

The romanticisation of mental health problems in adolescents and its implications: A narrative review

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Word count: 6,733

NOTE: This is a preprint. This version of the manuscript has not yet been peer reviewed.

Abstract

Romanticisation is the perception and portrayal of a phenomenon as more attractive, interesting, cool, profound, or desirable than it really is. There are concerns that mental health problems are increasingly romanticised, particularly among adolescents, but there is limited research on this topic. This narrative review investigated: (1) what romanticisation is in the context of adolescent mental health problems, (2) why adolescents might romanticise mental health problems, (3) the implications of romanticising mental health problems in adolescence, and (4) what interventions might reduce this phenomenon. Sixty-one publications were reviewed, including qualitative and quantitative analyses, cross-sectional and longitudinal self-report studies and conceptual reviews. Most investigated romanticisation of mental health problems online. Identity formation, popular media influences and peer influences arose as potential explanatory factors. Negative outcomes to romanticisation were indicated, including the reinforcement of mental health problems and reduced help-seeking; few interventions to reduce the phenomenon have been proposed to date.

Key words: *romanticisation, mental health, adolescents, online*

Romanticisation is the unrealistic belief, perception, or representation of something to be more desirable or attractive than it really is (Issaka et al., 2024). Objects of romanticisation are presented as idyllic, aesthetic, trendy, or interesting, while negative aspects are minimised or dismissed. In recent years, there has been growing concern that mental health problems – defined here as mental disorders and their subclinical symptoms – have been increasingly romanticised in Western countries, particularly among adolescents (Dunn, 2017a; Rick, 2016; Schipper, 2022). Examples can easily be found on social media platforms such as Instagram, Facebook, Twitter, TikTok and Tumblr, which show aesthetically-pleasing photos and videos of people crying, bleak landscapes, or images of severe weight loss and self-harm, accompanied by song or movie quotes, or poetic captions that express suffering and mental distress (Bine, 2013; Rick, 2016). The concern is that this romanticisation can spread misinformation and trivialise the difficulties experienced by people with mental health problems, ultimately increasing distress for these individuals (Gupta et al., 2021; Shrestha, 2018).

In the past two decades, there have been extensive efforts led by charities, public health bodies and popular media to reduce the stigma associated with mental health problems (Tam et al., 2024), and these efforts may have inadvertently contributed to romanticisation of these difficulties. Many people now share their personal experiences of mental health problems online, including celebrities, medical professionals and lay people (Emmers-Sommer & Terán, 2020; Gronholm & Thornicroft, 2022; Pretorius et al., 2022). These personal accounts of mental health problems are often rewarded with praise and attention in the form of ‘likes’, comments and followers, which are powerful indicators of social acceptance (Lindström et al., 2021; Sherman et al., 2016). This form of reward might then lead social media users to draw

an association between their own mental health problems and positive social outcomes (Dunn, 2017a).

Most concerns about romanticisation of mental health problems focus on adolescents (Bine, 2013; Rick, 2016), and there are a number of factors relating to social cognitive development during this period that indicate they may be especially likely to romanticise mental health problems. Adolescents use the internet, and particularly social media, to seek emotional support and learn about mental health (Pretorius et al., 2020; Tifferet, 2020); this increases the likelihood of exposure to romanticised content that may influence their attitudes and behaviour. Adolescents are more susceptible to social influence than adults, including conforming to the attitudes and behaviours shown by their peers (Foulkes et al., 2018; Knoll et al., 2015). They may also be more sensitive to social reward, meaning that the social currency of likes, comments and follows are especially motivating for them (Foulkes & Blakemore, 2016). This may lead them to romanticise mental health problems online to seem 'cool' and gain attention and support from peers (Dunn, 2017a; Rick, 2016). Lastly, adolescence is a critical period of identity formation, where a sense of belonging with peers is crucial for developing a positive sense of self (Ragelienė, 2016). Adolescents also use social media to support their identity development (Granic et al., 2020). Mimicking the romanticisation that they see online might help adolescents belong to a social group, which in turn contributes to their developing sense of self. However, these are inferences based on theory and evidence of adolescents' social cognitive development; to date, there have been limited attempts to review research that more directly examines romanticisation of mental health problems at this age.

In particular, it is critical to understand not just why adolescents might romanticise mental health problems but what impact it might have on them. Romanticisation may have some benefits – some individuals may feel validated or understood by hearing others talk about mental health problems in this way, and may romanticise themselves to make sense or cope with the issue (Brotsky & Giles, 2007a; Hendry, 2020). However, in parallel, there are concerns that romanticisation may have negative effects. For example, there is the concern that romanticisation is the problematic opposite of stigmatisation; the reversal of stigma taken to an unhelpful extreme (Shrestha, 2018). Stigmatisation and romanticisation are both misinformed perceptions, and either can prevent people with mental health problems from being understood and treated fairly and sympathetically (Shrestha, 2018). There is concern that romanticisation makes mental health problems appear trivial by dismissing their severity or their functional impact, which can make those who do not romanticise their mental health problems feel misunderstood and isolated (Gupta et al., 2021). Other evidence suggests that romanticisation could lead to negative judgement from others, especially from adults judging adolescents' online behaviour (Niwa & Mandrusiak, 2012; Underhill & Foulkes, 2024; Zdanow & Wright, 2012a). Lastly, romanticisation might discourage help-seeking, both in those who romanticise their mental health problems (because they feel help is not needed), and in those who do not (because they are concerned they will not be taken seriously; Shrestha, 2018). However, to date, a comprehensive assessment of these possible consequences and implications of romanticisation is lacking in the literature.

In this paper, we present a narrative review of research examining the romanticisation of mental health problems among adolescents. This method was chosen due to the lack of consistent terminology used to describe romanticisation, and inconsistencies in the

methodologies used to explore the phenomenon. The review aimed to answer the following research questions:

- (1) What is romanticisation in the context of adolescent mental health problems?
- (2) Why might adolescents romanticise mental health problems?
- (3) What are the implications of the romanticisation of mental health problems in adolescence?
- (4) What are the interventions, if any, that can reduce romanticisation of mental health problems in adolescence?

Method

Two searches were conducted in December 2023, on four databases: PubMed, APA PsycNet, JSTOR and Google Scholar. We first conducted a search of PubMed, APA PsycNet, JSTOR with the first three queries below in the title and abstract, combined with the Boolean operator 'AND'. The second search included a fourth query regarding intervention, also added with 'AND', and searched for in the full text. This search was run to identify papers relevant to the third and fourth research questions, about the implications of romanticisation; it was run separately to avoid inappropriately narrowing the search for papers addressing the first and second research questions. . Separately, an advanced Google Scholar search was conducted with all terms entered into the section labelled 'with at least one of the words', without Boolean operators or asterisks as the engine provides this function automatically. These terms were searched for in the publication's titles, which were screened along with the abstracts.

The search terms were as follows:

1. (romantici*) OR (glorif*) OR (aesthetici*) OR (ideali*) OR (glamori*) OR (pro)
2. (adolescen*) OR (teenage) OR (youth)
3. (mental illness) OR (mental health) OR (self-injury) OR (depress*) OR (anxiety) OR (self-harm) OR (disorder)
4. (treatment) OR (therapy) OR (intervention)

All searches also included the terms (athlete) and (immun*), combined with the Boolean operator 'NOT'; this was done to prevent results that discussed idealisation in terms of athlete body image and resulting mental health problems, or results discussing pro-inflammatory

immune responses and depression. Both were added after initial searches returned many papers focused on these topics that were irrelevant to our research questions.

After all screening was completed for papers identified in database searches (see detail below), we applied forwards and backwards referencing to the papers that met inclusion and exclusion criteria. For forwards referencing, the inclusion and exclusion criteria were applied to all forward-referenced article titles and abstracts. Publications were followed up for backwards referencing if they were cited as a relevant finding in the publications already included; their titles and abstracts were then also screened using the inclusion and exclusion criteria. See Figure 1 for the complete search process.

Publications were included in the review if they were written in English and described or investigated any of the following: (a) representations of mental health problems that matched our understanding of romanticisation (the unrealistic belief, perception, or representation of a mental health problems to be more desirable or attractive than it really is); (b) positive attitudes towards mental health problems; (c) the encouragement of thoughts, feelings or behaviours associated with mental health problems (e.g. self-harm). Publications were excluded if the adolescent population was not discussed, either in relation to mental health problems, romanticisation, or both. Publications were also excluded if they described non-Western samples, due to potential differences in how other cultures may define adolescence (Sawyer et al., 2018) and in attitudes towards mental health that may affect how romanticisation manifests, if it is present (Al-Shannaq & Aldalaykeh, 2023; Idubor, 2022). There were no restrictions on publication date. See Table 3 for full list of excluded publications.

Results

A total of 61 articles were included for review (see Table 1). Publication year ranged from 2005-2023. Methodologies included conceptual reviews and essays, systematic reviews, content analyses (qualitative and quantitative), case reports and primary research, both cross-sectional and longitudinal. The age range of participants tested in primary research is 10 to 42 years. Most research used mixed gender samples, although some exclusively discussed female samples (Arseniev-Koehler et al., 2016b; Tanner, 2015; Thelandersson, 2018; Whitehead, 2010a) and some (such as those analysing social media content) were unable to gather demographic information. Below, we describe the findings of the review as related to each research question.

Research question 1: What is romanticisation in the context of adolescent mental health problems?

A variety of terminology was used in these articles to refer to the broader concept of romanticisation. For example, authors described the *glamorising*, *sensationalising* and *aestheticising* of mental health problems (see Table 2 for full list of terminology and definitions). Many papers referred to the promotion or encouragement of behaviours associated with mental health problems, particularly referencing pro-eating disorder, pro-self-harm, and pro-suicide communities (Fitzsimmons-Craft et al., 2020; Keipi et al., 2017; Minkkinen et al., 2017). We considered this a form of romanticisation, as it involves encouraging others to view mental health problems in a more positive way (Zdanow & Wright, 2012a). The specific term varies depending on the way in which the mental health problem is seen as desirable (for example, because it is aesthetic, glamorous, useful, attention-grabbing,

or admirable), but the terms convey the same broad process of romanticisation, i.e. the presentation of mental health problems as more positive than they really are.

How different mental health problems are romanticised

Suicide. Much of the research investigating the romanticisation of suicide described the glorification of suicides or suicide-related content in news coverage (Gould et al., 2007a; Wang et al., 2023; Whitley & Berry, 2013). This involved sensationalised language choices in headlines (such as “shocking” or “graphic”), in descriptions of suicide attempts using “success” and “failure” phrasing, and in phrases such as “freitod” in German newspapers specifically, a term that translates to “free death” and implies suicide is a means of liberation and empowerment (Arendt et al., 2018; Gould et al., 2007a; Wang et al., 2023). News reports also publicise celebrity suicides more than other suicides and may implicitly promote admiration of the person and their suicide by referencing their superior celebrity status (Stack, 2005).

Fictional entertainment was also found to romanticise suicide. Six publications discussed the young adult (YA) novel and adapted Netflix series ‘*13 Reasons Why*’, a story about the aftermath of a teenage girl’s suicide (Carmichael & Whitley, 2018a; D’Agati et al., 2021a; Inayat et al., 2019; Schipper, 2022; A. Shrestha, 2018; Wang et al., 2023). Commentary criticises both the novel and TV series for seeming to glamorise several positive outcomes to suicide. In the story, the victim is martyred and empowered in her death, as her ‘suicide notes’ (taped voice messages) gives her a voice that she did not have before; the story also involves several positive changes surrounding anti-bullying and mental health awareness in her school being made in her name (D’Agati et al., 2021a). The story is also told through a romantic lens, as the main character (a friend and romantic interest) feels a stronger connection to the deceased girl because of her suicide notes (D’Agati et al., 2021a).

The glorification of suicide was also discussed in the development paper of the Stigma of Suicide Scale (SOSS; Batterham et al., 2013), which to our knowledge is the only validated measure of any form of romanticised attitudes towards mental health problems. This self-report measure asks respondents to rate the extent to which they agree with a list of adjectives used to describe someone who dies by suicide, and there are three subscales: Stigma, Isolation/Depression, and Glorification/Normalisation. The final subscale best reflects romanticisation, with adjectives such as “brave”, “powerful, and “fearless”; the scale’s validation indicates that suicide is sometimes perceived by individuals and presented by the media as admirable, sensational and as a means for achieving positive outcomes.

Self-harm. The romanticisation of self-harm was typically investigated via content analyses and conceptual reviews. Methods often used general search terms like ‘self-harm’ or ‘self-injury’; however, most research findings focus on self-cutting, possibly because this is the most common form of adolescent self-harm (Hilton, 2017; Whitlock et al., 2006). Research in this area found that self-harm is romanticised because it can be actively encouraged, with adolescents sharing techniques (Jacob et al., 2017a; Pater & Mynatt, 2017a; Singaravelu et al., 2015a; Whitlock et al., 2006), promoting the concealment of self-harm from others (Dyson et al., 2016a; Lewis & Seko, 2016; Whitlock et al., 2006), and defending it as a valid and liberating means of emotion regulation (Tanner, 2015; Wester et al., 2017a).

Much of this research analysed pro-self-harm content online, either on websites and internet forums (Baker & Lewis, 2013; Franzén & Gottzén, 2011; Whitlock et al., 2006) or social media platforms, particularly Tumblr and Instagram (Cavazos-Rehg et al., 2016a; Hajdú, 2022a; Seko & Lewis, 2016). The analysed content generally involved graphic photos of the individual’s own cuts (Cavazos-Rehg et al., 2016a; Whitlock et al., 2006), although sometimes this self-

harm was presented in a more aesthetically-pleasing way with poetic text, music and greyscale photos, which reduced the explicit shock factor of the photo (Pater & Mynatt, 2017a; Tanner, 2015). Self-harm was also found to be a social norm in some adolescent groups and was promoted online as a 'friendship ritual' (Wester et al., 2017a; Whitlock et al., 2006). Promotion of self-harm in adolescents can therefore appear as a social behaviour, even becoming competitive at times with adolescents attempting to have the 'most severe' self-harm (Baker & Lewis, 2013; Jacob et al., 2017a). Overall, self-harm is often romanticised online – adolescents use imagery and online communication to present self-harm as a visually-pleasing, beneficial, valid, and socially acceptable and rewarding behaviour.

Eating disorders. Conceptual reviews and content analyses also examined the romanticisation of eating disorders, often in 'pro-ED' content and communities online. As with self-harm content, pro-ED posts were found to involve graphic photos of extreme weight loss, paired with motivating or poetic captions that present the disorder as a necessity for achieving positive outcomes, or as beautiful and profound (Custers, 2015; Fox et al., 2005; Tanner, 2015). Indeed, online pro-ED content (also referred to as 'pro-ana' and 'pro-mia', for anorexia and bulimia respectively) often promotes eating disorders as an 'alternative lifestyle choice' (Arseniev-Koehler et al., 2016b; Chancellor, Lin, Goodman, et al., 2016; Day & Keys, 2008a; De Choudhury, 2015). These publications described how those with pro-ED attitudes reject outside help and medical definitions of eating disorders, as they do not see it as a disorder to be treated but rather as a way of life (Allison et al., 2013a; Mulveen & Hepworth, 2006; Warin, 2006). Individuals in these online communities equate beauty with low body weight and thinness, achieved through self-starvation, which becomes a measure of self-worth (Norris et al., 2006; Tanner, 2015; Whitehead, 2010a). In other words, research into pro-ED online

communities show that eating disorders are romanticised when they are seen by adolescents, and particularly girls and women, to be a method of increasing beauty and self-worth, and a method of reclaiming control over one's body; they may therefore be viewed as a positive means of achieving desired goals.

Similar to self-harm, there is a social element to the romanticisation of eating disorders: studies found that individuals encourage each other's disordered eating by sharing techniques for restrictive dieting or purging (Allison et al., 2013a; De Choudhury, 2015; Mulveen & Hepworth, 2006; Wilson et al., 2006a). Advice and encouragement for the concealment of eating disorders were also provided in pro-ED spaces (Borzekowski et al., 2010), and some posts were actively anti-recovery (Fox et al., 2005). Some pro-ED content used religious metaphors to encourage eating disorders by labelling dieting and purging techniques as 'creeds' or 'commandments' (Borzekowski et al., 2010; Custers, 2015; Day & Keys, 2008a; Mulveen & Hepworth, 2006). Individuals received peer support in pro-ED communities (Chancellor, Lin, & Choudhury, 2016; Mento et al., 2021), and would sometimes compete with their peers on weight loss (Allison et al., 2013a; Mento et al., 2021; Mulveen & Hepworth, 2006). Online pro-ED content also personifies the disorder (referred to as 'ana' and 'mia'), either to present eating disorders as 'friends' (Day & Keys, 2008a), or as villains in scenario-based TikTok posts intending to be humorous or relatable (Schipper, 2022). In sum, the romanticisation of both self-harm and eating disorders appear in the literature to be social behaviours, with individuals offering practical encouragement of specific maladaptive behaviours, with some aesthetic elements.

Other mental health issues. Depression, bipolar disorder and anxiety occasionally appear as objects of romanticisation in the literature. Some papers investigated romanticised

depression on Tumblr and Instagram where greyscale, aesthetically-pleasing posts depicting sadness or depression were accompanied by a poetic message or quote (Hajdú, 2022b; A. Shrestha, 2018). Some users would tag their post with the terms 'depression' and 'anxiety' to increase the visibility of the post (Blair & Abdullah, 2018). These presentations portrayed the issues as attention-grabbing, interesting, and aesthetically pleasing, implying that depression and anxiety have some desirable elements. Some posts make use of pop culture hashtags, images, quotes and music to present depression as visually appealing or humorous (Hilton, 2017; Schipper, 2022; Thelandersson, 2018). Romanticised bipolar disorder appeared in a case report of two individuals who had self-diagnosed following celebrity accounts of positive experiences with the disorder (Chan & Sireling, 2010). The authors wrote that these celebrities discuss feelings of heightened energy, creativity, and power, and describe the disorder as a valuable part of their identity, which may have influenced the desirability of this label in some patients (Chan & Sireling, 2010; Shrestha, 2018). Together, this research highlights that many mental health problems are sometimes romanticised, typically online: they are associated with positive outcomes like social reward (e.g. attention, praise), stress relief (specifically for suicide and self-harm) or reaching ideal body types, and these messages are communicated among social groups.

Research question 2: Why might adolescents romanticise mental health problems?

Susceptibility to social influence

In the reviewed literature, there were a number of explanations proposed for why adolescence might be a time of particular susceptibility for the romanticisation of mental health problems. The first is that adolescents are more influenced by their peers than other age groups (Cavazos-Rehg et al., 2016a; Foulkes et al., 2018; Wester et al., 2017a). Social

contagion of eating disorders and self-harm among adolescents has been observed in hospitals, detention facilities, and schools (Allison et al., 2013a; Matthews, 1968; Ross & MacKay, 1979; Warin, 2006; Wester et al., 2017a; Whitlock et al., 2006). Some papers referenced social learning and social cognitive theory (Bandura, 2001; Bandura & Walters, 1977) to explain this phenomenon, describing how behaviours like self-harm are learned in adolescence through admired peers and the perception that the behaviour is normative, leading to social contagion of the behaviour (Custers, 2015; Walsh & Rosen, 1985; Wester et al., 2017a). The reviewed literature suggests that social contagion is enhanced when adolescents are exposed to explicit positive attitudes towards the behaviour, which can also occur online (Allison et al., 2013a; Lewis et al., 2012).

Other researchers highlighted the role of social belonging and its importance in adolescence. Analyses of pro-ED and pro-self-harm content online found that adolescents express a sense of acceptance and belonging when participating in these communities (Allison et al., 2013a; D. Baker & Fortune, 2008; Brown et al., 2020). Some research indicates that adolescents might search online for what they lack offline, as a sense of belonging in primary (offline) groups was associated with less exposure to pro-self-harm and pro-suicide websites (Minkinen et al., 2017). Relatedly, other research indicates that adolescents seek out this content because it offers peer validation and understanding (Dyson et al., 2016a; Singaravelu et al., 2015a), group solidarity (Seko & Lewis, 2016), and establishment of a collective identity with shared opinions (Allison et al., 2013a; Day & Keys, 2008a; Thelandersson, 2018), all of which are important and highly motivating aspects of adolescent social development (Tomova et al., 2021).

This peer validation may lead adolescents to view mental health problems in a more positive light, i.e. to romanticise them. One author wrote that the exchange of validation between

adolescents on social media occurs in 'echo chambers' (A. Shrestha, 2018), where negative emotion is reinforced through acceptance, causing adolescents to cling to these communities and, by proxy, to the mental health problem that the community is based around (Bine, 2013). Some adolescents are actively encouraged to continue with eating disorder behaviours (Borzekowski et al., 2010) and others are praised for their 'success' in extreme weight-loss (Allison et al., 2013a; Mulveen & Hepworth, 2006). Some may seek to gain pity and sympathy from peers online (Shrestha, 2018), or popularity through humour and aesthetic (Blair & Abdullah, 2018; Dunn, 2017a). Therefore, many adolescents evidently gain some form of peer validation for discussing their mental health problems, in the form of sympathy, praise and attention; these outcomes may explain why adolescents romanticise mental health problems.

Pop culture influences

Another reason why adolescents might romanticise mental health problems is that they see these problems being discussed in relation to celebrities, whom they view in a positive light. In many reviewed articles, celebrities are noted as a prominent influence on adolescent attitudes and behaviours towards mental health. Reports on celebrity suicides, particularly those that sensationalise the deaths, have been associated with adolescent suicide contagion (Niederkrötenhaler et al., 2012, 2020; Stack, 2003). Pro-self-harm and pro-ED communities often idolise celebrities who have disclosed personal experiences with the same issue (Lewis & Baker, 2011), and individuals in these communities post images of celebrities as motivation, which can induce 'copycat' (contagion) behaviours (Borzekowski et al., 2010). Analysis of Twitter posts found that celebrity fanbases sometimes defend and encourage self-harm in celebrities' names; for example the hashtag 'Cut4Bieber' was used among Justin Bieber fans who wanted to post pictures of their self-harm protest against his use of marijuana (Hilton,

2017). Celebrities are already idealised by many young people and in the mass media (Thelandersson, 2018), so associations with mental health problems may cause the mental health problems to be idealised (and therefore romanticised) by proxy.

Relatedly, adolescents are often exposed to positive representations of mental health problems via fictional entertainment. Reviews of YA novels, films and television programmes that have adolescent target audiences identified romanticised representations of mental health problems. Representations like these are often unrealistic, as they do not reflect many people's lived experiences of mental health problems, which can involve significantly more misunderstanding and stigma and significantly less support and attention (Schipper, 2022; A. Shrestha, 2018). Young people, as the target audience for this entertainment, are more at risk of adopting romanticised beliefs from these representations. Norris and colleagues also note that relative to adults, adolescents may be less able to critically evaluate the content they are exposed to, perhaps due to their relative lack of life experience and less mature cognitive development, which may cause them to view these representations as realistic (Norris et al., 2006).

Identity formation

Finally, the literature indicates that adolescents may romanticise mental health problems because this contributes to their identity formation in a helpful or desirable way. Content analyses of romanticisation online find it to be a form of identity exploration and expression (Arseniev-Koehler et al., 2016b; Bates, 2014; Nesi et al., 2021). Social media posting is generally considered a rapidly changing, multi-modal form of self-expression (Ito et al., 2010; Schipper, 2022; Wilson et al., 2006a). Multiple content analyses found that adolescents in pro-ED and pro-self-harm communities feel the anonymity and sense of community allows them

to explore their sense of self through their disorder, whereas offline spaces and social groups do not (Arseniev-Koehler et al., 2016b; Bates, 2014; Blair & Abdullah, 2018; Hajdú, 2022b; Whitlock et al., 2006). Observations of adolescents' posts on TikTok also find them to adopt mentally ill personas or 'roles' (Harness & Getzen, 2021). As discussed, identification with one's mental health problem was common in content analyses of online mental health content, particularly self-labelling (Allison et al., 2013a; Pater & Mynatt, 2017a; Shrestha, 2018; Thelandersson, 2018). Self-reports from adolescents engaging in pro-ED communities described the disorder as 'all-consuming' (Fox et al., 2005), implying that they had no choice but to identify with the disorder. Others appear to identify with a mental health problem because it offers a more helpful way of understanding themselves and their difficulties, relative to any alternatives, particularly for bipolar disorder or eating disorders (Chan & Sireling, 2010; Shrestha, 2018). Together, the research to date suggests that adolescents may romanticise mental health problems because, through group identification and expressions of their distress online, their mental health problems may have become an integral, helpful way of understanding their identity and accessing social support.

Research question 3: What are the implications of romanticisation?

Effect on mental health

There was a consensus across much of the reviewed literature that romanticising mental health problems, regardless of what form this takes, might reinforce the individual's mental health problem, particularly if it is behaviour-based like self-harm and eating disorders (Arseniev-Koehler et al., 2016b; Hajdú, 2022b; Hilton, 2017; Shrestha, 2018; Whitlock et al., 2006). A longitudinal content analysis of pro-ED Instagram profiles found that the severity of the individual's mental health problem, indexed based on the post's content, increased over

time alongside the extent to which the posts promoted (i.e. romanticised) eating disorders, although the direction of the relationship is unclear; these two variables may have increased in parallel without necessarily having a causal relationship (Chancellor, Lin, Goodman, et al., 2016). However, qualitative data indicates that the sharing and learning of self-harm and eating disorder techniques in online communities can make the behaviours more severe (Whitlock et al., 2006; Wilson et al., 2006a), and the television series *13 Reasons Why* was associated with increased teenage suicide rates (Bridge et al., 2020; Cooper et al., 2018), and increased use of adolescent crisis helplines (Thompson et al., 2019), suggesting that romanticisation may indeed reinforce or encourage mental health problems.

Effect on help-seeking

Many papers reviewed here suggested that romanticisation may lead adolescents to have more negative attitudes towards help-seeking (Calea et al., 2024; Singaravelu et al., 2015a). Firstly, they may experience 'us and them' mentalities where they feel rejected and misunderstood by all except their online peer groups, thus making the individual reluctant to seek help from family members or mental health professionals in the offline world (Allison et al., 2013b; Dunn, 2017a). Qualitative research with adolescents indicates that this mentality is reinforced by the increase in judgement, mockery and criticism from outsiders because of online romanticisation (Jacob et al., 2017b). Adolescents may adopt beliefs from their peers or the media about the incompetence of professionals and adults in providing support – *13 Reasons Why*, for example, presents the victim's parents, the school and mental health professionals as unable to understand and support the victim (D'Agati et al., 2021b; Wang et al., 2023). Indeed, some may not wish to seek help at all if they believe they do not have a mental disorder, and many pro-ED communities define themselves as being uninterested in

recovery (Sowles et al., 2018; Whitehead, 2010b). Many adolescents wish to continue romanticising their mental health problems instead: analysis of some pro-ED Instagram profiles found frequent use of 'lexical variants' (hashtags with non-words that preserve the original meaning, such as "thyghapp" instead of "thigh gap") to bypass content moderation schemes (Chancellor, Pater, Clear, et al., 2016). These profiles had more engagement from other users with lexical variants than with regular hashtags, and these variants increased with complexity over time, possibly to ensure continued engagement (Chancellor, Pater, Clear, et al., 2016).

Some research noted the potential beneficial effects of romanticisation, particularly that it might be associated with more social support for adolescents with mental health problems. Specifically, research has found that the sense of community felt by individuals in online spaces that romanticise, particularly in pro-ED forums, can make the individual feel better supported than in professional therapeutic settings (Brotsky & Giles, 2007b; Yom-Tov et al., 2018). This was suggested to result from an increased level of understanding and acceptance coming from peers in these romanticising communities. Similarly, in an interview study of young people who have self-harmed, participants claimed that viewing romanticised posts online, particularly on Tumblr, made them feel less alone, more understanding of the condition and more encouraged that they could endure (Hajdú, 2022c). Thus, one of the factors that leads adolescents to romanticise mental health problems (the desire for social support), could also be seen as a beneficial effect of this practice – at least temporarily, for that individual at that moment in time. However, it is questionable whether this apparent benefit is truly useful for the young person in the long-term, given that romanticisation can also reinforce behavioural symptoms of mental health problems and discourage help-seeking from anyone other than the communities that romanticise the problem.

Directions for Intervention

In the final component of this review, we examined whether any literature proposed intervention guidelines or strategies to reduce romanticisation and its associated harms. One proposed direction for reducing romanticisation was to prevent it spreading online by censoring romanticised posts, websites, forums, and hashtags. For example, a classification mechanism was designed on Tumblr to remove ‘deviant content’ (mental health-related posts that violate community guidelines – mostly pro-ED content or extremely graphic or triggering posts; Chancellor et al., 2017; Chancellor, Pater, Clear, et al., 2016). The mechanism compared pro-ED content removed by Tumblr moderators (the classification system already implemented on the site) with semantically similar posts, such as fitness and healthy dieting content. It then analysed new posts based on these comparisons, and combined this with manual input from ‘domain experts’ who understood Tumblr guidelines and pro-ED communities. Censoring these communities is still a topic of debate, as it is acknowledged as a necessary protective measure for vulnerable people but risks inflicting further stigmatisation on these communities (Arseniev-Koehler et al., 2016a), and removing their freedom of speech (Chancellor, Lin, Goodman, et al., 2016; Pater & Mynatt, 2017b). In addition, such mechanisms can remove obviously graphic posts, but will likely be unable to remove more subtle forms of romanticisation (e.g. aesthetically-pleasing posts or messages offering admiration or approval).

In papers describing content analyses of social media or other online spaces, some general guidelines about reducing romanticisation are suggested. These guidelines analyses advise clinicians, schools and parents to gather more information on the internet activity of an adolescent, and to provide guidance to them on how to constructively use the internet, such

as moderating social media usage (including knowing when to completely withdraw), paying less attention to likes and following, and having open discussion with trusted adults about their internet use (Hajdú, 2022c; Singaravelu et al., 2015b; Wilson et al., 2006b). Lastly, there were some suggestions that school-based interventions may be able to address the social basis for romanticisation, as can individual interventions that assess peer networks (Allison et al., 2013b; Wester et al., 2017a). Beyond this, however, there were few proposals in the literature for how to reduce romanticisation and its potential harms among adolescents, likely due to the lack of consistent research exploring what the phenomenon is and why it occurs.

Discussion

This narrative review aimed to investigate romanticisation of mental health problems in adolescence, which we define as the unrealistic perception or presentation of mental health problems at this age as desirable or possessing any appealing qualities. The literature search identified 61 papers discussing instances of mental health problems being held in a positive regard, and covered a range of methodology, including quantitative and qualitative analyses of posts on social media, websites, forums, and news reports, self-report questionnaires, conceptual reviews and case studies. The review demonstrated that, when romanticised, adolescent mental health problems are portrayed as beautiful, glamorous or interesting, or as a useful means of achieving specific goals (particularly weight loss for eating disorders, and emotion regulation for self-harm behaviours). Romanticisation mostly occurred online, with frequent use of imagery, poetry, humour, and pop culture references. A number of reasons were proposed to explain why adolescents might romanticise mental health problems, including the increasing normalisation of mental health problems in society, and the potential social benefits and identity benefits that romanticisation might bring. Although a number of possible negative consequences of romanticisation were proposed, particularly a decrease in help seeking, there has been limited research into how romanticisation might be reduced.

There have recently been extensive attempts to reduce the stigma associated with mental health problems (Walsh & Foster, 2021). The current review indicates that it is crucial to understand whether, as stigma has been reduced, there may have been a concomitant rise in romanticisation. In other words, if the stigma of mental health problems is reduced, these problems may not only become neutral but in some cases may become desirable. Some researchers propose that when awareness is raised and stigma is reduced, mental health

problems become normalised (Biddle et al., 2008; Prasad & Owens, 2001). Thus, perhaps destigmatisation attempts to make mental health problems seem more normal and human have turned them into a social norm instead (essentially, a behaviour we expect from one another). This would explain why more normalised mental illnesses like depression and anxiety are romanticised more than stigmatised disorders such as schizophrenia (Goulden et al., 2011; Shrestha, 2018). It is especially important to understand if adolescents are more susceptible to this romanticisation, since adolescents are more susceptible to peer influence (Steinberg & Monahan, 2007), peer influence has been found to affect adolescent attitudes and stigma surrounding mental health (Silke et al., 2017), and adolescence is both a period of mental health risk and significant identity development (Acheson & Papadima, 2023; Blos, 1967). In addition to this, romanticised accounts of mental health problems appear in fictional entertainment aimed at adolescent audiences; it is therefore unsurprising if adolescents begin to identify with problems portrayed romantically via popular fictional characters.

The current review highlighted the need for extensive further research. A key avenue for future research is to test the direction of the relationship between romanticisation and other variables, such as normalisation, destigmatisation, personal identification with mental health problems, and severity of mental health problems. This could be achieved with a combination of experimental paradigms and longitudinal designs. The research reviewed here were typically based on cross-sectional analyses of social media and website content that associate these factors with romanticisation. Normalisation and identification with the disorder have also been discussed as possible outcomes for romanticisation instead of causes (Arseniev-Koehler et al., 2016a; Hajdú, 2022c). Future research could also assess associations between an individual adolescent's romanticised attitudes towards mental health problems and that of their peers (using self-report measures such as the SOSS; Batterham et al., 2013).

The effects of de-stigmatisation could be assessed with longitudinal investigation into adolescent online activity romanticising mental health problems, following exposure to a mental health awareness campaign targeted at adolescents. If, as this review suggests, de-stigmatisation causes adolescents to view mental illnesses as a social norm that is desirable due to their wish to conform, we would expect romanticised mental health-related activity to increase.

Future research should also examine whether romanticisation or its impacts can be reduced. This is important, given that romanticisation might trivialise or misrepresent mental health problems (Allison et al., 2013b; Dunn, 2017b; Underhill & Foulkes, In prep) or discourage help-seeking (Jacob et al., 2017b; Zdanow & Wright, 2012b). In the reviewed literature, recommendations to reduce romanticisation and its potential harms often involved increasing adults' understanding of adolescent social networks and social influence, or implementing one-to-one or group interventions with adolescents themselves, particularly focusing on the role of romanticisation in identity formation (Allison et al., 2013b; Howard, 2008; Wester et al., 2017b). Identification and disidentification with a mental health problem is a personal choice that clinicians cannot control; however, adolescents may benefit from additional support in understanding how their mental health problems relate to their sense of self, as this could reduce general distress, reduce romanticised beliefs that reinforce the problem, and prevent future distress should they choose to disidentify with their disorder.

Review limitations

There are a number of limitations to this narrative review. The inconsistent terminology used in research investigating romanticisation, and the lack of reviews that bring this research together, means that some research may not have been identified with the search terms and

therefore would not have been included for review. There are also limitations specific to content analyses of material on social media or the Internet, which was the methodology of several papers in this review. The search windows on Internet search engines, news databases or social media platforms can be extremely brief, sometimes lasting only one day (Arseniev-Koehler et al., 2016a; Carmichael & Whitley, 2018b; Moyer et al., 2008). Research findings can therefore become outdated and unrepresentative of current online environments very quickly, as posts, profiles, hashtags and even whole websites may be removed, deactivated or moderated after the data has been collected. Therefore, longitudinal content analyses may be more beneficial for observing and defining romanticisation in such fast-paced online environments (Chancellor, Lin, & Choudhury, 2016; Chancellor, Pater, Clear, et al., 2016).

Online content included for analysis may also be specific to the country that the search was conducted in, as community guidelines and policies often change with location. Search engine and social media results often change based on the individual's location and previous online activity (Singaravelu et al., 2015b), yet none of the articles discuss the potential effects this may have had on their research. Several papers returned from the literature search investigated romanticisation in non-Western adolescent samples; this small number of papers indicate that romanticisation of mental health problems may also occur in non-Western cultures, but were excluded for the purposes of this review – further research is required to assess the extent of any cross-cultural similarities or differences in romanticisation.

A final limitation of analysing social media and forum posts is that demographic information about individuals is often unavailable or incomplete, which may undermine the conclusions drawn about adolescents in this review. Posters' age and gender were estimated in some cases where the information was not available (Cavazos-Rehg et al., 2016b; Dyson et

al., 2016b; Lyons et al., 2006). If the age of most samples has been assumed or estimated, the conclusions drawn about adolescent romanticisation may not be accurate. Further research that combines self-reported demographic information and longitudinal content analysis of the person's mental health-related online activity (for example, what material is posted, interacted with and searched for) could provide a more cohesive picture the individuals that romanticise online.

Conclusions

This narrative review investigated the phenomenon of romanticisation of mental health problems in adolescence: how it is defined, why adolescents might do it, what implications this might have, and whether it can be reduced. Results demonstrated a range of phenomena that can be described as the perception or presentation of mental problems as desirable, indicating that romanticisation is a suitable term for this collection of phenomena and can be used as a standardised definition for future research. The review indicates that romanticisation of mental health problems is prevalent in social media, pop culture, news reports, and other internet spaces, particularly among adolescents. Romanticisation can trivialise mental health problems, isolate young people with these difficulties, and provoke judgement and mockery from others. On an individual level, adolescent identity formation appears to underlie many aspects of romanticisation; on a population level, efforts to destigmatisation and normalise mental health problems appear to contribute to romanticisation. Further research using combinations of self-reported measures and analyses of online mental-health related activity can provide clearer directions to intervene at these levels to reduce romanticisation and its associated harms.

CRedit author contributions statement

First author: Conceptualization; data curation; formal analysis; investigation; methodology; project administration; writing – original draft, review & editing. **Second author:** conceptualization; supervision; writing - review & editing.

Conflict of interest statement

The authors declare no conflicts of interest.

Acknowledgements

There was no specific funding for this project.

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