was predominant in the results was the association of mental illness with lack of religiosity; the participants emphasized many times during the interviews that their mental illness was associated with the "lack of god," examples 12, 13, and 14. Gonzales (2020) explained that African religions had been discriminated against along with the Brazilian history since the time of slavery, and homosexuals have high participation in this religion with African origins because of the acceptance this group doesn't find in Christian and Protestant churches. When it comes to stigmatization, as Sloan, Joyner, Stakeman, and Schmitz (2018) explained more stigmatized identities a person carries, the more excluded from resources and power this person will be. With Mental illness in Brazil, we can assume that a person who is black, Example 11, homosexual, or non-Christian will suffer more with stigmatization than a person that doesn't have these attributes or carries just one of them compared to those who have all or most of the stigmas. Nevertheless, mental illness is perceived as "fake," a deviation of character as stated in examples 17 and 18.

When it comes to the Simone Biles and Naomi Osaka cases, they have the potential to bring the discussion to Brazilian society and change the common sense around mental illness, which was described by most of the participants as they think it is perceived as "fake" or "failure" for diseases such as depression and anxiety and "dangerousness" or "unpredictability" for other mental problems in the wider society, as it showed in example 23. Statements like Naomi Osaka and Simone Biles can bring awareness to mental health problems and give social media a more positive image of mental illness, examples 21 and 22.

Personification discussed in Hoijer (2011) is the best way to put mental health into public debate, the participants linked the Simone Biles and Naomi Osaka cases to their own identity formation process, as it motivates them to act, example 24 and 25, as user-generated content on social media from regular people who have mental illness was described as a powerful tool to help with stigma reduction and misinformation about mental illness for the wider society.

Chapter 6. Conclusion

The study participants perceive Simone Biles and Naomi Osaka's statements as a tool for stigma reduction. Most of the participants had described that Biles and Osaka cases are significant because they are two high-performance athletes who withdrew from big competitions such as the Tokyo Olympics and the Grand Slam when the global public was looking for them. It puts mental illness in a more favorable position in society as it creates a different social representation of people who deal with mental health issues contradicting stereotypes of being " weak," " incapable," and " unpredictable." As Brazilian society is unequal in many aspects, when it comes to mental illness is no different. A person with multiple stigmatized identities will face more discrimination and have more difficulties accessing resources and power in the Brazilian society, being black people the most discriminated when having mental illness. The Naomi Osaka and Simone Biles statements motivate people who deal with mental problems to act in changing their group's stigmatized identity. Through content generation on social media, people with mental illness can educate their own network and bring awareness of mental diseases to the public in general and reduce stigmatization.

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