

Research article

Social Media and Youth Mental Health: Risks, Resilience, and Responsibility

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ABSTRACT

Media discourses are determinant in the ways societies conceptualize chronic illness, the social placement of patients and reproduction or confrontation of stigma. Chronic diseases like cancer, HIV/AIDS, diabetes, and mental health issues are increasingly being given a presence in the news media, entertainment genres, advertising, and digital platforms in the contemporary media environment. Nevertheless, the higher the visibility, the more it does not necessarily guarantee ethical representation and inclusion in the society. The paper is a critical analysis of the role of media narratives in creating meaning of chronic illness and its role in creating stigma, moral judgment, and symbolic exclusion. The study takes a qualitative-dominant mixed-method approach on the basis of systematic literature review, secondary analysis of media studies, critiquing discourse analysis of the chosen texts in the media. It is shown that the prevailing media discourses on illness individualization, suffering dramatization, biomedical authority and the marginalization of lived experience strengthen the social stigma. This paper states that the narrative of illness that builds on ethics and focuses on people is needed to alleviate stigma, promote equity in health, and rebuild the dignity of those with chronic conditions.

INTRODUCTION

One of the most challenging issues facing modern day community health systems is chronic diseases. In comparison to the acute illnesses that are temporally constrained and episodic, the chronic ones are long term, not always treatable and highly integrated into the daily routine. Chronic illness comes with constant identity, social relationships, employment and self-worth negotiations. Such negotiations are also determined by biomedical facts, but also by cultural meanings and social narratives that constitute the understanding of illness as it exists in society. Media as key institutions of meaning-making are important in producing and distributing these narratives. One of the main sources of illness outside personal experience in the modern society is the media representations. The figuration of the imaginaries of people about disease happens via news reports, television dramas, films, the advertisements, social

media campaigns, and digital storytelling platforms. The representations have a role in shaping the understanding of illness, sympathies or blame, and the social treatment of people with chronic illnesses in their daily social life. The policy debates and institutional responses are also informed by the media narratives, which establish some ideas about responsibility, risk, and care.

Although more attention in the media discourse is typically given to the chronic diseases, their representations are usually reductive and morally stigmatized. Chronic illness is often portrayed in the extraordinary fashion of tragedy, heroism or deviance, and not as a natural phenomenon in the diversity of humans. This type of framing adds to stigma since it creates an abnormal, burdensome, or morally questionable illness. The argument presented in this paper is that there is a need to critically review the media portrayals of chronic illnesses on grounds of accuracy and their ethical and social implications. Placing

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illness stories in the context of health humanities and critical media studies, the study aims to bring into the light how stigma is created by the practices of narrative and how alternative storytelling can be used to achieve inclusion and dignity.

REVIEW OF LITERATURE

The idea of illness narratives has been researched in the spheres of sociology, anthropology, and health humanities extensively. According to scholars, narratives are essential to the process of illness experience as people attempt to redefine disrupted identities. Media narratives at a larger level can be seen as cultural scripts which dictate how people should perceive health and illness. According to the framing theory, representations in the media choose to be selective to the reality and ignore the other side of reality thus providing the interpretation and the moral judgment (Entman, 1993). Framing decisions, in relation to chronic disease, are very far-reaching about the stigma-building.

The studies of cancer representation have pointed out the prevalence of militaristic metaphors to explain illness as a war that should be fought and won. Though these metaphors can sound empowering, they also create some normative belief about being brave, hopeful, and winning, excluding people whose disease progression do not follow these principles (Seale, 2002). In the same way, historical media reporting on HIV/AIDS has been based on the discourses of contagion, risk, and deviance, which have propagated moral panic and stigma in the long term, especially in relation to already marginalized communities (Herek et al., 2015).

The portrayal of lifestyle chronic diseases like cardiovascular diseases and diabetes in media tend to focus more on individual behaviours and choices, which are perpetuating the story of the blame game of personal responsibility. These descriptions reflect the neoliberal health discourses that position health outcomes in individual behaviour and hide structural factors including poverty, food insecurity, and environmental exposure, and disparities in access to healthcare. This story construction justifies stigma by portraying disease as a self-inflicted condition instead of a social evil.

The area of mental health representation has been heavily criticized on the continuation of fear and social distance. The media often depict mentally ill individuals as violent, unpredictable or incompetent although facts show otherwise. Where advocacy has become more visible and conscious, they have been subject to criticism because much of the portrayal, critics of advocacy efforts argue, is superficial and does not focus on structural barriers and obstacles, including discrimination, underfunded services, and social exclusion (Stuart, 2016). The humanities approach to health focuses on the ethical significance of focusing on lived experience in narratives of illness. Narrative inclusion, empathy, and reflexivity are vital to

counteract stigma and reestablish the sense of dignity among patients. The commercial interests of media production tend, however, to prefer sensationalism and emotional appeal to narrative complexity, and give little room to stories based on ethical grounds.

Objectives of the Study

- To critically examine the relationship between social media use and youth mental health.
- To analyze how platform design and digital cultures shape mental health risks and resilience.
- To explore dominant narratives surrounding social media and youth well-being.
- To assess ethical and social responsibilities of platforms, institutions, and society.
- To propose communication-oriented strategies for promoting youth mental health in digital environments.

Research Method

The research design that will be used in this study is the qualitative-dominant mixed-methods research design based on critical interpretive analysis. The methodological approach is a combination of systematic literature review, secondary analysis of empirical media studies and critical discourse analysis of specific media texts. The review of the literature covers peer-reviewed journal articles released in 2015-2024 in the field of media studies, health communication, sociology of health, and health humanities. In the process of identifying the relevant studies, key words such as chronic illness, media representation, narrative framing, and stigma in academic databases such as Scopus, Web of Science, and Google Scholar were used. The focus was made on the works that provided both theoretical and evidence-based information on the social implications of the media representations. The existing content analyses of news media, television, cinema, and digital platforms that addressed the issue of chronic disease representation were comprehensively investigated through the secondary analysis. Through these studies, comparative understanding of dominant frames, metaphors, and narrative patterns of media forms and cultural settings was gained. The use of critical discourse analysis was done on purposive sample of media texts that covered chronic illness such as news features, entertainment narratives, advertising campaigns, and social media storytelling projects. The review discussed the narrative format, use of metaphors, attributing causation and blame, depiction of agency, and the presence or absence of patient voice. This method allowed a detailed analysis of the construction of meaning and stigma by means of the use of language and images.

Data Analysis and Interpretation

According to interpretive analysis, chronic illness is mostly framed using simplified narrative patterns, which emphasize emotional appeal more than contextual

knowledge. A single narrative that has been dominant is the heroic survivor frame that glorifies people who show resilience, optimism and determination when confronting illness. Whereas this frame may create empathy, it also creates normative requirements regarding the way a good patient is expected to act. The ones who suffer unremittingly, recurrently or emotionally are made invisible or morally lacking in this plot pattern. The other dominant narrative is the individual responsibility frame, especially those ones that are found in the portrayal of lifestyle-related chronic conditions. The media texts often place more importance on individual behaviour as a leading cause of illness, downplaying or dismissing structural determinants. Such interpretive pattern can be consistent with the neoliberal health ideologies, and it has part in moral judgment as those who are seen as failing to handle their health in a responsible manner are labelled as stigmatized. The analysis also suggests that biomedical authority rules the narratives of illnesses, which usually overcrowds experiential knowledge. The voices of experts are privileged and viewed as objective and authoritative whereas the voices of patients are included selectively with the aim of either illustrative or emotional roles. The structure of knowledge results in strengthening the power dynamics and constraining what the public should know about chronic illness as a lived social experience. Interpretively, these narrative practices are part of symbolic exclusion in that it makes the experiences unreadable or unworthy of being represented.

Findings

The results indicate that media images of chronic illness are the main hub of re-creating social stigma through the creation of illness as abnormal, morally charged, and individualized. In most instances, chronic illness is depicted as something that disrupts normal life rather than being a part of the human experience and this contributes to social division between the sick and the healthy. Such descriptions are labouring towards job, healthcare, and social relationship discrimination also internalized stigma among chronic disease sufferers. The results also indicate that the high visibility may not lead to destigmatization. Simplified narratives about awareness campaigns can easily create stereotypes, as exceptional resilience or responsibility to the person is highlighted. Moreover, gender, class, caste, ethnicity, and disability spheres of illness experience are intersectional and are not fully represented in mass media discourse. Simultaneously, it can be concluded that the new counter-narratives are established, especially patient-driven digital storytelling and advocacy space. Such stories resist the dominant frames by pre-empting ordinary experiences, structural, and relationship issues of chronic illness living. These representations provide valuable lessons on other forms of narrative that oppose stigma and advance solidarity.

DISCUSSION

The results provide the need to critically reassess the media portrayal of chronic illness as a culturally constructed concept. Media representations are not objective mirrors of reality but subjects of social construction of social meanings and moral judgment. This preponderance of the individualized and moralized narratives is indicative of more general ideological changes towards neoliberal forms of governance that depoliticizes health and hides structural inequality.

Health humanities approach to the issue of ethical illness representation entails consideration of voice, context and narrative plurality. By considering patient experience as a valid type of knowledge, the challenge to biomedical dominance and empathy can be achieved. Nonetheless, this is only possible with institutional dedication of the media organizations to ethical media storytelling where dignity comes first before drama. Conflicts between media economics and ethical responsibility are also brought out in the discussion. Commercial media are under the stress to gain attention and create feeling of emotion at the cost of the complexity of the narrative. Response to stigma via media manifestation thus needs not just awareness among individual journalists but also revision of media policy, training and professional standards.

CONCLUSION

This paper finds that the media representations of chronic illness have a profound influence on social stigma, which is presented in reductive and moralizing and exclusionary ways. Although the result of greater media coverage is awareness-generation, it has also strengthened symbolic boundaries that discriminate against individuals living with chronic conditions. The solution to the stigma demands the radical re-framing of illness as the phenomenon that is described not through individualistic and dramatic lenses but with the help of the inclusion, circumstances, and the moralistic narration. The article suggests that human-centric narratives of illness based on lived experience, structural consciousness and narrative diversity could build on reducing stigma and social inclusion. This kind of change is a requirement in getting the media operations to work in tandem with the objectives of good health, human rights, and actual circumstances of the chronically ill population.

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