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Berit Renser

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# “AM I REALLY CURSED?” SELF-DISCLOSURE IN A SPIRITUAL FACEBOOK GROUP: CONCEPTUALIZING NETWORKED THERAPEUTIC CULTURE

BERIT RENSER

Tallinn University

## ABSTRACT

*This article investigates the therapeutic culture in social media and looks at a Facebook group for spiritually inclined people who seek solutions and remedies to their daily worries and troubles. This study is based on discourse analysis of 498 posts, combined with ethnographic observation and interviews. To understand how the therapeutic culture is shaped in social media, I analyse the motives and experiences of people who self-disclose in the group, the discursive framing of problems by both help-seekers and advice-givers, and the progress of self-disclosure. I propose the term networked therapeutic culture to describe the dialogic and interactive therapeutic culture that has emerged on social media and can be characterised by, first, the more accessible platform for speaking out, second, its shaping of the therapeutic discourses and third, how it affords accumulating self-disclosure in return for help.*

Keywords: networked therapeutic culture ▪ social media ▪ Facebook ▪ new spirituality ▪ help-seeking ▪ self-disclosure ▪ wellbeing

## 1. INTRODUCTION

“Why is everyone getting sick around me—am I really cursed?” is a typical question encountered in a Facebook group for spiritually inclined people. The group, comprising of 30,000 members brought together by interest in spiritual and pagan topics, is an active discussion board where people seek to raise their wellbeing by publicly asking for counsel on how to deal with their everyday problems. Some may suffer from health issues, others struggle in toxic relationships, facing grief or loneliness. There are those who seek advice from traditional healers, hoping to solve their problems with the help of spiritual guidance, yearning for a better future promised by clairvoyants. However, the bulk of the group is made up by those who are happy to

have a chat and receive advice from their peers. While these Facebook corners may be regarded as fountains of misinformation and bastions of anti-scientific thought, inspiring a steady stream of dismay, contempt and mockery in media (Orav, 2018), it makes sense to contemplate, especially during the COVID-19 pandemic, why people choose to turn to peers in spiritual Facebook groups for advice and while doing so, reveal themselves to large audiences.

On the following pages, I will analyze the self-disclosure practices among the users of the largest Estonian spiritual Facebook group as they seek help from peers to a variety of problems related to mental health, money, work and home, spiritual matters and interpersonal relationships or, in general, voice concern over their wellbeing.

The approach sits at the intersection of the studies of the global therapeutic culture, (g)local sociocultural context and social media studies. The therapeutic culture refers to the prevalence of a psychological mindset outside of the traditional domains of psychology (Madsen, 2014), where the language of therapy has made revealing one's emotions widely acceptable, changes the boundaries between the public and the private self (Illouz, 2008), endorses self-help practices, and builds on the ideals of individual choice, autonomy, and self-responsibility (McGee, 2005). While in Estonia the cultural figure of therapist is not well represented, the main carrier of the self-reflective endeavours may be seen in new spirituality (Uibu, 2016a)—an umbrella term for spiritual-religious beliefs and practices widely popular in Estonia. This therapeutic culture in its many forms, from psychological to spiritual counsel, has commonly been popularized by the media: through seminars, self-help books or talk shows (Illouz, 2008). In the digital age, therapeutic culture moves online, appearing in YouTube videos, online diagnostic questionnaires, Facebook memes and healing or spiritual practices (Rimke, 2017). Here, the affective claims to suffering are even further amplified, accelerated and complicated in social media (Chouliaraki, 2020). However, there is still little research available on how social media affords the therapeutic culture—a gap this ethnography-inspired study seeks to fill.

I will demonstrate in the article, by looking at the characteristics of therapeutic culture and self-disclosure in online spaces, that help-seeking motivated self-disclosure in this group is shaped by reasons for and previous experiences with help-seeking, discursive frames available for presenting help-seeking questions and answers, and the ambivalent social media affordances that encourage further self-disclosure. Based on the analysis, I conclude the article with proposing the concept of networked therapeutic culture.

## 2. THE THERAPEUTIC CULTURE

The “Triumph of the Therapeutic” (Rieff, 1966) was already claimed to have happened half a century ago, but the outlook has changed significantly since then. The rise of the therapeutic cultures has been connected to the rise of the importance of

psychology in the 20th and 21st century, also called the psychologisation of society, which reduces social, political or moral questions to psychological issues (Nehring, Madsen, Cabanas, Mills, & Kerrigan, 2020). It can be seen as a hegemonic discourse that offers a discursive scheme to look at the self and the world (de Vos, 2010). Similarly, Illouz (2008) points out that the emotional language of the therapeutic culture frames how we talk about and understand emotions, thoughts, and behaviours or their hierarchies: what is normal or pathological. In fact, much of the therapeutic discourses relies heavily on psy-knowledges (Illouz, 2008), concentrates on positive psychology (Illouz, 2020), happiness (Fanti, 2020), mindfulness (Nehring & Frawley, 2020), or resilience that often denies negative feelings, depicts the self as a repository of inner strength and emphasizes individual responsibility, while urging to be grateful for everything, including suffering (Rimke, 2020). In this way, striving for wellbeing and positivity may be the solution, but also the cause behind the conditions that give rise to the therapeutic culture.

Earlier work saw therapeutic culture in mainly negative terms as the result of rising individualism and waning religious authority (Rieff, 1966), and interpreted the increasing role of private matters in public space as narcissism (Lasch, 1979), cultural decline (Rieff, 1966), and cultivation of victim mentality (Furedi, 2004). More recently, however, authors have pointed out that the therapeutic culture has an empowering potential, since it has made suffering socially acceptable (Wright, 2008), offers new discursive spaces for speaking out about injustices (Salmenniemi, 2017) and should therefore be regarded as a strategy for emotional coping (McLeod & Wright, 2009). Furthermore, Lilie Chouliaraki (2020) has argued that social media reorganizes the who, when, and how one can claim personal suffering by democratizing access to broadcasting and claiming victimhood.

The reasons behind engagement with the therapeutic culture may be manifold. The neoliberal ethos of individual responsibility suggests that complex social problems can be solved by simple individual actions. Anthony Giddens has proposed that the modern self feels a loss of significance and hopes to find a cure to it from the looking glass—something he calls the “reflexive project of the self” (Giddens, 1991). Furthermore, self-diagnoses and self-help become necessary when other experts fail or when gaps in social support are felt (Seear, 2009; Lubi, Uibu, & Koppel, 2018). More specifically, within the post-Soviet context, people have been shown to turn to therapeutic practices as a way to renegotiate subjectivity in the changed ideological context, cope with labour and other inequalities and to fill gaps in healthcare (Salmenniemi, 2017). Therefore, reasons behind engagement in the therapeutic culture fluctuate between wider sociocultural context, local conditions and personal experiences.

The focus on the individual and the decline of religious authority is not only the cornerstone of the therapeutic culture, but also connects to the rise of the new spirituality—an umbrella term for spiritual-religious beliefs and practices (Uibu, 2016a). These practices in and of themselves have been described as a hybrid of therapeutic

culture, self-help and spiritual quests (Heelas, 2009), where the supernatural dimension often permeates all other ways of dealing with distress (Koenig, 2004). The two approaches to healing and salvation, therapeutic and spiritual-religious, have merged to an unprecedented extent (Hanegraaff, 1998, p. 46). Both discourses have entered schools, gyms, etc., contributing to their popularization (Illouz, 2008; Pagis, 2020) and increasing blending. For example, Michael Pagis (2020) has shown how popularization of bodily practices like yoga, meditation, mindfulness or alternative healing practices have spread from non-Western religious spaces to Western hospitals, mental health clinics and gyms. So does the therapeutic sneak into traditional Indian faith-healers' practices who mix psy-discourses with traditional healing (Siddiqui, 2020), while psychological experts often provide spiritual guidance (Moskowitz, 2001). In fact, spirituality can be seen as a cultural toolbox (Uibu, 2016b) where the spiritual tools are frequently intended to help reach non-spiritual goals, from health to fitness, motivation and even entertainment where spiritual aspects are often optional (Kraft, 2014, p. 306). Overall, new spirituality and therapeutic culture overlap significantly and it is difficult to say whether one is witness to secular ideas with esoteric roots or spiritual beliefs borrowing from psy-discourses.

### 3. SELF-DISCLOSURE IN SOCIAL MEDIA

Self-disclosure is integral to finding spiritual guidance as well as participating in the therapeutic culture. By self-disclosure I mean the provision of personal information to other individuals about oneself or any other people or events somehow affecting the self. While self-disclosure is often triggered by life stress (Stiles, 1987), opening up about negative feelings is considered good for mental health, has therapeutic functions and is hence called the "talking cure" (Corcoran, 2000). Self-disclosure is also regarded as a necessary precondition for receiving social support (Lu & Hampton, 2017), building connectedness, reducing loneliness (Deters & Mehl, 2013) and depression (Frison & Eggermont, 2020), and enhancing general wellbeing (Huang, 2016).

It can be argued that social media has ambivalent affordances for self-disclosure. By affordances I mean a range of technological conditions that are perceived by users as requesting, demanding, allowing, encouraging, discouraging or refusing certain behaviours and are always relative depending on who they afford and how the subjects who engage perceive the affordances (Davis & Chouinard, 2016). Most platforms share features and functions that encourage self-disclosure, such as invitations to share personal information in status updates, profiles, etc. (cf. de Vos 2020; Trepte, 2015). Oftentimes, self-disclosure depends on perceptions of the audience or the "imagined audience" (Litt, 2012). While help-seeking self-disclosure on social media is usually addressed to potential helpers or the so-called ideal, sympathetic audiences, social networking sites also include nightmare audiences (Boyd & Marwick, 2011; Murumaa-Mengel, 2017), such as malicious users who engage in

various forms of cyberbullying. Group dynamics such as flaming, trolling, harassment (cf. Kwan & Skoric, 2013) that unfold on social media may discourage its users from self-disclosure.

Self-disclosure is typically discussed in the context of privacy since privacy is required as a precondition before opening up to others. The two are in a dialectic relationship where one needs to give up privacy in order to speak out (Masur, 2019). Computer-mediated communication in general confuses the typical boundaries one may have when opening up, because it challenges our understanding of our audiences and our privacy. For example, online communication blurs the borders between the public and the private (e.g., Papacharissi, 2010), the affordance of anonymity has been observed to reduce perceived vulnerability (Krämer & Haferkamp, 2011) and positively affect self-disclosure (Walther, 1996). On the other hand, privacy is threatened by social media recommendation and connection algorithms that foster forced connections by associating otherwise disparate data points (van der Nagel, 2018). Yet, as self-disclosure has multiple social and personal benefits as mentioned above, social media users have been found to react to these ambivalent affordances by engaging in various privacy-enabling practices, including strategic information sharing, social steganography and self-censorship (Oolo & Siibak, 2013), vaguebooking or in other words blurring the meaning of the content to be understandable for only the intended audience (Child & Starcher, 2016), editing already posted content (Georgalou, 2016) or producing more generalized information (Krämer & Haferkamp, 2011).

#### 4. CONTEXT AND METHODS

This research was conducted in Estonia where, before foraying deeper into therapeutic culture, we must first take into account two important local sociocultural factors: spread of spiritual beliefs and practices and the relatively limited support network for wellbeing. As many as 34% Estonians consider themselves as spiritual and 59% believe in people with supernatural abilities (Kantar Emor, 2017). Estonians' religious affiliation is therefore best characterised by "believing without belonging" (Ringvee, 2011, p. 45). Furthermore, media has played a significant role in resurrecting spiritual and magical practices among Estonian people. During the Soviet period, folk healers were portrayed as national heroes who shared expert advice and useful health tips (Kõiva, 2015), and still today, healers and spiritual advisers enjoy wide popularity in mass media (Lauri, 2015; Vahter, 2018). In the age of social media, many of the older healers as well as new ones have started working or promoting themselves online. The Facebook group under investigation is an example of one of those popular groups ran by healers. In this case, the group is led by two people who call themselves either witches or sages and who see themselves as helpers and advice-givers, often taking on the roles of psychologists (Renser & Tiidenberg, 2020). The group also gathers over 30 000 people (as of June 2021) and has gained almost 15,000 followers since I

first joined it in 2017 (for comparison, the total population of Estonia is slightly more than 1.3 million). It also has vibrant discussions among regular members who do not necessarily consider themselves as “healers”, but are interested in mystical, spiritual and esoteric ideas or seek advice from peers or witches in the group. Overall, the group reflects a wide variety of syncretistic beliefs and practices which are typically chosen and tailored to satisfy individual needs (Uibu, 2016b, p. 16).

While therapeutic culture has been regarded as partly grown out of the rise of the authority of psychologists, institutionalized mental health and wellbeing support has been systematically underfunded in Estonia (Ministry of Social Affairs, 2020). I consider wellbeing as a combination of “having”, “loving”, “being” or a mixture of material, interpersonal and personal development conditions (Allardt, 1993). A continued erosion of any of those aspects may contribute to deterioration of mental health. Recent initiatives to improve the situation point to a crisis in the availability of psychological support, as evident in the rising numbers of help-seekers and growing psychologists’ waitlists (Ministry of Social Affairs, 2020). Further, mental health issues are stigmatized, 62% Estonian population does not want anyone to know of their mental health issues (Faktum & Ariko, 2016), yet mental health problems, among which depression is the most prevalent, account for a quarter of the total of all health issues (Vos et al., 2015). In this article, I limit my focus on the public discussion among the regular group members to such topics that concern the help-seekers’ wellbeing, excluding all posts that deal with physical health (which is a very broad topic in itself that deserves a separate discussion).

I was welcomed in the Facebook group by one of the administrators who calls herself a witch. For the current article, I conducted an online ethnographic study and collected approximately 1,000 posted questions from the group since 2017, out of which roughly a half is concerned with physical health and the remaining half deals with wellbeing in general. The analysis was followed by ethnographic interviews. The respondents were found and the final eight selected with the help of the group administrator who encouraged and invited members in a public post to share their stories with me. The interviews took place both online and offline, subject to restrictions of COVID-19. During the interviews, I asked the respondents to comment on their Facebook activities and their posts, to get a broader understanding of their social media use. In addition, to contextualize some interpretations of the post and interview analysis, I set up a short online survey which I sent to some people personally after they had posted in the group. All interviewees were female, as were 16 out of the 19 respondents who filled out the survey, which also mirrors the gender makeup of the group. Altogether, I analysed eight interviews, 498 posts and their comment threads, and the survey answers, using grounded theory (Charmaz, 2006) to identify significant topics, and discourse analysis (Gee, 2011) to determine the discursive framing within the posts.

As I will also show in the analysis, there was a conflicting understanding between the members of the group whether the Facebook group of 30,000 people and

designated as Private by Facebook was in principle public or private. I was mindful of this complexity when developing my approach to research ethics. First, I obtained informed consent from all interviewees and survey respondents to analyze and use their responses as well as their group posts. Any material from the posts of other users I gathered with the blessing of the administrator and used it with careful consideration of my respondents' anonymity. This applies to both their identities in real life as well as in networked space (where they often use pseudonyms or partial names). This means that I have modified the details of the interview quotations to protect my respondents from any unexpected harm. Also, the screenshots seen in the article are rough re-enactments of original posts which I re-created to anonymize the users, following the logic of ethical fabrication (cf. Markham, 2012; Tiidenberg, 2017). None of the help-seekers mentioned in the analysis can be traced back based on the information presented in the article.

## **5. SELF-DISCLOSURE IN A SPIRITUAL FACEBOOK GROUP**

### **5.1. Reasons for and previous experiences with help-seeking and self-disclosure**

Members engage in intentional self-disclosure in order to receive answers to what they perceive to be important personal matters. In many cases, by the time the participants decide to reach out to the group, they have already sought information from other sources, considered contacting professionals or simply have no clue as to the nature of their problem and the competency best suited to provide the solution. In the interviews, several participants map out their previous efforts to seek help, taking them to Google and forums, friends and relatives, or other media and self-help books. Other times, police, family advisers, doctors, mental health professionals, also witches, therapists, alternative medicine practitioners are mentioned as someone whose counsel has already been sought or who are next on the list of potential helpers. In fact, all my respondents confessed to having earlier experiences with witches and healers, often from decades ago, as the reason for joining the group in the first place. While some people reach out to the group as their first resort, for others it is the last—all followed trajectories were personal and different, but often reflected the complexity of issues. Here, Asta, one of my interviewees, posts a message where she seeks help for her dandruff problem, while, in fact, she suffers from stress caused by being a single mother of five and fighting with an alcoholic ex-husband over finances:

At the time, I was raising five children alone on my own. Then my ex-husband decided to sue me, demanded that I pay him every month, because he has a disability and I left him—but I left a healthy man, it was himself who ruined his health with his drinking... And finally I got psoriasis on my head—dandruff and itching all over. Went to a skin doctor and was told that it was my nerves doing it. I then looked for help everywhere—I got some

vitamins, one was 30 euros pack and the other was 75 euros pack. Expensive, right? Then I asked the people in the Facebook group, all sorts of things they told me I should try, but all of which turned out to be completely useless. And then, when I was already about to accept that nothing could help me, I turned to Piret [one of the witches in the group]. I had heard that she could make the tensions in your body go away... . Whom else could I still have turned for help? (Asta)

In many cases, participants choose self-disclosure in the group over alternative options because of the shortcomings in the accessibility of services, such as lack of available appointments, high costs or long distance. The group's popularity and relevance builds on crowdsourced answers from its members and administrators and the more responders in the network, the more useful it becomes for its participants. Furthermore, many of the participants are expatriate Estonians, which may be reflective of the cultural and linguistic barriers they may have when encountering these services while living in a foreign country. In this context, the digital space that can be accessed regardless of the many limitations imposed by distance, time and money eradicates at least some of the problems that offline services have.

In addition, trust in the institution or knowledge about the possibilities play a major role in the choice one makes. A certain prejudice towards doctors and psychologists can make them seen as someone who is "not interested in the root causes of problems, but only wants to prescribe medications". Police, typically, "won't bother to help anyway". Furthermore, while participants oftentimes confess to feelings of inferiority, worthlessness, loneliness, and suffer from depression, anxiety, panic attacks or constant fatigue, mental health related posts rarely recommend the help of mental health professionals unless the problem has been stated very clearly as I will discuss in the following paragraphs. This possibly reflects the lack of knowledge and experience of how to or with whose help to deal with those problems, stigmatization of the issue in the culture in general and the limits of mental health support in Estonia.

### **5.3. Discursive framing of problems and solutions**

After choosing to self-disclose through the mere act of posting about one's problems, participants also choose their discursive framing. Here, three main culturally informed discursive framing strategies of problems and solutions emerge: psychologization, spiritualization and rationalization.

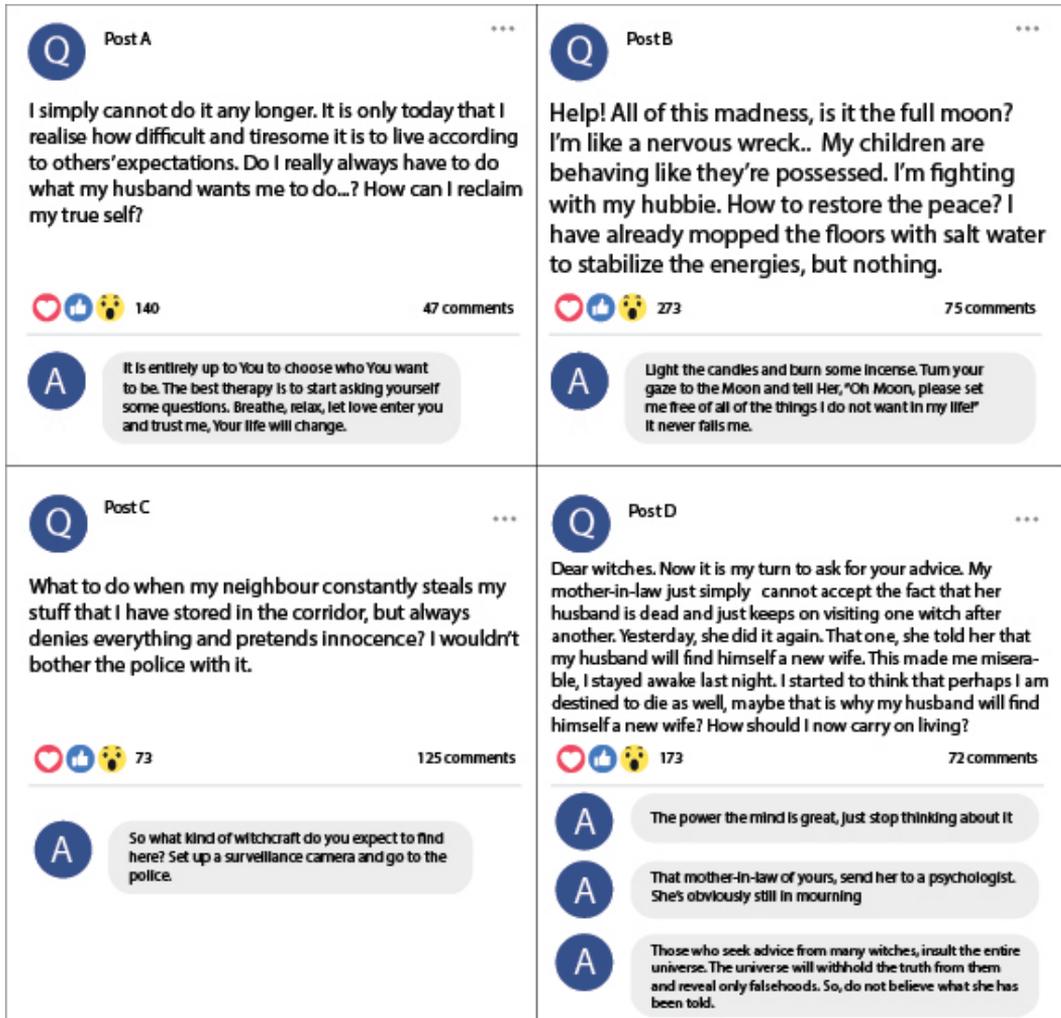


Figure 1. Post A: Example of psychologization. Post B: Example of spiritualization. Post C: Example of rationalization. Post D: Example of typically mixed discourses. (Ethical fabrication of Facebook posts)

The first discursive frame that draws on therapeutic culture is interested in the psychological aspects of the self or what I call psychologization (Figure 1, Post A). It presents the self as the root cause of all our woes and troubles and suggests all problems can be remedied by simply changing our thoughts and behaviour. The expressive emotionality or confession that is characteristic of therapeutic culture is also present here and is most conspicuous in those examples which use impassioned language to describe a series of setbacks and failures and the related emotional distress. Here, positive thoughts do not result from being well, but rather the wellbeing is a condition to be attained by “thinking positive”. It is notable, at the same time, while therapy culture heavily promotes “positive thinking”, it is rarely found in the posts of

those who seek it, but is used by the ones who give advice. The former are characteristically mired in negative thoughts and feelings which they came to express. Thus, the comments suggest all mental and physical illnesses, as well as bad luck and relationship troubles, are born out of these negative thoughts, not caused by any structural problems. For example, victims of workplace bullying who “just cannot take it anymore” are advised to “look into the mirror” and reflect upon the truth that “every coin has two sides”. As it appears, failures and illnesses are seen to be caused by “wrong thinking” and should recede when forced to confront with positive thoughts and actions, such as smiling, forgiving, letting go or expressing gratefulness.

The second discursive frame is spiritualization (Figure 1, Post B), where the cause and/or solution of the problem is attributed to external agents, such as curses, inherited behaviour patterns, certain auras, energies, etc. According to these accounts, the root of the problem/solution lies not within, but without, in some external spiritual or magic factors which we can still somehow manipulate or change. Bad omens and negative meanings are looked for in objects, people, environment and dreams. Often, these descriptions draw from folklore and popular culture. It is known that the lunar cycle can affect one’s mood and behaviour, sleep disturbances might be caused by the radiation of water veins, while protection may be offered by certain medicinal herbs, red string, when worn, can ward off misfortune, various spells and incantations should also not be overlooked. We know from earlier studies that anxious people are more likely to be superstitious (Wolfradt, 1997) and people who place the locus of control in the exterior, as it is in the case of bad omens, are more prone to pessimism (Dember, Martin, Hummer, Howe, & Melton, 1989). Hence, the mild hints of feelings of anxiety, fear and doubt that are consistently veiled in mystical events and tied to spiritual or supernatural phenomena, suggest one’s wellbeing may be the main driving force behind many of the posts also when not so explicitly expressed.

The last discursive frame is that of rationalization where both common and uncommon problems are explained in normal, everyday terms (Figure 1, Post C). Rationalization appears to be a frequent strategy of choice when dealing with the most common and easily identifiable problems, such as theft, in which case the “rational” option would be going to the police. Following the “rational” scenario, victims of domestic abuse and violence may be directed to a battered women’s shelter for help, one’s legal problems might be solved with the help of a good professional lawyer, and it also makes sense to try regular pharmacotherapy to alleviate one’s anxiety and depression. Well-informed answers often means the person responding has experienced a similar problem themselves and relates to the advice-seeker on the basis of their personal experience.

The size of the social media group and the constant flux of users between groups, however, facilitates the borrowing of techniques which are used in other groups as well as in other media channels and social contexts. The scope of the group and the members’ different experiences allow combining various discursive frames that are not necessarily opposite, but complementary to each other. Thus, we can observe

collapsing discursive frames within a single individual post (Figure 1, Post D). Such an approach to different coping tools and their application is encouraged by the neo-liberal conception of freedom of choice and the right to seek personalized solutions which fit one's preconceived beliefs and to use coping tools which freely mix and match science and supernatural, mundane and spiritual.

The discursive frames used by the participants also shape their understanding of problems and their solutions. One noteworthy problem that surfaces from interviews and is reflected in the posts is the lack of knowledge of how to define or frame certain problems and who is best suited to solve these problems (see also Figure 1, Post D). The often-arcane language which conceals emotions and places fault in the self, coupled with the typical brevity encouraged in social media posts, obfuscates the problem statements for the audience. The help-seeker, in many cases, may disguise and downplay her real problem as a mild spiritual or emotional distress. However, such obfuscation makes it difficult to get and give good advice, which, when intersecting with Facebook groups' affordances, leads to what I describe in the next section as accumulating self-disclosure.

#### **5.4. Accumulating self-disclosure**

The group as social context and Facebook as technological context condition the help-seeking and giving practices and related self-disclosure on the platform. The networked nature of these groups affords what I am referring to as accumulating self-disclosure, by shaping how privacy is perceived and audiences imagined in these groups, as well as whether Facebook is perceived as encouraging or discouraging algorithmic connections.

First, many of the group members consider the group as private, since it is designated as such by its administrators, regardless of the fact that it only takes three questions to answer concerning the applicant's interest in the group to become its member among more than 30,000 others. The help-seekers emphasize the important contribution of administrators to this perception of privacy, as they oversee and enforce the group rules. Besides their role as helpers, supporters, entertainers and educators, their role as enforcers of discipline is mentioned as a major incentive for joining this particular group. The administrators can accept members and decline applicants, approve or reject their contributions and ask them questions for background check before acceptance, such as their reasons behind joining. Enforcement of group rules (e.g. no negative readings, no fishing for customers by outsiders, etc.) gives a sense of security and privacy. In addition, members often describe the group based on the assumption of ideal audiences and characterize their peers as "knowledgeable", "smart" or "experienced" who give good advice, share their intimate thoughts, participate in discussions and function as "a supportive family" that fulfills the users' needs. The group is seen as a source of sense of belonging and well-being and reading posts has become part of their daily routine.

The supportive community offered by the imagined audiences and the perceived privacy resulting from tightly enforced rules encourages self-disclosure. This, however, leads to a snowballing effect where the disclosure of one person encourages other people to share similar experiences, as is shown in Figure 2. Here, comment B answers to post E with a personal story of loss, that of her own unborn baby. In these cases, members of the group often join the discussion in the hopes of finding consolation and solace for themselves as well. This assumes the swapping of the roles of the help-seeker and the help-giver—easily accomplished in a community where the conventional adviser (therapist, doctor, marriage counselor, spiritual guide or other) has been replaced with decentralized experts. The level of perceived privacy in the group and trust in the good intentions of its members and the quality of the content, strengthened by the feeling of belonging, encourage the advice-seekers to self-disclose and relinquish their privacy in exchange for help.

The image shows a social media post and its comments. At the top is a blue circular profile picture with a white letter 'A' and the text 'Post E' to its right. To the far right of the post header are three grey dots. The main text of the post asks: 'I have a question, can stillborn babies become guardian angels? Do they get to be born again in new bodies? But what about their soul? Do they still have one?'. Below the text are three icons: a red heart, a blue thumbs-up, and a yellow face with wide eyes. To the right of these icons is the number '51'. Further to the right, separated by a horizontal line, is the text '18 comments'. Below the post are two comment bubbles. The first bubble has a blue circular profile picture with a white letter 'B' and contains the text: 'I do not know how this thing really works, but I would like to think that at least my little baby angel keeps close to me. It is no matter if she is my guardian angel or simply lives on in my heart...'. The second bubble has a blue circular profile picture with a white letter 'A' and contains the text: 'My question, of course, came about because of my own personal experience..I had a miscarriage and lost twin babies..'. The background of the comments is a light grey color.

**A** Post E ...

I have a question, can stillborn babies become guardian angels? Do they get to be born again in new bodies? But what about their soul? Do they still have one?

❤️ 👍 😲 51 18 comments

**B** I do not know how this thing really works, but I would like to think that at least my little baby angel keeps close to me. It is no matter if she is my guardian angel or simply lives on in my heart...

**A** My question, of course, came about because of my own personal experience..I had a miscarriage and lost twin babies..

Figure 2. Post E: Example of accumulating self-disclosure by sharing experiences (comment B) and divulging further details (comment A from the initial help-seeker) in discussions.

However, some members have a heightened sense of privacy and are therefore less inclined to divulge their intimate secrets, preferring to vaguebook their posts, as they are discouraged by the size of the group and the threat of sensitive personal information leaking beyond the confines of the group. Marta gives a description of how information is passed on from one friend to another, eventually spreading to people outside of the group, making it impossible to keep track of who receives the information, especially in a small country like Estonia. The interviewees are also worried of self-disclosure to nightmare audiences: either their own family members, colleagues or friends or people who intend to stigmatize, shame and mock self-disclosure. Elsa explains, the problem may lie in the mere act of participation in this type of group—there is a certain stigma attached to esoteric gatherings that may be frowned upon in the work environment.

Second, even despite these fears and occasional choice of complete secrecy, the respondents still posted their questions in the hopes of receiving valuable feedback, but did so by vaguebooking, hiding the meaning of the content or even editing and deleting their posts afterwards. In effect, the advice-givers looking to overcome the brevity and vagueness of the original post, worded as such to control the vulnerabilities associated with self-disclosure in compliance with the group rules, ask clarifying questions to understand the specific situation. This coaxes the help-seeker herself into full disclosure of the premises of her original post, in order to improve the relevance of the advice to her actual situation, as is shown in Figure 2, Post E, comment A. Here, the user starts revealing herself a bit further as she feels the received answers may not help her to find the solution to her problem. Therefore, while Facebook as a platform and the group as a social context may at first discourage in-depth descriptions of oneself by limited post length and the large potential audience, shortened and vaguebooked posts may unintentionally have an opposite effect of encouraging accumulating self-disclosure as a result of the interaction within the comments section in order to receive more relevant answers.

Third, accumulating self-disclosure may be involuntary and rather encouraged by Facebook's algorithmic connections. Here, the participants may not truly comprehend the extent of all the connections to their person that exist on the platform. For example, Facebook enables easy search of its users' posting histories within the group as is shown in Figure 3, and unless the corresponding privacy settings have been turned on by the user, also common friends, interests, photos and personal statuses are visible to anyone digging for contextual information.



Figure 3. Posts F and G: examples of accumulating self-disclosure by virtue of algorithmic linking of posts by the same person over time. (Ethical fabrications of Facebook posts)

One can easily find the same person's posts within the group(s) throughout the year(s), rendering it easier to track down personal narratives for additional helpful clues from their past. Advice-givers often use these tools to determine the context of the person's problems: its duration, depth, or any personality clues. In several cases, when a group member has posted a question, the other members have turned to the post and used it for their own purposes. As seen in Figure 3, Post G, comment A, the advice-giver discovered that the help-seeker had been struggling with her work already for two years—a fact that gave her further context for the reply. Such realizations, brought about algorithmically, have been mentioned in the interviews as discomfiting for the help-seekers who mention the feeling of their personal space being invaded once someone refers to the narrative picked up through algorithmic disclosure.

## 6. CONCLUDING DISCUSSION

I propose the term networked therapeutic culture to describe the dialogic and interactive therapeutic culture that has emerged on social media and can be characterised by, first, the more accessible platform for speaking out, second, its shaping of the therapeutic discourses and third, how it affords accumulating self-disclosure in return for help.

First, social media, where anyone has access to broadcasting their pain, reorganizes the who, when and how one can claim personal suffering (Chouliaraki, 2020). It offers a new discursive space for speaking out (Salmenniemi, 2019) for those whose voice may have been less heard and on topics that have been suppressed. While social media as such, and this group in particular, encourages self-disclosure, it also rewards the users for posting their personal stories with high levels of attention and engagement, help and advice from others. On the other hand, it makes other people's posts publicly available and sets these as standards of what is regarded as normal within the group. With consistent participation and encouraged by seeing other members receive answers, users' confidence in the group grows, making it a viable alternative for help seeking, should the need suddenly arise. This becomes especially crucial when the participant is unaware of official or offline alternatives or these may be inaccessible because of their higher entry barrier or other structural reasons. Social media groups help to seemingly overcome structural problems of access to help, offer an alternative to institutional support, tackle psychological barriers one may have with reaching out to experts and set a low bar for participation. In addition, seeking help from the group gives the participant the sense of agency and self-responsibility that the neoliberal culture requires us to have.

Second, the new and the more accessible platform and the help-seeking groups within it simultaneously expand and shrink the language of the therapeutic culture. Therapeutic culture may reveal itself in other closely connected phenomena, such as new spirituality. As shown in the analysis above, members of the studied group relied on discourses of psychology, spirituality and rationality to frame how they disclosed their problems. The networked nature of social media easily enables us to bring together different discourses that may not otherwise be readily compatible. In this way, therapeutic advice has become decentralized, opposing any specific expertise, and leaves the participants entirely to their own devices when choosing the correct answers. However, the networked nature and the fear of losing privacy contribute to simultaneous shrinking of the therapeutic language, resulting in less detailed descriptions, shielding of important contextual information and conforming to the fast-paced consumption of Facebook posts.

Third, social media affords accumulative self-disclosure and it does so in three main ways. Most typically, self-disclosure in help-seeking posts encourages audience members to also share their own experiences and disclose their own stories within the comment feed, creating a snowballing effect of self-disclosure and contributing

to the expansion of the therapeutic culture and the interchangeability of the roles of the help-giver and the help-seeker. In addition, the help-seeker herself may share more information than originally intended. Lack of privacy and nightmare audiences discourage self-disclosure and induce short problem descriptions with little context. These posts, in turn, often require further clarification in order for the audience members to be able to offer help that feels substantial. Social media also allows the disclosure of help-seeker's information algorithmically, as it shows a list of her earlier posts within the same group. The "therapeutic narratives of selfhood" (Illouz, 2008) are thus not only told by the help-seeker herself, but are algorithmically exposed and shaped by connecting different data points (van der Nagel, 2018). Thus, self-disclosure in the networked therapeutic culture always triggers further disclosures that are possibly unintended or unwanted. While users seek help on social media, they contribute to the further shaping and expansion of the networked therapeutic culture.

Finally, I suggest that this analysis and the conceptual framework of networked therapeutic culture provides an empirical analysis of peoples' help-seeking behaviours online at a time when mental health and wellbeing have been systematically stigmatized and underfunded, and social media groups increasingly rise to fill the gaps. Future research might ask whether these networked therapeutic cultures go beyond the local spiritual domain described in this article and one may ask, especially during the times of isolation and stress resulting from COVID-19, which other themed communities people seek help from, how these groups shape the discourses and understanding of (mental) health and how these groups contribute to or disrupt the effective solving of a pandemic-related (mental) health crisis. This hopefully enriches the ongoing discussions around public healthcare policies and health misinformation. Furthermore, the article contributes to the academic discussion of self-disclosure and privacy on social media, suggesting that within some contexts the need for help encourages self-disclosure, with possibly unforeseen consequences for the participants' privacy.

**Berit Renser** is a Junior Research Fellow and a PhD candidate in Audiovisual Arts and Media Studies at the Baltic Film, Media and Arts School of Tallinn University, Estonia. Her current research is focused on social media, therapeutic cultures and new spirituality, and how these relate to health and wellbeing.

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