
It Gets Better, But it Takes More Than a YouTube Video: Reconsidering Online Mental Health Campaigns

Blake W. Hawkins

University of British Columbia
Vancouver, BC V6N1P5 Canada
Blake.hawkins@alumni.ubc.ca

Oliver L. Haimson

Department of Informatics
University of California, Irvine
Irvine, CA USA
ohaimson@uci.edu

Nazanin Andalibi

College of Computing and Informatics
Drexel University
Philadelphia, PA, USA
naz@drexel.edu

Abstract

The 'It Gets Better Project' began as an online video campaign to signal positive fu-

tures to LGBTQ youth in response to high rates of suicide among LGBTQ teens. Despite this initiative's potential for good, it also has considerable limitations. Namely, the majority of these videos were created by cisgender, white, and gay/lesbian men and women, and promoted a particular lifestyle that was not always inclusive for those LGBTQ people with intersecting identity facets like race/ethnicity. In this paper, we critique the 'It Gets Better' campaign in the context of literature

from HCI and beyond, to highlight ways forward for mental health-related social media campaigns targeted at vulnerable populations. We suggest ideas for future campaigns to promote more inclusive messages for the LGBTQ population and vulnerable groups more broadly.

Author Keywords

Mental health, awareness campaigns, intersectional HCI, race/ethnicity, social computing, social media, LGBTQ

ACM Classification Keywords

H.5.m. Information interfaces and presentation (e.g., HCI): [Miscellaneous]: K. 4.0 Computers and Society [General]

Introduction

The 'It Gets Better Project' (IGB) was triggered when numerous young gay men committed suicide in Fall 2010 as a result of harassment and cyber-bullying by their peers [18]. Prominent gay author Dan Savage and his partner Terry Miller pioneered IGB with a 2010 YouTube video in which they used their personal stories to signal to LGBTQ youth that life can improve over time. In turn, many other LGBTQ people, famous and not, shared their positive life trajectories via YouTube,

and these narratives were then spread across other social media sites. Some video creators described their own experiences of harassment by their classmates and others because they identified as a gender or sexual minority. The premise behind these videos were to create an online community of support and reduce the rate of suicide among LGBTQ youth. To date, there are thousands of videos that provide messages of support through the IGB website and on YouTube.

Although these videos were undoubtedly supportive for some, they do have considerable limitations that have been highlighted previously in the public health, social work, and gender studies literature [1, 6]. Some have argued that Savage's vision of "better" is narrow, and hard to relate to for many, given his subject position as white, male, cisgender, and financially secure [14, 15]. For others, such as those facing minority stress related to their race, ethnicity, gender, or class in addition to LGBT-related stressors, it does not always get better [10, 14]. Many of the videos describe a cosmopolitan utopianism, that idealizes moving to the urban metropolis and leaves undesirable suburban or rural communities [8], which limits IGB's tractability for rural people. IGB video creators also often describe the potential of finding a romantic partner and living a lifestyle similar to heterosexual people [4]. Additionally, IGB videos provide limited resources for follow up information, thus in some senses providing a vision of a "better" future without the mental health resources that could help make this vision a reality for LGBTQ youth.

By using an intersectional lens to critique mental health promotion in HCI, we suggest how online mental health promotion campaigns can become more inclusive. Otherwise, these potentially beneficial campaigns will not successfully reach those who are most vulnerable and

need these resources most. LGBTQ people already frequently use online resources for health information [10]. Thus, online mental health awareness campaigns, if created and managed in inclusive, intersectional ways, have the potential to make positive change in people's lives.

Literature Review

We frame this IGB critique with literature from HCI on intersectionality and mental health promotion, along with queer theory critique of homonormativity.

Intersectionality & HCI

Intersectionality is an approach of looking at an issue from an interdisciplinary lens and embracing that there are various factors are interwoven to understand a specific issue [7]. In the case of the online mental health campaign IGB we are critiquing the issues of homonormativity and race in CHI with the campaign.

Homonormative is a concept from queer theory that refers to being LGBTQ but living a lifestyle and embracing values similar to heterosexual people [2, 3]. This has been described by critics as sanitized of queer sexuality and made palatable for heterosexual people to inhabit [2]. No longer are all spaces lived by LGBTQ people emphasizing a need to trouble heteronormative sexuality (e.g., monogamous relationships) and other social values [3]. This might involve being in a monogamous same-sex partnership, dressing in a manner that is "gender appropriate," and overall behaviors that render LGBTQ lives "tolerable" for heterosexual people. This moves away from a queer sexuality which is more political and opposes mainstream heteronormative ideals.

An intersectional approach to HCI requires considering multiple salient identity facets, rather than only one at a time [17]. One identity facet often overlooked in HCI

research is race. The HCI literature on race generally focuses on disparities among minority populations' participation, yet lacks a political framing [9]. This body of literature does, however, discuss some issues with race in design values, game studies, and classification of racists' text [9]. However, given the ongoing struggles experienced by people of color (e.g., as demonstrated by the Black Lives Matter movement), much of which takes place and is documented in online spaces, HCI must take race more seriously, and in tandem with other identity facets like LGBTQ identities. Ironically, previous HCI literature has argued that the artifacts created are political and do promote biases [8, 9]. Importantly, we do not consider HCI as a field complicit in the production of purposefully racist ideas or artifacts. Instead, we suggest that the field could go further in designing for inclusively, rather than continuing to design technologies that enable and promote "whiteness as default" [14], along with other "default" user identities such as male, cisgender, straight, and financially secure.

Health Awareness Campaigns and HCI

Research on social media awareness campaigns provides mixed results. Some have critiqued them for their effectiveness. For instance, tweets about breast cancer were found to be of promotional nature, rather than personal stories about living with cancer [5]. Others suggest that campaigns are helpful because they can reduce stigma around conditions like mental illness [13], and can alter attitudes at the population-level [17]. Andalibi and Forte argue that social media awareness campaigns enable disclosure and support seeking about stigmatized experiences for many who would not disclose otherwise [2]. This is especially important for some LGBTQ youth who have limited or no social networks to discuss mental health issues. Increased posts

during awareness campaigns help people feel less alone, feel more comfortable with sharing, and perceive less stigma [2]. LGBTQ youth face additional stigma based on their gender and sexual identity [14]. Stigmatized disclosures motivated by societal (e.g., disclosure as activism), network-level (e.g., disclosure to be a source of support for others, and inspired by others' disclosures), and temporal (e.g., disclosures delayed due to passage of time) factors particularly benefit from awareness campaigns [2]. Therefore, awareness campaigns have the *potential* to facilitate disclosures and exchange of support. But how is it possible to design, and define successful campaigns? We argue for proactively incorporating inclusivity and intersectionality in designing these campaigns.

Critiquing It Gets Better

We briefly highlight some of our critiques of the IGB Project related to intersectionality and homonormativity for this online LGBTQ youth mental health campaign. In doing so, we add to an existing scholarship (outside of HCI) that has been critical of IGB [6]. Inclusive design is vital for online mental health campaigns. Previous research has described the IGB message being pertinent for mainly white, cisgender, young, and abled-bodied gay men [1]. Furthermore, the campaign is embedded in gender and sexuality assumptions that create a non-inclusive initiative [11]. Furthermore, heterogeneity among underserved communities requires that campaigns not be reduced to only one type of message.

In reality, many LGBTQ people do not want to live a sanitized homonormative lifestyle, and may consider it unsustainable for keeping themselves satisfied. It is quite common among LGBTQ people to have non-traditional relationships, and for them or their partners to

be non-binary or fluid in their gender and sexuality identity [1, 6]. The ongoing message from the campaign that getting “better” equates with “normality” does not promote inclusiveness or hope as intended. Rather, it proposes that only *one* lifestyle is acceptable – a lifestyle that is out of the realm of possibility or desirability for many LGBTQ youth.

IGB highlights a compelling example in which a mental health campaign meant to be inclusive instead prioritized whiteness and other “default” identities, rather than embracing people of color, non-traditional gender identities, and other identity facets that intersect with LGBTQ [9]. IGB’s white hegemonic orientation is complicit of the predominance of Whiteness in both LGBTQ and in the dominant culture’s everyday lives. This should no longer be considered as only an oversight, as it exacerbates the challenges experienced by many people of color.

To best enable *all* people to experience mental health benefits, including those with marginalized identities, online health promotion campaigns must determine how to be more inclusive [12]. This oversight – that is, online health campaigns’ tendency to, whether intentionally or unintentionally, exclude certain marginalized users [7, 10] argument that there is an ongoing lack of consciousness for people of colour when using technology to create new systems or artifacts. By critiquing IGB, we aim to help campaign designers, activists, and technology designers understand how to do better in future.

Conclusion

Online mental health campaigns for sexual and gender minorities provide opportunities to create awareness for

people who may otherwise not have access to traditional mental health services due to stigma or other factors. We critiqued The IGB Project as an example that did not sufficiently create an inclusive space for LGBTQ youth who may require access to helpful information and stories of support during a difficult life period. As young LGBTQ people navigate the coming out process, they often face stigma, shame, discrimination, and other minority stressors that hinder the path to a “better” life. Online campaigns have great potential for creating networks of care, which are an important factor for the mental health and wellness of LGBTQ youth. As social media plays a prominent role in young people’s lives, it is important that online campaigns aiming to improve mental health proactively prioritize inclusivity. Otherwise, they risk promoting only one type of lifestyle that is not sustainable or inclusive for all LGBTQ youth, thus not facilitating mental health improvement across the population.

References

1. Kenta Asakura and Shelley L. Craig. 2014. “It Gets Better” ... but How? Exploring Resilience Development in the Accounts of LGBTQ Adults. *Journal of Human Behavior in the Social Environment* 24, 3: 253–266.
2. Nazanin Andalibi and Andrea Forte. 2018. Announcing Pregnancy Loss on Facebook: A Decision-Making Framework for Stigmatized Disclosures on Identified Social Network Sites. In *Proceedings of the 2018 CHI Conference on Human Factors in Computing Systems (CHI ’18)*. <https://doi.org/10.1145/3173574.3173732>

3. Stefano Bettani. 2015. Straight subjectivities in homonormative spaces: moving towards a new, 'dynamic' heteronormativity? *Gender, Place & Culture* 22, 2: 239–254.
4. Gavin Brown. 2012. Homonormativity: A Metropolitan Concept that Denigrates "Ordinary" Gay Lives. *Journal of Homosexuality* 59, 7: 1065–1072.
5. Jae Eun Chung. 2017. Retweeting in health promotion: Analysis of tweets about Breast Cancer Awareness Month - Semantic Scholar. *Computers in Human Behavior* 74.
6. Shelley L. Craig, Lauren B. McInroy, Ramona Alaggia, and Lance T. McCreedy. 2014. "LIKE PICKING UP A SEED, BUT YOU HAVEN'T PLANTED IT": QUEER YOUTH ANALYZE THE IT GETS BETTER PROJECT. *International Journal of Child, Youth and Family Studies* 5, 1: 204–219.
7. Kimberle Crenshaw. 1991. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review* 43, 6.
8. Jack Halberstam. 2004. *In a Queer Time and Place*. NYU Press
9. David Hankerson, Andrea R. Marshall, Jennifer Booker, Houda El Mimouni, Imani Walker, and Jennifer A. Rode. 2016. Does Technology Have Race? Proceedings of the 2016 CHI Conference Extended Abstracts on Human Factors in Computing Systems, ACM, 473–486.
10. Blake Hawkins. 2017. Does quality matter? Health information behaviors of LGBTQ youth in Prince George, Canada. Proceeding from the Association of Information Science and Technology.
11. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>
12. Li-Ling Huang, James F. Thrasher, Yuan Jiang, et al. 2015. IMPACT OF THE "GIVING CIGARETTES IS GIVING HARM" CAMPAIGN ON KNOWLEDGE AND ATTITUDES OF CHINESE SMOKERS. *Tobacco control* 24, 0 4: iv28-iv34.
13. Ilan H. Meyer. 2003. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological bulletin* 129, 5: 674–697.
14. Lisa Nakamura. 2013. *Cybertypes: Race, Ethnicity, and Identity on the Internet*. Routledge.
15. Tavia Nyong'o. School Daze | Bully Bloggers. Retrieved February 13, 2018 from <https://bullybloggers.wordpress.com/2010/09/30/school-daze/>.
16. Jasbir Puar. 2010. In the wake of It Gets Better | Jasbir Puar. *the Guardian*. Retrieved February 13, 2018 from <http://www.theguardian.com/commentisfree/cifamerica/2010/nov/16/wake-it-gets-better-campaign>.
17. G. Sampogna, I. Bakolis, S. Evans-Lacko, E. Robinson, G. Thornicroft, and C. Henderson. 2017. The impact of social marketing campaigns on reducing mental health stigma: Results from the 2009–2014 Time to Change programme. *European Psychiatry* 40: 116–122.
18. It Gets Better. It Gets Better. Retrieved February 13, 2018 from <https://itgetsbetter.org/>.