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Abstract
Social media are increasingly being recruited into care practices in mental health. This paper analyses how a major new mental health social media site (www.elefriends.org.uk) is used when trying to manage the impact of psychiatric medication on the body. Drawing on Henri Bergson's concept of *affection*, analysis shows that Elefriends is used at particular moments of reconfiguration (e.g. change in dosage and/or medication), periods of self-experimentation (when people tailor their regimen by altering prescriptions or ceasing medication) and when dealing with a present bodily concern (showing how members have a direct, immediate relationship with the site). In addition, analysis illustrates how users face having to structure their communication to try to avoid 'triggering' distress in others. The paper concludes by pointing to the need to focus on the multiple emerging relationships between bodies and social media in mental health due to the ways the latter are becoming increasingly prominent technologies through which to experience the body when distressed.

Keywords: Elefriends; Social Media; Mental Health; Affect; Body; Medication; Distress; Bergson

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Social media, mental health and affect

Many mental health-related social media sites have emerged in recent times, with some targeting specific forms of distress (e.g. Depression or Autism) and some more general sites

that cover a range of topics (e.g. *PatientsLikeMe).* Many are structured as forums where users contribute to 'thread' style conversations (where conversations are visually grouped together by topic). There are also more technologically advanced sites that are similar to social network sites (e.g. Facebook) and further encourage the potential for people to form a community around talk about medication. This mobilises the full-range of social media communication tools and users can communicate via posts and comments, images, message/private messages and range of specifically designed buttons to signal connection. Examples of these sites for mental distress in the UK include *Elefriends* (the subject of this article) and *The Big White Wall* (BWW). This article focuses on how Elefriends is used to manage the impacts of psychiatric medication on bodies. This assumes that knowing the body is a collective practice that occurs in situ (see Latimer and Schillmeier, 2009), with feelings about medication shaped by interactions on the site.

Elefriends was designed by the UK mental health charity Mind as an online community facilitating peer support for people experiencing mental distress. Elefriends adopts a similar style to many other social network sites (e.g. with customisable personal profiles) and is designed to provide a supportive space in which people can talk about all aspects of their experience. Elefriends prioritises the power of peer support and positions itself as outside formal care practices. Mind moderate the site, but it is the Elefriends community who predominantly 'own' the space. For many users, Elefriends is a core space in their daily lives in which they seek and provide support for distress, with medication a key topic that people discuss.

Elefriends has approximately 45000 registered users (August 2016) and is moderated by a team at Mind from Monday to Friday (10am to midnight) and at the weekend (Saturday and Sunday, 10am to 2pm/5pm to midnight). All moderation is communicated via 'The Ele' and his handlers. Mind uses the image of the kind and helpful Elephant to deliver all messages to the community, with the entire site designed in this image. The moderators will call emergency services (if asked), review and respond to the Ele's private inbox (members can send a message to the Ele if they are concerned about themselves or others) and remove any posts which have the potential to put other members of the community in danger. However, Mind does not refer people directly to clinical services and encourage people to take care of their own mental health. In extreme circumstances, there is also a button at the top of page that gives users information on what to do if they need urgent help. Mind regularly review their moderation practices and speak to the community about ways of improving this service.

In understanding Elefriends it is useful to look to other communities operating outside formal care practices, e.g. pro-ana (anorexia) sites. Pro-ana communities are highly guarded by the members and have strict practices for allowing new members (Giles, 2006). Much of the communication on these sites is dedicated to authenticating information and identifying people who are not deemed legitimate members of the community (so called 'wannarexics' (Boero and Pascoe, 2012). Research into pro-ana sites has also considered the ways that users experience their bodies through mediated online spaces. As these sites are quintessentially about discussing bodies, the users of these sites have faced the challenge of how to communicate the depth and complexity of their bodily feelings in terms of the anorexic experience.

Boero and Pascoe (2012) argue that bodies are interactional achievements, whether online or offline. This is a collective process in which people co-construct bodies in order to produce a sense of community (Brotsky and Giles, 2007). Lavis (2015) goes further in arguing that

eating comes to reconfigure relationships between offline and online worlds, as acts of eating in cyberspace come to shape biological materialities of bodies. A theoretical binary between off- and online does not capture the complexities of 'eating' in relation to anorexia, which takes place in both spheres, often simultaneously. The presentation of experience as multilayered and distributing of power and force in patterns of rest of motion has often been labelled as *affect* in the social sciences in recent times (Gregg and Seigworth, 2010; Clough, 2007; Tucker and Goodings, 2014). Affect does not distinguish between materiality and discourse, as it is claimed to operate across realms that simultaneously act through material and discursive practices (Cromby, 2015). Moreover, affects are claimed to be delivered via intensive sets of feelings (e.g. Brown and Stenner, 2001; Massumi, 2002, Ellis and Tucker, 2015).

The affective power of digital media has been well established in recent times across social science and cultural studies (see Hillis, Passonen and Petit (2015) for a useful summary). The motivation for going online has been claimed to be a 'search for intensity' (Passonen, 2015), with others pointing to the emotional and affective impacts of social media use (e.g. Karatzogianni and Kunstman, 2012). Much existing literature focuses on experiences with those social media (e.g. Facebook) that rely on a business model of commodifying user information, which have been claimed to authorise forms of what Hardt and Negri (2001) term 'affective labor'. Existing understandings as to the motivations as well as affective intensities of social media do not necessarily encompass peer support activity on Elefriends. It is not driven by an economic imperative to monetise personal data, but aims to foster peer support in a valuable way for those in need. As such, we take a different route in focusing on the motivation of searching for affective knowledge (i.e. how medication affects the body) in Elefriends. When medicated bodies enter the site they are generally feeling a high level of intensity due to the impacts of medication. In a sense their motivation is to lessen intensity into more manageable affective states. Central to Elefriends users' activity in this paper is how they use the site (and its social 'power') to manage the relationship they have with their body. Bergson's concept of affection encourages the focus to remain firmly on the uniqueness of the knowledge we have of our own bodies, which is precisely what people can use Elefriends for, namely for getting to know one's medicated body.

Knowing from within

> 'Yet there is one of them which is distinct from all the others, in that I do not know it only from without by perceptions, but from within by affections: it is my body'
>
> (Bergson, 1991{1896}: 17).

For Bergson we 'know' our bodies through affection, which is different to how we know the bodies of others. Affections are the tendencies or activities of the body itself that are *real* and he separates out 'pure perception' as relating to the properties of an object in relation to our virtual actions. Affections are then the real, felt, embodied action (or tendencies to action) that are experienced as emanating from within the body. This feeling is inner but not representational, and even though affection is something that we are conscious of, it is not something that we perceive (Moore, 1996). For example, Bergson describes pain as an example of affection as it is 'in the place where it is felt, as the object is at the place where it is perceived' (1991 {1896}: 234). Affection is the capacity to experience modifications of the body as it comes in contact with both itself, and other bodies. Ansell-Pearson (2002) captures this aspect of Bergson's unique way of describing the internal sense of knowing as 'the excitations a body receives from the outside and the movements it executes in response' (2002: 144). The focus on movement is pivotal in recognising the body's capacity to affect/be

affected. This is why Bergson does not think of bodies as fixed entities but as *images* that interact with other images. Bodies are at the centre of an aggregate of images, where nothing is assumed beyond the movements aggregations create. This is supported by Massumi's argument that bodies need only be understood as processes of movement and sensation (2002: 1).

Affection then is the capacity to experience modifications of individual bodies as they come in contact with both themselves, and other bodies. This is precisely what is happening in Elefriends. People are experiencing modifications of their bodies enacted by taking medication; the understanding and knowledge of which are modified by interactions with other 'medicated bodies' on the site. Bergson's concept of affection speaks directly to the experience of trying to manage the impacts of medication on the body through online communication in Elefriends. A difference in kind is not present, but rather a difference in degree. Bergson's affection holds that affections are 'closer' to the body than perceptions, with such an understanding avoiding a boundary being drawn between internal and external. This resonates with recent theories of the Internet that critique the notion of bodies being virtual and binary (in the technological sense) when operating in cyberspace (Grosz, 2001).

Understanding the body as a centre of action means that it cannot be taken as a representation, as images are movement, not entities that are able to 'represent' movement. This provides a way out of the language of representation that is popular in psychology and the materialism-idealism dualism therein. This focus on the body as the centre of indetermination is later purified in Deleuze's study of the cinema (1986). However, drawing back to Bergson's original position, Hansen (2004) describes Deleuze's neo-Bergsonist account of the cinema as a 'progressive disembodying of the centre of indetermination' (p.5) something he addresses through correlating 'the aesthetics of new media with a strong theory of embodiment' (2004: 3) (see also Conatser, 2010; Goodings and Tucker (2014) for a Bergsonian analysis of Facebook Timeline). Hansen (2004) argues that affect is essential to the creative process of 'enframing' digital information. Enframing is the process of 'giving body' to digital data in order to imbue it with meaning. Hansen's description of the 'digital image' is designed to look beyond the surface level of digital information and identify the importance of the 'entire process by which information is made perceivable through embodied experience' (2004: 10). Hansen's (2004) digital image focuses on the intensities of embodied affectivity in the process of rendering and enframing digital information as meaningful.

We argue that Bergson's work provides a useful supplement to recent work on the affective capacities of digital media. There has been little focus on the affective role of medication as a material object when it acts upon the (internal) physiological makeup of the body, and how that is felt and experienced, particularly when it destabilises one's relationship with the body (Tucker, 2011). Indeed, forms of 'networked affect' often focus on what affects are produced by digital media, such as, 'whether the passage of a different kind of body…induces an affective jolt' (Hillis et al, 2015: 1). In this paper we focus on how medicated bodies are affected by medication, and the role of Elefriends in attempting to make sense of actual and potential (future) modifications. This helps guard against an overly generic approach to affect which has been a stated warning for affect studies to heed (Wetherell, 2012; Hemmings, 2005). At stake in this paper is how people know their own bodies, and the role of the digital space of Elefriends in this experience.

Methodological concerns

The study received ethical approval from the University of East London Research Ethics Committee. Participants were recruited via a post on Elefriends that could be 'clicked through' to access details of the study (including participant information and informed consent). 157 users consented to take part in the study, which involved collection of their online activity (all posts and comments) over a three-month period (March to June 2014). The dataset was representative of the general user base of Elefriends. It was predominantly female (around 70%), and located around the UK (with a noticeable proportion from the South East region). Mind does not collect detailed demographic data from users when they register, although some users do disclose their age. The software package Wordstat was used to code the data. Specific references to 'medication' were identified in the data set by developing a dictionary of terms that related to the word 'medication' that included shorter versions of the word and abbreviations (e.g. 'med', 'meds'); words that have a similar meaning (e.g. 'drug', 'antidepressant', 'treatment'); and the names of specific medications (e.g. 'Citalopram', 'Sertraline').

The analysis was framed by the research questions, namely: a) what kinds of support are people seeking about medication on Elefriends? b) what forms of affective knowledge emerge through connecting with other medicated bodies? and and c) what are the limits to communicating about medication in Elefriends? The data were analysed in relation to these questions, which involved a process of coding and then thematically organising the data. For this, principles of thematic analysis (Braun and Clarke, 2006) were followed. The analytic process was guided by certain theoretical positions. These were: a) distress is grounded in experiences of being a medicated body (Tucker, 2010; Brown and Tucker, 2010); b) social media are *images* in and of themselves (technological objects) as well as facilitating new possibilities for action through connecting with other bodies; c) affection is a potentially valuable concept for understanding how people experience and manage the internal knowledge of bodies through interacting with external bodies (Hansen, 2004; Tucker, 2013); d) embodied responses can be identified in textual analysis (Lyons and Cromby, 2010; Willis, 2015).

Analysis

The analysis considers how Elefriends is used to manage experiences of medication, with people trying to resolve problems and tensions with their bodies. Seeking support through Elefriends involves trying to translate the sensory data of individual medicated bodies into the digitally mediated space of the site, and back again. Elefriends offers a potential immediacy to support, which is not a feature in other more traditional spaces for support e.g. the consultation room. This is of potential value as medicated bodies often do not fit a neat timetable for needing attention, as they can require care at any time of the day and night. In the following analysis we see how medicated bodies enter Elefriends, and the kinds of affection for which they seek support. The analysis is organised into four themes (‘bodies switching between regimens’, ‘self-experimenting with the medicated body’, ‘immediacy’ and ‘trigger warnings’). In the first theme, we see how the body is experienced in an anticipatory 'in-between' state in Elefriends and where a regimen change is imminent. We see a sequence of conversation with comments responding to an original post from one member of Elefriends, here referred to as Charlotte (pseudonyms are used throughout), about an upcoming change to her medication.

Bodies switching between regimens

Extract 1.

CHARLOTTE: Just wondering if anyone has any experience on Sertraline? I've googled it (probably worst idea) with me being due to start it next week. I've been on citalopram before which I have read is similar, and I didn't have nasty side effects with that it just stopped working. Just wondering if it has helped anyone etc? I know everyone is different with meds though! Sending hugs to everyone. Xx
RACHEL: changed from citalopram to sertaline a couple of weeks ago. It's honestly been amazing for me![…]
AMANDA: I swapped from citalopram to sertraline.. Gradually coming off one and going onto the other. I don't recall any side effects.x
CHARLOTTE: Oooooh thank you, that's good to know! My doc put me on mirtazapine cos I have trouble sleeping and that's a sedative but one of the main side effects is weight gain and I have gained so much in six weeks it was making me more miserable! So she's prescribed me sertaline and I'm hoping that because I've been on citalopram before I won't get some of the horrid side effects I have read haha. Did you get any side effects? X
CLARE: I'm on it and it helps me. No weird side effects xx
CHARLOTTE: Thanks Clare! I'm hoping I'm gonna be okay cos I've been on citalopram. Any side effects will be better than my insatiable appetite and gaining a shed load of weight on mirtazapine! Haha xx

This extract demonstrates how an upcoming change in medication can lead people to draw upon the collective knowledge of the Elefriends community. An impending change in Charlotte's medication destabilises her body as she does not *know* how her body will feel. Certain modifications have occurred already (e.g. weight gain) and there is a sense that more are yet to come (e.g. what will taking Sertraline do to my body?). Charlotte's body experiences a form of anticipatory affect (Hansen, 2004) as her present sensation is bound up in anticipating how her body will feel when her new medication commences (will it feel like current medication?). For Bergson, '[T]he affective state must [then] correspond not merely to the physical disturbances, movements or phenomena which have taken place, but also, and especially, to those which are in preparation, those which are getting ready to be (1960 {1889}: 34). Charlotte is attempting to get her body 'ready' for the new medication by trying to access knowledge of how other people's bodies have been affected by Sertraline. The Elefriends community are happy to help Charlotte in understanding these changes and the responses to Charlotte's post illustrate a collective sense of reassurance. Members of the community share their experiences of Sertraline to try to aid Charlotte through the transition. However, reassurance works at quite a general level as other members do not offer specific advice about the sensory specificities of Sertraline. A recognition exists that Amanda's and Clare's experiences cannot match Charlotte's exactly (something Charlotte predicts, "I know everyone is different with meds though!"). The affective knowledge they have of their bodies is unique. Instead responses work to reassure Charlotte that the new medication will be okay, and as such try to avoid Charlotte becoming anxious about how her body will be feel on Sertraline. Amanda's somewhat hedged response ("I don't recall any side effects") confirms that she is not an expert on Charlotte's body (she does not affectively know it) and is therefore can only talk about how *her* body felt. However, to Charlotte, this expertise is of value as it is based on experience and confirms that people make switches of this kind and that she should not anticipate any unexpected side effects.

Self-experimenting with the medicated body

In the previous extract Charlotte described an anticipatory act of trying to manage the potential affective pressure of upcoming changes to her body. It was not a particular intense

extract in that Charlotte talked about her body and distress in a relatively informal way with no specific indication that she was feeling particularly distressed at that time. In the following extract we see a different kind of change, which centers on a period of experimentation during which the member of Elefriends is describing their experience of not taking their medication. This registers as heightened feelings of embodied distress and demonstrates how Elefriends can be used to try to manage one's body at particularly difficult times.

Extract 2.

> BEATRICE: Am starting to feel calmer now - still somewhat sorrowful but thankfully I feel too tired to get upset yet again. Two hours now until I can go to pick up my oh-so-missed meds! I know I need them, I know I've missed them yet somehow it feels like being taken back to an institution where I'll be safe but where the outside world won't feel like it does now. I'm a mess of contradictions, perhaps I've watched Rainman too many times as I can relate to it so much and it's one of my favourite films (I realise there will probably a collective 'huh?!' to that!!) but feeling very much like the character Ray - spent a few days going through so many emotions but was still out there, he experienced life in all it's full colours and full volume but then inevitably has to go back to the institution where he's safe but it's not the same - back to black and white, and nothingness. This makes sense to me and I realise it might not make sense to any other Elefriend out there and perhaps I'm now Really Weird Beatrice after you've read this. Perhaps though, someone somewhere will get it and maybe, just maybe, I won't feel so alone and far away in my weird head.....
>
> …..
>
> TOM: I would be totally f_eD without medication, even more weird than I probably sound already.
>
> …..
>
> SOPHIE: I think a lot of us eles have a love hate relationship with our meds. Too much stigma, too many thoughts.
>
> BEATRICE: Squizzles Forever!!! :-D xxx
>
> BEATRICE: I hear ya Sophie - it's such a complex thing isn't it - I need them yet I feel like this - still if they help keep me plodding along.....hugs xxxx

In discussing an imminent return to medication Beatrice describes feeling 'a mess of contradictions' as she hates the way medication affects her but also recognises the necessity of it. Elefriends features as a preparatory space for her body to recommence medication, which speaks directly to Bergson's idea about how a change in the relationship with external objects affectively modifies one's relation with the body: '[C]hange the objects, or modify their relation to my body, and everything is changed in the interior movements of my perceptive centers' (1991 {1896}: 22). Although Beatrice has taken the medication before, and as such is aware of how it feels, the period without it has reconfigured her body in such a way that returning to medication feels like a backwards step.

Conveying the complexity of her distress risks presenting Beatrice as particularly dysphoric ("Perhaps I'm now Really Weird Beatrice"), which highlights an inherent concern of 'projecting' one's body into Elefriends. Beatrice is unsure about how people will react to her wanting to return to a medicated existence, one in which she is merely 'plodding along'. The replies though seek to reassure, and present her dysphoria as not unique, through relating it to their own experiences (e.g. Tom describes how when he is off medication he is "even more weird than I probably sound already."). Beatrice is not learning about her medication anew but commenting on how the body feels different while on medication. As such, she is

immediately drawn to the past experience of her medication as a reference point. The responses seek to reconfigure Beatrice's understanding of what a return to medication will mean for the capacity for her body to be affected.

Describing a period without medication is not something Beatrice can readily do with her mental health team, as it risks being seen as non-adherence. Elefriends provides an audience with whom disclosure is not bound up with same risks. This is a new forum for talking about her medicated body, it provides a simultaneity to Beatrice's experiences, felt through her body and Elefriends. There is support in connecting to other medicated bodies at times in which engaging with mental health services is not possible (either due to time of day and/or content of description). The constant availability of the site can be useful at times when people feel in particular need of support, e.g. when experiencing psycho-physiological problems. In the following extract we see Lisa's body experiencing affective changes from taking medication, and her attempts to make sense of them through presenting her body in all its immediacy to the site. Lisa is not anticipating upcoming changes but is experiencing modifications 'in the present'.

Immediacy and the medicated body

Extract 3.

> LISA: my heart's racing.... taken my meds... :0(am i ever gonna be ok.. just don't think i am. Too damaged,too broken to be ever fixed...and no one has the patience to even try.
> …..
> LOUISE: Keep holding on Lisa, give your meds time to take effect, is there anything you can do to distract you from the physical symptoms, music or relaxation tape xxx
> LISA: just laid in bed...tv on.. got like a fluttering feeling inside.. i don't know if it's my heart..i don't know what it is..xxx
> LOUISE: I think we can get hyper vigilant and notice even the slightest change in our bodies, I know it's a horrible feeling but try to think of something else, breathing and counting breaths, tightening and relaxing everything starting from your toes and working up your body, thinking of you xxx
> …..
> LISA: it's on my left and side ....top of my rib cage...fluttering... so sick of it all. i'm exhausted...and that's making me cry again..just struggling .xxxxx

Lisa describes a period of somatic uncertainty, of trying to make sense of a range of sensations that are anxiety producing and destabilising. Lisa is not able to understand how her body is affected by medication at a biochemical level (e.g. altering levels of serotonin), so has to rely on other signals felt. As Annmarie Mol notes in relation to ingestion: '[I] may eat many apples, but I will never master which of their sugars, minerals, vitamins, fibers are absorbed; and which others I discard. How to give words to this mode of being a subject?' (2008: 30). Lisa has to rely on how her body feels. What makes this difficult is that changes to the body enacted by medication tend to be felt in a complex way of multiple sensations, rather than only an increase in one specific feeling (e.g. stomach pain). Bergson captures this

when discussing the experience of pain, he writes: ‘we shall not compare a pain of increasing intensity to a note grows louder and louder, but rather to a symphony in which an increasing number of instruments make themselves heard’ (1960 {1889}: 35). Lisa is trying to make sense of, and then usefully communicate, the undulating and multiple noise of her body. This is a double challenge, and involves trying to communicate all her bodily feelings in Elefriends through specific description of the sensations felt, which Lisa does by focusing on those sensations most easily conveyed. For Bergson ‘affective states are experienced where they occur: that is, at a particular point in my body’ (1991{1896}: 57). Lisa’s challenge is trying to communicate the sensation not just in terms of how her body is affected by her medication, but where in her body the sensation is most felt. Not all the sensory affects of medication are easily localised and subsequently her description focuses on specific sensations (e.g. “my heart’s racing” and “got like a fluttering feeling inside”). These descriptions may also illustrate the ineffable aspects of experience, given how the difficulties associated with sharing this troubling experience could be due to the impossibility of putting such an immediate experience into words. This demonstrates a tension between immediacy (of bodily modifications) and mediation (online communication). These two aspects of her experience cannot be readily combined. Instead, Lisa has to ‘tack’ between both, attending to each mode, in an ongoing process of trying to understand and manage her body and distress. Interestingly these descriptions do not elicit advice regarding the specific sensations she describes (e.g. how to reduce the fluttering feeling). Instead, one member, Louise, responds by commenting on the way Lisa is relating to her body. There is a sense of trying to (re)gain some control over affection by shifting attention elsewhere. Lisa is accused of being ‘hyper-vigilant’ of her body, a state that Louise suggests can emerge at times when people's medicated bodies are proving problematic. Louise tries to shift attention away from Lisa’s body (its affective noise), rather than offer advice about specific sensations. The 'hyper vigilance' is framed as in danger of over focusing on bodily feelings during a period of anxiety, and has been shown to feature as part of the affective modifications of taking medication (Tucker, 2010).

Whilst Lisa is trying to gain greater affective knowledge of her body, Louise is encouraging her to try to forget the body, to externalise rather than internalise her attention. However, the sensations Lisa describes are directly related to her distress at this time, and as such her whole identity as someone suffering with mental distress is bound up in her body and its affective capacities. Indeed, despite Louise's suggestion that Lisa may be over-sensitised to her body at this moment (suggesting to "try some relaxation techniques"), Lisa is focused on trying to transmit her feelings and attempts to do this in greater levels of detail. The initial description of a "racing heart" and “fluttering inside” is followed by a more specific description of the fluttering (“on my left and side…. top of my rib cage”). At each stage a more detailed form of noticing and reporting emerges. We suggest the reason for this is twofold. Firstly, because of the prominence of the sensations felt in that moment through which the body makes itself known and presents itself as in need of attention. Secondly, because Lisa is used to describing her distress in relation to how her body is affected by medication. For instance, if her body is feeling ‘okay’ then her distress is likely to also be ‘okay’. If her body is not feeling good, then her feeling of distress is likely to increase. Lisa is trying to manage this through seeking assurance that she will be okay. Overcoming the bodily sensations is her way of doing that. Indeed, it is her body that is being used to judge whether she will be okay. In the following section the role of Louise’s body is heightened when the question of addressing her distress in greater levels of detail comes to the fore.

Trigger Warnings

Extract 4.

LISA: sat hugging my pillow...wishing my life was so different xx
LOUISE: I wish things were better for you as well Lisa, are there things you could makes steps towards changing when your feeling a bit stronger? Xxx
LISA: i can't say on here...too triggering...but i want so much for things to change...but i've been hurt so badly,i'm struggling to get passed it all...i tried to move forward...i try....in my head i think i'm ready..in my heart,i'm not,i can't. too painful. too scared. xx
LOUISE: Sorry Lisa didn't mean to delve, it sounds as if you have been through a lot, I really hope that given time you will heal and find a way to move forward, keep taking baby steps Lisa, you will come out the other side of this stronger than you are now xxx
LISA: you don't need to apologise ...it's ok hun.... i really need to talk...but instead i s/h. i'm just hurting so much xxx
LOUISE: we all find our own way of dealing with stuff Lisa , be it s/h alcohol or otherwise, they are all coping mechanisms, maybe at this time you're not ready to talk about things, you'll get there xxx
LISA: s/h tonight....not so good. i can't live like this.
LOUISE: Hope you are ok Lisa, in that you haven't hurt yourself too much, you must be so tired , has your meds started to take some effect for you? Xx
LISA: i'm knackered...but so upset...and so sore,stopped bleeding.... stupid,i feel stupid. :'(
LOUISE: Your not stupid Lisa, I'm glad the bleeding has stopped, keep the area clean do you put any ointment or a dressing on? Maybe a warm milk now Louise the cat should have arrived by now to help you snooze xxx

This extract highlights the way support in Elefriends can encourage discussion of distress in its entirety, yet a risk in doing this is collectively felt. The immediacy of Lisa's body in the previous extract moves into a description of one of the most severe experiences of life in Elefriends. Lisa's distress manifests in the body in a different way due to the difficulty of managing such experiences ("wishing my life was so different"), which has led to self-harm ("i really need to talk...instead i s/h. i'm just hurting so much"). Describing self-harm is a more direct way of talking about her medicated body than the 'symptoms' of fluttering feelings and racing heart. Indeed, talking about self-harm in this way results in the body becoming increasingly at stake. Lisa is no longer talking about her medicated body in a sensory way ("fluttering heart") but in terms of a more severe vulnerability (self-harm). Whilst Lisa can talk about feeling distressed she is wary about describing her feelings in too much detail. A concern not to trigger distress in others is present in the text (sometimes people include 'trigger warning' openings to posts and/or comments). This differs to the previous extract in which Lisa was trying to present as much of her distress as possible to the site, but was constrained by the difficulties of communicating affective knowledge. Whilst the affective impacts of the medication were not easily communicated because of the difficulties matching the experiences of different medicated bodies, self-harm presents a different kind of bodily experience. Rather than using the site to connect with other 'self-harming bodies', Lisa is concerned not to elicit others' affective knowledge of self-harm. A risk exists though that this may happen. Although Lisa does not know whether other users are actually affected by her post, she is aware of the potential for distress when talking about self-harm and distress in its most severe forms.

It is difficult for Louise to respond given the lack of detail and as a result she can only provide limited and quite general responses ("I wish there was something I could do"). Louise is drawn back to talking about the body and medication in a specific way ("has (sic) you meds started to have any effect yet?"). Her support is framed in a language of coping strategies, in which self-harm is felt to happen when all else fails. The interaction closes with a return to the body in terms of attending to the cuts caused by self-harm, followed by a common strategy of expressing a 'virtual' form of support, in this case the idea of sending 'Louise the cat' over to be with Lisa. Cats commonly feature as 'images of support' on the site, so this resonates with the wider culture of support in Elefriends. There is an expressed recognition that Lisa needs to talk about her distress in a broader way than its manifestation in the present, and yet neither her nor Louise is able to do this. Despite its communicative power, Elefriends is unable to facilitate discussion and support for distress in its most severe manifestations due to the possibility of triggering distress in others.

The extracts of Lisa and Louise highlight the challenges of managing one's medicated body in Elefriends. The site offers an instantaneity to support and help in anticipating changes to the body. However, the visibility of one's activity on the site creates a shared concern regarding how support should work e.g. including 'trigger warnings' for particularly distressing posts. This limits the extent of support as people do not feel able to post about possible 'root causes' of distress (e.g. past traumatic experiences). As such, even at times when severely distressing activity is talked about (e.g. self-harm) support can only feature in terms of managing its effects ("keep the area clean") and forms of general support that emerge on the site (sending "Louise the cat"). At these times focus can be on managing the present, rather than dealing with the 'difficult pasts' (Brown and Reavey, 2015) of those who use the site.

Concluding remarks

This paper has sought to highlight the role of Elefriends as a social media technology in the management of bodies that are living with psychiatric medication and long-term mental distress. Bergson's concept of affection helped to highlight how people's knowledge of their medicated bodies is mediated by the relation with Elefriends as a technological object. An object that facilitates connections with other medicated bodies in and through the site. Primacy is placed neither on the body or technology, but rather on the processes of co-emergence of distress. Medication is not a supplement to distress, neither is Elefriends, both are part of the socio-material conditions of existence of distress in which people develop an affectual relationship with themselves (knowing from within), the site itself (body-technology) and other users of Elefriends (social relations).

In Elefriends, medication becomes a core part of the social network on the site, and as such has a function beyond the biological (Hodgetts, Chamberlain and Gabe, 2011). The affective challenges of medication are not simply understood through a psychiatric vocabulary of symptoms and side effects, but require forms of somatic sense making in collaboration with other medicated bodies. This though is not a straightforward process as medication features at the centre of the unique relationship people have with their own bodies. Subsequently, there are difficulties sharing affective knowledge in Elefriends given the differences between the practice of knowing the body from within compared to the body in the network (body-technology). This paper highlights issues relating to triggering distress in others, managing the ineffable nature of experience and the challenge of mapping one's experience to that of another. This underlines how affectivity can operate differently in the 'network' as opposed to within oneself. As Jodi Dean (2015: 91) observes 'affective networks produce *feelings of*

community…[T]hey enable mediated relationships that take a variety of changing, uncertain, and interconnected forms as they feed back upon each other in ways we can never fully account for or predict'. Elefriends is network that enacts multiple feelings of 'community', which continually move and change, and which shape the experience of the network, and which is different to the advantaged way we know the body from within. From within being characterised by the ability to selectively enframe information/images that are relevant to the body.

Social media such as Elefriends are becoming prominent spaces in which to seek mental health care and support (particularly when accessing traditional care spaces becomes more difficult due to funding cuts). Elefriends expands the potential to offer peer support in terms of facilitating communication with a large number of people. Trying to project one's medicated body into the site requires people attuning to their bodies in such a way they can isolate the most pressing somatic concerns needing care. This can happen at particularly significant times (e.g. medication changes), with Elefriends' continual presence facilitating an immediacy to how people experience and talk about their medicated bodies. Managing medicated bodies involves an attention to the specifics of activity operating at multiple levels (e.g. medication, individual bodies, online interaction) and how to connect them in ways that facilitate an ongoing care for bodies and distress. The opportunities Elefriends presents for affectively knowing one's body though are limited by a shared set of concerns that shape communication on the site (e.g. trigger warnings). Members of Elefriends share their *affective knowledge* with other users. Consequently, support tends to focus on present concerns (e.g. effects of medication) rather than a deeper process of attending to issues in people's pasts that may have led to the emergence of distress. In attending to the new possibilities in digital mental health care (and the inherent reliance on peer support therein) requires an increased social scientific focus. Doing so will help to highlight the new relations developing between bodies in distress and the mass communicative power of social media sites such as Elefriends.

REFERENCES

Ansell-Pearson, K. (2002) *Philosophy and the Adventure of the Virtual: Bergson and the Time of Life.* London: Routledge

Bergson, H. (1991) {1896} *Matter and Memory*, trans. N. M. Paul and W.S. Palmer. New York: Zone Books.

Bergson, H. (1960) {1889} *Time and Free Will*, trans. F. L. Pogson, New York: Harper and Row

Boero, N., and Pascoe, C.J. (2012). 'Pro-anorexia and online communities: Bringing the Pro-ana body online'. *Body and Society*, 18(2), 27-57.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology'. *Qualitative research in psychology,* 3 (2), 77-101.

Brotsky, S. and Giles, D. (2007). 'Inside the "Pro-ana" community: A covert online participant observation'. *Eating Disorders: The Journal of Treatment and Prevention*, 15(2), 93-109.

Brown, S. D., and Reavey, P. (2015) *Vital Memory and Affect: Living with a Difficult Pas*t. London: Routledge.

Brown, S. D., and Tucker, I. M. (2010) 'Eff the ineffable: Affect, somatic management and mental health service users'. In G. Seigworth, and M. Gregg (eds.), *The Affect Theory Reader*. Durham: Duke University Press, 229-249.
Brown, S. D., and Stenner, P. (2001). 'Being Affected: Spinoza and the psychology of emotion'. *International Journal of Group Tensions*, 30 (1): 81-105.
Clough, P. (ed.). 2007. *The Affective Turn: Theorizing the Social*. Durham, NC: Duke University Press.
Conatser, T. (2010). 'There's no 'I' in information: Some naysayings for new media studies'. *New Media and Society,* 12 (3), 365-378.
Cromby, J. (2015). *Feeling Bodies: Embodying Psychology.* Basingstoke: Palgrave Macmillan
Dean, J. (2015). Affect and drive. In K. Hillis, S. Paasonen, and M. Petit, M. (Eds.) *Networked affect.* Cambridge: Massachusetts: MIT Press, 89-103.
Deleuze, G. (1986). *Cinema*. Minneapolis: University of Minnesota Press.
Ellis, D, & Tucker, I. M. (2015) *Social psychology of emotion.* London: Sage
Giles, D. (2006) Constructing identities in cyberspace: The case of eating disorders. *British Journal of Social Psychology,* 45(3): 462-477
Goodings, L. and Tucker, I. M. (2014) 'Social media and the co-production of bodies online: Bergson, Serres and Facebook Timeline'. *Media, Culture and Society*, 36 (1), 37-51
Gregg, M., and Seigworth, G. (2010) (eds.). *The Affect Theory Reader*. Durhum N.C.: Duke University Press.
Grosz, E (2001). *Architecture from the Outside: Essays on Virtual and Real Space*. Cambridge, MA: MIT Press.
Hansen, M. B. N. (2004). *New Philosophy for New Media.* Cambridge, Massachusetts: MIT Press.
Hardt, M. and Negri, A. (2001). *Empire.* Cambridge, MA: Harvard University Press.
Hemmings, C. (2005). Invoking affect: Cultural theory and the ontological turn, *Cultural Studies,* 19(5), 548-567.
Hillis, K., Paasonen, S. and Petit, M. (2015) (Eds.) *Networked Affect*. Cambridge, Massachusetts: MIT Press.
Hodgetts, D., Chamberlain, K., and Gabe, J. (2011). Emplacement and everyday use of medications in domestic dwellings. *Health and Place*, 17 (1), 353-360.
Karatzogianni, A., and Kunstman, A. (2012) (eds.) *Digital Cultures and the Politics of Emotion: Feelings, Affect and Technological Exchange*. London: Palgrave.
Lavis, A. Food porn, pro-anorexia and the viscerality of virtual affect: Exploring eating in cyberspace. *Geoforum.* (2015) doi: 10.1016/j.geoforum.2015.05.014
Latimer, J., and Schillmeier, M. (2009) (eds.) *Un/Knowing Bodies*. Oxford: Wiley-Blackwell.
Lyons, A. C. and Cromby, J. (2010). Social Psychology and the Empirical Body: Rethinking the Relationship. *Social and Personality Psychology Compass*, 4(1): 1-13.
Massumi, B. (2002). *Parables for the Virtual: Movement, Affect, Sensation.* Durham, NC: Duke University Press.
Mol, A. (2008). 'I eat an apple. On theorising subjectivities'. *Subjectivity*, 22(1), 28-37.
Moore, F. C. T. (1996). *Bergson: Thinking Backwards (Modern European Philosophy).* Cambridge: Cambridge University Press.
Passonen, S. (2015). 'A midsummer's bonfire: Affective intensities of online debate'. In K. Hills, S. Passonen, and M. Petit. (Eds.) *Networked Affect*. Cambridge, Massachusetts: MIT Press, 27-43.
Tucker, I. M. (2013) 'Bodies and Surveillance: Simondon, information and affect'. *Distinktion: Scandinavian Journal of Social Theory*, 14 (1), 31-40

Tucker, I. M. (2011) ‘Somatic concerns of mental health service users: A specific tale of affect’, *Distinktion: Scandinavian Journal of Social Theory*, 12(1), 23-35
Tucker, I. M. (2010) ‘The potentiality of bodies’, *Theory and Psychology*, 20(4), 511-527
Tucker, I. M. & Goodings, L. (2014) ‘Sensing bodies and digitally mediated distress’, Senses & Society, 9 (1), 55-71
Wetherell, M. (2012). *Affect and Emotion: A New Social Science Understanding.* London: Sage
Willis, M. (2015). Moral decisions, moral distress, and the psychological health of nurses. Unpublished doctoral thesis, Loughborough University, Loughborough, UK.