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Easing the pain of life together

Menhera as an online community

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"People are all we've got"
- Belinda in the series of Fleabag

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Introduction

Japan is internationally known for several mental health problems, including extreme social withdrawal, loneliness, high suicide rates and death from overwork. To address these problems, particularly the high suicide rate, the Japanese government had provided with several interventions in the year 2007[1]. Although the number of suicides has declined over the years and become stable, the numbers increased again in the second half of 2020 after the Covid-19 outbreak[2]. Moreover, the first death in Japan during the pandemic was not caused by the virus but by work-related suicide[3]. To ensure the fulfilment of post-pandemic mental health needs, the government approved the launch of social media consultation systems at the national, local and municipal government levels[4]. In a sense, the pandemic forced the search for alternatives to traditional face-to-face therapy. However, even before the pandemic, the Internet was already an important tool for providing mental health services. In academic literature, there is a broad selection of studies that focus on mental health in Japan. However, from that selection, few articles focus on mental health and the use of the Internet to seek help. Studies on the topic mainly investigate the effectiveness of online therapies of Japanese target groups. The use of the Internet of those with a mental illness from their perspective is limited to studies conducted in the early and mid-2000s. The aim of these studies have been to explain the high rates of suicide by researching communities on the Internet that engage in making suicide pacts, better known as 'net suicide'. These studies show that online communities can give insight to the current problems and struggles from the point of view of those that experience a mental illness in Japan. The aim of the thesis is to fill the current gap in the literature of Japanese mental health online communities. In particular that of one specific online community that identify with an Internet slang known as "menhera".

To understand the current societal situation in terms of mental health in Japan, an overall description is made of contemporary mental health in the first chapter. This is done by providing background knowledge on mental health services, the stigma that people with a mental illness endure and how the Internet has provided a refugee to those who are a social minority in Japan. The second chapter is an exploration of the term menhera by going through its origin, the different meanings and the lack of research of menhera in online communities. The third chapter discusses the case study and method used for the research. In this chapter the choice of platform Discord is explained, specifically as to why the server of Sick Miss was selected. Furthermore, the chapter discusses the method used to analyse the Discord server. The finding of the analysis is divided by two chapters. The fourth chapter, describes the characteristics of the Sick Miss members. Furthermore, the chapter gives a description on how the members of Sick Miss express their illness. The fifth chapter is a continuation of the analysis and deals with the members of Sick Miss as a community. It does so by exploring why menhera decided to join the server and how they interact with one another. The final chapters conclude and discuss the findings of the analysis. An appendix has been added to provide an overview of the rules and raw data selected from the server.

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[1] Yuko Kawanishi, Mental Health Challenges Facing Contemporary Japanese Society the "Lonely People" (Kent, U.K.: Global Oriental, 2009).
[2] Michiko Ueda, Robert Nordström, and Tetsuya Matsubayashi, *Suicide and Mental Health during the COVID-19 Pandemic in Japan*, 2020, https://doi.org/10.1101/2020.10.06.20207530.
[3] Jun Shigemura and Mie Kurosawa, "Mental Health Impact of the COVID-19 Pandemic in Japan," *Psychological Trauma: Theory, Research, Practice, and Policy* 12, no. 5 (July 2020): 478–79, https://doi.org/10.1037/tra0000803.
[4] Ibid.

Chapter one: Mental health in contemporary Japan

1.1 The shift of mental health services in contemporary Japan

      After the Second World War, in 1950 psychiatric help at hospitals were offered to those who were mentally ill in Japan[5]. The Mental Hygiene Law Act was introduced with the idea that every person who is mentally ill has the right to receive professional help[6]. Due to economic and social pressures in Japan, starting from the 1990's several policies have been made to shift psychiatric care from psychiatric hospitals to community based-care[7]. The first significant step was made in 1995 with the introduction of the Act for Mental Health and Welfare. A new policy direction was considered on how to offer mental health service to those in need[8]. The Japanese government observed that the rise of mental illness wasn't only affecting those who suffered from it chronically. In addition suicide rates amongst the population kept rising. Therefore, seeing how mental illness could affect 'anyone', the new perspective on mental health care was that of 'normalization' of mental disorders. This meant that the mentally ill would be considered the same as those with physical disabilities in Japan. The goal of these reforms was to shorten the average length of stay in hospitals and mental health clinics. In addition Ito and Sederer explain that reform would also be focused on new practices such as "deinstitutionalization, differentiation of services, revisions in payment, and the introduction of quality assessments"**[9].**

1.2 The challenges of mental health services in Japan

      Despite the reform in 1995, private psychiatric hospitals and clinics remained the main suppliers for mental health care[10]. Due to these hospitals and clinics running independently, the institutions can decide on their own volition if they adopt an amendment[11]. A revision of the Act was issued in 2004 which was called the Vision for Reform of Mental Health and Medical Welfare[12]. In the revision, the government again, wanted to reduce the number of hospital beds. However, a different framework was made. The focus of the said framework was to focus on public education, mental health treatment reform, greater support for community life and provide a stronger foundation to healthcare services[13]. According to the 2015 OECD report a decrease was found in hospital beds and length of stay. However, in comparison to the OECD average, the numbers still remain high in Japan[14]. Although improvements have been made, Ng, Setoya, Koyama, and Takeshima found that "many community and hospital service providers are struggling to cope with this major change that represents a significant step towards a community centred mental health system"[15]. Furthermore, the OECD report states there is an underdevelopment in the community-based structure, which means that there is a "relatively low numbers of staff working in the community, low numbers of supportive

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[5] Ruth Taplin and Sandra J. Lawman, Mental Health Care in Japan (London: Routledge, 2016).

[6] Ibid.

[7] H. Ito and L.I. Sederer, "Mental Health Services Reform in Japan," *Harvard Review of Psychiatry* 7, no. 4 (1999): 208–208, https://doi.org/10.1093/hrp/7.4.208.

[8] Ibid.

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] Ruth Taplin and Sandra J. Lawman, Mental Health Care in Japan (London: Routledge, 2016).

[12] Ibid.

[13] Ibid.

[14] OECD, "Quality of Health Care in Japan," *OECD Reviews of Health Care Quality*, 2015, 43–78, https://doi.org/10.1787/9789264225817-5-en.

[15] Chee Ng et al., "The Ongoing Development of Community Mental Health Services in Japan: Utilizing Strengths and Opportunities," *Australasian Psychiatry* 18, no. 1 (2010): 57–62, https://doi.org/10.3109/10398560903274381.

housing facilities, coupled with a strong emphasis on pharmacological treatments rather than psychosocial treatments"[16]. The report also concluded that an emphasis should be made on patient-centred care. As of 2015, they found that there was a lack of mental health care that put the focus on the wishes and demands of the patient receiving treatment. All in all, the government has provided with a variety of policies and interventions to make mental health care accessible to all stages (severe, moderate and mild). However, there are still some challenges it needs to face to improve the quality of mental health care to its population[17]. `

1.3 The stigma of mental illnesses in Japan

Another challenge the Japanese government faces surrounding mental health is that of stigma. As was mentioned before, those with a mental illness lived in psychiatric hospitals, separated from society for decades. Studies have suggested that its high institutionalization and stigma are correlated[18]. The possible explanation behind it is the lack of contact between those who are mentally ill and the general public. Although all types of mental illnesses are significantly stigmatized in Japan, several studies have shown that stigma against schizophrenia is relatively higher than that of depression. In a review of mental health related stigma in Japan, Ando et al. observed from 19 articles the knowledge, attitudes and behaviour of the general public in how they stigmatize mental illnesses in Japan. They found that one of the stigmas lies in the general public having a low expectation of those with mental illness to recover[19]. It is interesting to note that in the study of Kasahara-Kitani et.al. on stigma attitudes of depression and schizophrenia, the opposite was observed. In their study, the majority of the respondents believed that depression and schizophrenia could be cured through treatment[20]. As to why these studies may have contradicting results has been explained by Kasahara-Kitani. Their study only included the vignette of auditory hallucinations in the questionnaires. Therefore, specific symptoms of a mental illness could possibly also determine the level of stigma it encounters from the general public in Japan. Another stigma found is the attribution of mental illnesses to psychological factors believing "someone can snap out of the problem, someone having a personal weakness or that someone with a mental illness is not suffering from a medical condition"[21]. Furthermore, studies have also shown the general public having little education on mental illnesses[22]. For instance, a survey of mental health literacy done with 3000 Japanese respondents, found that most were aware of the importance of mental health[23]. However, the respondents were poorly informed about mental illnesses such as depression and schizophrenia. In their attitudes towards people with mental illness, the outcome of the study showed that the respondents had negative thoughts in having close relationships with people who are mentally ill[24].

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[16] OECD, "Quality of Health Care in Japan," *OECD Reviews of Health Care Quality*, 2015, 43–78, https://doi.org/10.1787/9789264225817-5-en.

[17] Ibid.

[18] Shuntaro Ando et al., "Review of Mental-Health-Related Stigma in Japan," *Psychiatry and Clinical Neurosciences* 67, no. 7 (2013): 471–82, https://doi.org/10.1111/pcn.12086.

[19] Ibid.

[20] Mami Kasahara-Kiritani et al., "Public Perceptions toward Mental Illness in Japan," *Asian Journal of Psychiatry* 35 (2018): 55–60, https://doi.org/10.1016/j.ajp.2018.05.021.

[21] Alex Hofer et al., "Resilience, Internalized Stigma, Self-Esteem, and Hopelessness among People with Schizophrenia: Cultural Comparison in Austria and Japan," *Schizophrenia Research* 171, no. 1–3 (2016): 86–91, https://doi.org/10.1016/j.schres.2016.01.027.

[22] Shuntaro Ando et al., "Review of Mental-Health-Related Stigma in Japan.

[23] Taiju Yamaguchi et al., "A Survey of Mental Health Literacy Using the Internet in Japan," *Schizophrenia Bulletin* 46, no. Supplement_1 (2020), https://doi.org/10.1093/schbul/sbaa029.690.

[24] Ibid.

1.4 The stigma on employment and mental health in Japan

Those with a mental illness in Japan also face several challenges in terms of employment. In 2007, Japan recorded more than 30,000 suicides. More than half of these suicides were committed by people who were unemployed[25]. Although there aren't many studies on the subject, there has been one research that focused on stigma of mental health in Japanese unemployed individuals. In their study they had employed and unemployed Japanese fill out Internet surveys. From the results of the surveys, they found that Japanese unemployed individuals "had a stronger tendency toward anxiety depression than employed individuals"[26]. The factors that had the most impact on mental health of unemployed individuals were financial difficulties and stigma[27]. Furthermore, negative attitudes towards unemployment in Japan have been reflected on the term "Not in Education, Employment or Training", the acronym being NEET. The term was coined by politicians in the United Kingdom in the late 1990s which included young people between the age of 16 and 18 who were dropping out of education and not joining the work-force[28]. In Japan however, the term can be applied for groups of all ages. According to Kawanishi, the term wasn't only popularized, but used in a negative connotation, the description of NEETS being "lazy and pampered cowards who are wasting their lives away"[29]. Therefore, NEETS were considered as a group that purposefully avoided working as an act of rebellion, rather than a group of people who may not have the capability or ability to work. A different approach on NEET is that of Uchida and Norasakkunkit. They believe that NEET show "psychological tendencies that deviate from those governed by mainstream cultural attitudes, values and behaviours" such as a freeter lifestyle preference (the choice to not work), a lack of self-competence and having unclear ambitions for the future[30]. The idea of their study is that certain psychological tendencies bring the risk of becoming culturally marginalized within Japanese society[31].

1.5 The Internet as a refugee for social minorities

People with mental health problems in Japan have endured different forms of challenges that might have prevented them from asking for help. However, an alternative form that ensured anonymity is the use of the Internet. Furthermore, Michizawa points out, that the Internet has also given some level of self-sufficiency to those who act in extreme withdrawal. The Internet also made it possible for people that have a lack of social skills to still develop an "emotional closeness" with others[32]. Therefore it is important to discuss the development of the Internet and its use by people who experience marginalization and/or stigma within Japanese society. In the book 'Japanese Cybercultures', the authors explore the use of Internet amongst subcultures to challenge the mainstream landscape in Japan. Several cases in the book show how the Internet had become a space where the marginalized have gathered and created communities that challenge the mainstream culture. In the introduction, Mclelland defines cyberculture as "like-minded individuals meet online in order to pursue a common interest or goal irrespective of whether the 'community' that develops through this

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[25] Yuko Kawanishi, "Mental Health At Work," essay, in *Mental Health Challenges Facing Contemporary Japanese Society: The "Lonely People"* (Kent, UK: Global Oriental, 2009), 24–60.

[26] Miho Takahashi, Shinichiro Morita, and Kazuko Ishidu, "Stigma and Mental Health in Japanese Unemployed Individuals," *Journal of Employment Counseling* 52, no. 1 (2015): 18–28, https://doi.org/10.1002/j.2161-1920.2015.00053.x.

[27] Ibid.

[28] Yuko Kawanishi, Mental Health at Work.

[29] Ibid.

[30] Yukiko Uchida and Vinai Norasakkunkit, "The NEET and Hikikomori Spectrum: Assessing the Risks and Consequences of Becoming Culturally Marginalized," *Frontiers in Psychology* 6 (2015), https://doi.org/10.3389/fpsyg.2015.01117.

[31] Ibid.

[32] Chikako Ozawa-de Silva, "Too Lonely to Die Alone: Internet Suicide Pacts and Existential Suffering in Japan," *Culture, Medicine, and Psychiatry* 32, no. 4 (2008): 516–51, https://doi.org/10.1007/s11013-008-9108-0.

interaction maintains an offline presence"[33]. It draws a picture on how the Internet has facilitated social connections and encounters for specific minority groups in Japan. Although the book does not discuss those who are mentally ill, a large online community had been formed in the early 2000s by people with a mental illness. It is thought that the online community got a lot of traction because it allowed people with a mental illness who felt stigmatized, to share their problems with like-minded people anonymously.[34] What distinguished this online community from others is that they had created a new word to label themselves which through the years had become an Internet slang that transcended onto mainstream media. The word being: "menhera".

[33] Ibid.

[34] Yukari Seko and Minako Kikuchi, "Mentally Ill and Cute as Hell: Menhera Girls and Portrayals of Self-Injury in Japanese Popular Culture," 2023, https://doi.org/10.32920/21950459.

Chapter two: Framing "menhera"

2.1. Menhera's origin: an Internet slang

In the literature, although limited in both Japanese and English, several academics have tried to make sense of the term menhera. Terada and Watanabe have found that it is difficult to attribute only one definition to the word[35]. They argue that depending on the context, the word will have a different meaning. However, the literature is consistent in arguing that the word originated as Internet slang. This is because academics that have written on menhera, have used the same source to describe its original meaning. The source is an article written by an individual called 090, which had posted 'the origin of menhera' on a website called menhera.jp. In the article 090 discusses the first use of the word on a bulletin board platform named 2channel. On 2channel there was a board created, known as mentaru herusu (mental health board)[36]. To signify one's membership of the board, those within the board started to refer to themselves as menhera, in other words mental health-er. The use of the abbreviation was to "indicate their membership to the board"[37]. In this board, an online community was formed which gave people the possibility to discuss different topics on mental health such as depression, mania, mood disorders, and trauma[38]. The mental health board was used in a variety of ways: exchange of information (on medication, therapy and healthcare providers) and as a platform for support (venting of emotions and others reacting to it)[39]. Due to the individuals in the board being people with a mental illness, the word came to also mean "a person with mental health problems". The meaning of menhera remained the same within the mental health board, but it changed when it spread to 2channel summary sites, blogs and other bulletin boards[40].

2.2 Menhera: troublesome women

The online community of menhera on 2channel were a diverse group of people, with different mental illnesses, age and gender. However, when the term menhera reached outside of the mental health board, it was reduced to a set of characteristics. Menhera first became generally known as 'a pain in the ass, a bother or a person who is hard to deal with'[41]. Why menhera were considered as troublesome became visible on the VIP bulletin board. In this board, gender became significant as to how menhera would be perceived. Members added the word woman to menhera (menhera-onna) in a derogative matter. The women in the mental health board were described as engaging in "pathetic acts such as extreme mood swings, risky sexual behaviours and self-injurious acts"[42]. Although inconclusive, the article by Seko and Kikuchi as well as that by Terada and Watanabe argues that menhera has become synonymous with troublesome women because the characteristics mentioned in the board are stereotypically associated with Borderline Personality Disorder. Furthermore, BPD has more commonly been associated with women than with men. In other words, the stigma against menhera is the stigma against those who have BPD-like behaviour, specifically women with BPD. In contrast to its original meaning in the early 2000s, by the year 2008, menhera became known as

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[35] Hiroaki Terada and Makoto Watanabe , "A Study on the History and Use of the Word Menhera,"*Hokkaidō daigaku daigakuin kyōiku-gaku kenkyū-in rinshō shinri hattatsu sōdan-shitsu kiyo 北海道大学大学院教育学研究院臨床心理発達相談室紀要* 4 (March 25, 2021): pp. 1-16.

[36] In original Japanese: メンタルヘルス

[37] Ibid.

[38] Yukari Seko and Minako Kikuchi, "Mentally Ill and Cute as Hell: Menhera Girls and Portrayals of Self-Injury in Japanese Popular Culture," 2023, https://doi.org/10.32920/21950459.

[39] Ibid.

[40] Ibid.

[41] Terada and Watanabe. A study on the History.

[42] Yukari Seko and Minako Kikuchi, "Mentally Ill and Cute as Hell".

dangerous, unstable people, particularly women whom "normal" people should stay away from[43].

2.3 Menhera in mainstream media

The message that one should stay away from menhera became wide-spread in mainstream media, especially in online magazines. These warnings made BPD-like behaviour entrenched with romantic relationships. In other words, the articles stated that one should not make menhera women their girlfriend[44]. Online articles describe that the need for attention, high dependency and external validation as reasons to why menhera women become obsessive with their partner. The obsessiveness translates into controlling behaviour such as manipulation (by telling their partner they want to die) and the need to know the partner's whereabouts (to have attention from the partner at all times)[45]. The connotation of 'illness' is not as visible as it was in the 2channel boards. Although the articles initially focused on menhera women, there are also articles about menhera men[46]. Similar characteristics are described on menhera men, being insecure, controlling and difficult to deal with as a boyfriend. It is interesting to note that these articles put the focus on how the behaviour of menhera affects the partner, rather than explaining as to why menhera exhibit this type of behaviour.

2.4 Menhera in popular culture

A similar approach on menhera within mainstream media is seen in Japanese popular culture landscape. In the study of Seko and Kikuchi they argue that in popular culture menhera has a different definition from the original Internet slang. In popular culture, menhera are visualized as narrative tropes. Seko and Kikuchi concluded three main narrative tropes:

1. The sad girl who adapts menhera label to self-pathologize their mental angst
2. The mad woman who exhibits pathetic obsession over her love interest
3. The cutie who embodies an emergent aesthetic of *yami-kawaii* (sick-cute)[47].

As can be seen from the tropes, menhera also has a gendered connotation in Japanese popular culture. For instance, the sad girl is a representation of what Seko and Kikuchi call "stereotypical Japanese femininity". The characteristics of such femininity are submissiveness, self-control and free of selfishness. In their analysis on graphic novels and manga's depicting the sad girl narrative, Seko and Kikuchi observe menhera as a slang that "provided the creators with a relatively neutral and all-encompassing label to portray contemporary Japanese girls struggling with the pain of living"[48]. The second trope is seen consistently in the online articles and description of the 2channel bulletin boards. According to Seko and Kikuchi, the behaviour of "madness" in this trope is characterized not only by obsession for a lover but also by aggression used against others. It is interesting to note that menhera has been associated with yandere, a trope that is also characterized by obsessive love. The words aren't used synonymously and yandere is mainly used to differentiate the meaning of both words. The differentiation is mainly described by mentioning the difference in motive for their obsessive love. In an academic article by Kato, yandere and menhera are distinguished by classifying them under mental

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[43] Ibid.

[44] Although there are hundreds of current (2020-2022) articles on the topic, an example is: IGAEMONblog. "menhera joshi no tokuchou. menhera onna no tsukiai hou kara wakare hou made tettei kaisetsu" [Characteristics of Menhera Girls. A thorough explanation of how to deal with menhera women and how to break up with them!]. March 16, 2022. https://igaemon.com/menhera-women. (accessed June 10, 2023)

[45] Ibid.

[46] Men being considered menhera can be a counter reaction, as for instance can be seen in the article: Mimot. "Tsukiau mae ni minukitai! "Kakure menhera"na dansei `itsutsu no tokuchō" [Spotting a "Hidden Menhera" before going out with a man! 5 Characteristics of men with "Hidden Menhera"]. https://ure.pia.co.jp/articles/-/1746221. (accessed June 10, 2023)

[47] Yukari Seko and Minako Kikuchi, "Mentally Ill and Cute as Hell.

[48] Ibid.

disorders[49]. They classified menhera as someone with Narcissistic Personality Disorder and yandere as someone with BPD[50]. The findings of Kato and the tropes provided by Seko and Kikuchi, already show contradicting findings. This means that there is not one characterization of menhera, but many different ones in popular culture. The last trope of Seko and Kikuchi: sick-cute, will be discussed in a later paragraph of this chapter.

2.5 Menhera: women in need of help

Although online magazine articles have associated menhera women with romantic relationships, recent articles (from the past several years) have become more nuanced in describing menhera. Although the characteristics described of menhera have remained the same, a difference can be seen as to how they are perceived. In these articles menhera's behaviour is not considered as troublesome women. Instead, menhera are women who are in need of help for their mental health. They explain that menhera feel emptiness inside, and to fill this they crave validation from others. This is also the reason as to why menhera become obsessed with their partner. Often-times, general advice is given on how menhera can 'improve' and find help for their situation. This is seen in other mediums as well. One of them, is a popular self-help book called 'all girls are menhera' by Suisui. It is interesting to note that Suisui identifies to have been menhera in the past. In her own words she describes what being menhera was like as follows: "I was a vocalist in a band circle when I was in school, and I was a member of a club that was called "Menhera". I loved Shiina Ringo more than anyone else in the world, I went out with multiple men in my circle to satisfy my need for approval, and I was so menhera that I would call my boyfriend in the middle of the night crying and cut my wrist"[51]. Suisui explains that she resorted to this behaviour because she was afraid of being abandoned[52]. The author concludes that she does not consider her 'menhera past' as shameful, but rather as a necessary development for her to find happiness. With her self-help books, she wants to help menhera by sharing how she overcame her own difficulties. The idea that menhera women need help also been shared by model and writer Hanayi in an interview with Refinery29, an online media platform that did a report on menhera. Hanayi herself has struggled with mental health and has attempted to commit suicide several times. She has obtained an online community that follows her consistently. When asked if she feels as if many people feel the way she does she answers: "Yes, I think so". Especially my fans, the girls, are going through a lot of problems, emotionally. They seem troubled"[53]. Furthermore, there also exists a company called Menhera-Technology that was built with the idea that menhera women need help. The company offers a chat consultation service named Menhera-senpai. In announcing the launch, Menhera Technology did a survey, in which they found that menhera face challenges in talking to other people. In their statement they say that despite there being public organizations in Japan that offer free consultation services, there is a heavy burden experienced by these organizations due to the large amount of recipients. In order to fill this gap, Menhera Technology was made, in order to offer an accessible platform for those who identify as menhera. When using this service, the user will be connected to a 'menhera-senpai': "a female user who is a good listener who has cleared the selection test and will give you advice[54]". In a survey the

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[49] Gentaro Kato , "A New Meaning of Mental Health in Japanese Net World," 追手門学院大学社会学部紀要 12 (March 2018): pp. 43-55.

[50] Ibid.

[51] Suisui, "Subete no joshi wa menheradearu" [all girls are menhera] (飛鳥新社, 2020).

[52] Ibid.

[53] Ibid.

[54] Ascii, "Chatto sōdan sābisu `menhera sen pai' no sōdan kensū ga 1, 000-ken o toppa. Kyaba jō to rinshō shinri-shi ni sōdan dekiru shin puran no tesutomonitā no boshū o kaishi" [Number of consultations for the chat consultation service "Menhera Senpai" exceeds 1,000. Started recruiting test monitors for a new plan to consult

consultation service had done in 2020, they found that most of those on the platform are women in their late teens and 20's. The topics they mainly talk about are love and everyday things. Later in 2020 menhera-senpai added other services to the consultation platform. At first the purpose was to provide people that would listen to the user's story. However with the new additional plan, the user can choose from hostesses, clinical psychologists and certified psychologists[55]. Overall, menhera-senpai directs their consultation services to specifically women. On their webpage and in the articles they advertise the service with photos of young Japanese women or with manga style images of menhera young women. On an article of PR Times, a short comic is shown with a young girl feeling emotional desperation and not being able to reach her boyfriend. The girl feels as if she might be annoying to her boyfriend and therefore decides to message menhera-senpai, in which she can get relief from her anxiety by speaking to a senpai through chat. This imagery of menhera re-iterates the characteristics of them that have been mentioned before: women who are sad and troubled with explosive behaviours that affect their romantic relationships. However, in these images the main focus lies on the need for help and menhera-senpai providing it. The aim of showing these typical characterizations in their ads is to attract their target group.

> Images underneath are advertisement of Menhera Technology for online news articles. The images they've used to promote their company only include women.

Image 1[56]

Image 2[57]

2.6 Menhera: mental health awareness

The negative connotation and reduced characteristics that the mainstream media adopted menhera did not come without a push-back. In the 2010s menhera, had also become a new kawaii subculture in Japan known as yamii-kawaii. The main aesthetic of the subculture is the combination of cute and dark items. The cute elements are considered 'traditional' kawaii motifs such as pink hearts, strawberries, sweets and fluffy animals which are combined with dark elements[58]. The dark

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with hostess girls and clinical psychologists]. August 18, 2020. https://ascii.jp/elem/000/004/023/4023519/. (accessed June 10, 2023)

[55] Ibid. The price starts from 1000 yen for 30 minutes.

[56] Live Door News. "Chatto sōdan sābisu `menhera sen pai' ni muryō mēru kinō ga tōjō" [Free E-Mail Function Is Now Available on the Chat Consultation Service 'Menhera Senpai']. Live Door, August 12, 2020. https://news.livedoor.com/article/detail/18721486/. (accessed June 10, 2023)

[57] PR Times. "yanda toki ni kigaru ni riyō dekiru chatto sōdan sābisu `menhera sen pai' no jizen tōroku o sutāto" [Pre-Registration for Menhera Senpai, a Chat Consultation Service That Can Be Used Easily When You Are Ill, Has Started]. Press releases and news release distribution share　No.1 │ PR TIMES, December 28, 2019, https://prtimes.jp/main/html/rd/p/000000006.000040638.html. (accessed June 10, 2023)

[58] Ibid.

elements are to visualize the menhera being 'ill' by "wearing bandages and eye patches or carrying syringes and needles as accessories"[59]. However, showing menhera as 'ill' is not only shown through the fashion of the subculture. Its popularity has been attributed to the illustrator Ezaki Bisuko. He became well-known after publishing the manga: "Menhera-chan". The manga is a satirical take on the magical shoujo girl trope[60]. Three school girls transform in order to defeat evil. However, they have to cut themselves in order to transform into heroines. Seko and Kikuchi describe the manga that uses symbolism with an 'aggressive social commentary". The social commentaries are most notable and straightforward on Bisuko's shorts. The shorts he has made are on self-harm, helpline, bullying, love illusion and many more. These shorts can serve as an advice to the reader, a criticism on society towards mental health or a combination of both. An example is the association of yandere with menhera. Bisuko explains through visuals how yandere is a characterization that does not fit with the meaning of menhera. In the short comic it states that tagging yandere with menhera and yamii-kawaii is not helpful since it "fuels the mainstream perception of mentally ill being dangerous"[61]. Instead, the tag menhera on social media is to raise "mental health awareness and venting in a healthy way"[62]. Therefore, menhera has also become known on the Internet as mental health awareness. Bisuko did not only popularize menhera and its aesthetics within Japan, but also gained fans outside of Japan. Refinery29 has included Bisuko in their short visual report on yami-kawaii and menhera. In the interview Bisuko explains that drawing menhera-chan didn't only offer a form of escapism, it also felt therapeutic to him. He mentions the hardships of suffering from a mental illness in Japan: "Abroad, people see mental illness and depression as being the same as an injury. In Japan they see a troubled person needing to reprieve, and take it is as a sign of weakness"[63]. Furthermore, having a sense of community among those who are menhera and wear the yamii-kawaii fashion is also shown in the report. A fan of Bisuko speaks on the popularization of menhera-chan, making it easier to be their authentic self, connect with others who are like-minded and be more open on what they go through inside. Therefore, these examples show that menhera as a subculture has also provided a community through manga, fashion and on the Internet.

2.7 Menhera and self-labelling

Although the term menhera originated as an Internet slang, the academic literature has put its main focus on its characterization and visual representation in media. There are only two studies that have looked at menhera's real life experiences and behaviour. Ito and Nakazato did a study by predicting "menhera" using social network data. This paper reports on the results of learning-based search through Twitter data. To do this they used the hashtag "I want to connect with sick people. It was assumed that people who post on this hashtag have the tendency to be menhera. It is interesting that Ito and Nakazato used the definition of menhera in their study as: "a person who is easily sick in relationships, especially for romantic reasons, and who hurt themselves and those around them because they are unable to cope with their sick state well[64]. Although they did research on a different platform, similar characteristics that are portrayed in mainstream media have been used for their study. Terada and Watanabe however, took a different approach to define the term menhera. They directly interviewed the target group by interviewing young female students who identify as menhera. In the

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[59] Yukari Seko and Minako Kikuchi, "Mentally Ill and Cute as Hell.
[60] Ibid.
[61] Ezaki Bisuko, "Aikon, heddā, gazō ripu-tō ni goshiyō itadakeru sozai desu" [This material can be used for icons, headers, image rips, etc]. Pic.Twitter.com/vym0wv44IL," Twitter (Twitter, October 24, 2015), https://twitter.com/BisukoEzaki/status/657997924719169536.
[62] Ibid.
[63] Connie Wang R29 Team, "The Dark Side of Harajuku You Haven't Seen Yet," Refinery29, February 13, 2018, https://www.refinery29.com/en-us/yami-kawaii-fashion-harajuku-style-dark.
[64] Ibid.

interviews they differentiated the experience of being "menhera" and the experience of having an "illness"[65]. In the results they found that the participants have a desire to connect with other people. However, they have difficulties in doing so, and that this is the "hurt" they experience. Their "excessive" actions and emotions when they feel this type of "hurt" is what they express as "menhera". Terada and Watanabe conclude that previous studies mainly focused on the negative outcome of menhera being used as a self-label. They offer a different perspective on the matter. They believe that by using the label menhera, it can provide an opportunity for people who identify with it, to reflect on their own behaviour so they can face problems and difficulties in their lives[66]. In framing the term menhera, it is noted that there is a discrepancy in how those who identify as menhera express it versus those who do not identify with it.

2.8 Menhera: an umbrella term

By framing the word menhera, it is evident how the term has acquired different meanings over the years. Therefore, to unite the different uses of the word, menhera will be approached as an umbrella term. The four main uses of menhera are:

1. To stigmatise
2. As a narrative trope in popular culture
3. To raise mental health awareness
4. As an Internet slang

The majority of academic literature focuses on the first three uses of menhera. The studies only discuss the use of menhera as Internet slang to describe the origin of the word. There has been little focus on the meaning of menhera from the perspective of those who identify it and their behaviour on the Internet. It is also notable that there was only one study in which it directly involved respondents that identify as menhera. Therefore, a large group that identifies as menhera has been ignored in the academic literature. For this reason, this study will expand the meaning of menhera, by not only focusing research on the real life experiences of the target group itself but also how the term menhera is defined within the context of an online community.

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[65] Hiroaki Terada and Makoto Watanabe, "'Yamu'(Falling Ill) for the Youth : A'Menhera' Narrative by Female Students," *Bulletin of Counselling Room for Developmental and Clinical Needs* 5 (March 18, 2022): pp. 1-31, https://doi.org/https://doi.org/10.14943/RSHSK.5.1.

[66] Ibid.

Chapter 3: Case study and method

3.1 Case study: Sick Miss Discord Server

      To find the meaning of the word menhera for those who identify with it in an online community, a generalized research question was formulated in the introduction: what is the meaning of menhera for those who identify with it in an online community? In the "framing menhera" section, it was stated that the word menhera would be considered an umbrella term. As was mentioned before, there is a gap within the literature about menhera and how they exist within online communities. However, due to the limited time-frame, the thesis will focus on one online community and use it as a case study. In finding an appropriate case-study for the thesis, Preece's definition of online community was used. The reason for this, is that the definition: "a group of people, who come together for a purpose online, and who are governed by norms and policies" is broad but can still be used to structure the online community that will be used as a case study[67]. In the search for a case study, it was of importance to find a platform in which direct contact could be found between its members. For this reason, Discord was the best suited platform for the analysis. The platform organizes topic-based channels where people that join said channel can collaborate, share, and just talk without clogging up messages in a group chat"[68]. Therefore, the platform facilitates communication not only for a small group of friends, but also for large-scaled communities. The set-up of Discord also facilitates retrieving data from a larger group or community. Furthermore, since the early 2000s technology has advanced. The platform Discord has only been released in 2015, which better represents the current use of the Internet. In the top three of the 'menhera' tagged communities on Discord, there's a server with roughly 6000 members called 'Sick Miss (mentally ill, NEET, irregular employment)[69]. Therefore, the server Sick Miss on the Discord server will be used and to answer the research question: *'what is the meaning of menhera for those who are a member of the 'Sick Miss' Discord server?'*.

The screenshot is retrieved from the website Disboard with the title "Discord Servers with the tag Menhera". The page shows similar tags to the word menhera. On the bottom a message can be read: "You're not alone".	

Image 3[70]

[67] Jenny Preece, "Online Communities: Designing Usability, Supporting Sociability," *Industrial Management & Data Systems* 100, no. 9 (2000): 459–60, https://doi.org/10.1108/imds.2000.100.9.459.3.

[68] Discord, "Your Place to Talk and Hang Out," Discord, accessed June 23, 2023, https://discord.com/.

[69] In original Japanese: yami mise – neeto – hi masa

[70] Disboard, "Disboard | Public Discord Server List," 「メンヘラ」のタグが付けられた Discord　サーバー, 2023, https://disboard.org/ja/servers.

3.2 Policy and rules of Sick Miss

According to Preece there are three key components to online communities "people, purpose and policies"[71]. The 'people' is in the description of the Discord's server title, since it is also the entrance requirement to be in one of those three categories. The server also welcomes people with a 'toxic' parent or those that are not attending school. The purpose of the online community is described in the welcome message within the server: "We would like to make this server a kind and warm place where social minorities can find a place to stay. We would be happy if we can save the hearts of those who feel difficulty in living"[72]. In order to achieve said purpose, a set of rules (policies) has been created by the moderators of the Discord. The main rules of the server are categorized as prohibited behaviour which are: (1) offensive remarks (2) remarks that are offensive to a group of people (3) trolling or spamming (4) spewing bad language (5) posting of grotesque pornographic videos and images (6) one-sided dating (7) talking about illegal activities or topics (8) actions or topics that encourage suicide (9) actions or topics that encourage suicide (10) causing any trouble with money or goods in the server (11) actions that violate Discord's term and services (12) any other behaviour that is deemed malicious by the administrators. In contrast to other social platforms such as Ito and Nakazato's research of Twitter, the moderation and rules of the server prevent members to share photos or verbally encourage one another to commit suicide and self-harm. The strictness of the rules was also observed when doing research for the thesis. The initial method considered was a questionnaire for the members to answer. According to the moderators, a questionnaire wasn't fitting in any of the channels in the server. Therefore, the bot deleted the questionnaire and a warning was issued afterwards: if another questionnaire was posted, there was a risk of being permanently banned from the server. Although the rules within the server are strict and moderated by few, members do have the possibility to report someone or something directly. Furthermore, there is a specific channel in which they can provide their feedback or bring new ideas to the community.

3.3 The purpose of Sick Miss

Besides the rules and norms of the Sick Miss, the structure of the Discord also reflects the purpose of the server. The server is divided in 10 separate channels, with each its own topic. The servers are separated by formats that allow text communication or 'voice' chatting. In other words, in some channels one can only communicate by writing and in others the members have the possibility to join with audio and camera. The theme of the server is also dependent on these two factors. For instance, under the topic 'loose talking' you can find a chat to welcome new members, a chat for 'the fainted hearted' and a 'report good things' chat. Whereas audio chats facilitate certain activities, such as gaming and singing karaoke. Other than gaming and karaoke, the server also offers the use of music bot. With this feature, the members can request a song and create a playlist they can listen to together. Furthermore, the Discord server also arranged channels with either a large or smaller maximum of people that are allowed to join. This means that members also have the choice to decide whether they want to speak to a small group of people or engage with a bigger group. These different channels show that members have free range to pick and choose which ones they want to join. Besides the variety of channels, Sick Miss organizes different types of events that members can join. The events the server organizes are thematic and they range from seasonal events such as Halloween, events to celebrate the Sick Miss anniversary and events to bring people from the community together such as beginner's event and a LGBTQ+ event. This shows that the Sick Miss server offers a variety of ways for its members to engage with each other through activities within the server.

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[71] Preece , J. (2000). *Online Communities.*
[72] Disboard. Public Discord Server List.

3.4 *A content analysis of Sick Miss*

As was mentioned in the previous paragraph, it was not possible to send the members of Sick Miss a questionnaire due to the strict rules the server upholds. Therefore, a content analysis of the Discord server was made. The goal is to not only provide what menhera means to those in Sick Miss but also how the people in the server express their illness in said online community. Furthermore, the interaction between members also needs to be taken in account, since a community is defined by its group dynamics. In order to answer the main research question, the analysis is divided in four sub questions:

(1) who are the people in the community?

(2) how do they define their illness?

(3) what is their reason to join the server?

(4) how do the members interact with one another?

To answer these questions, data has been collected and analysed from a few selected channels on the Discord server of Sick Miss. Due to the server having 6000 members with a lot of traffic on the server and a short-time frame, a small sample was taken for the content analysis. The data was retrieved from the written chats: 'introduction', 'welcome chat', 'chat for the faint-hearted' and 'report good things chat'.

3.4.1 Data collection: characteristics of members

To answer the first sub-question, data was retrieved from the channel 'Introduction'. In this channel, each member can shortly introduce themselves. A pinned message in the chat reads: "You are not obliged to write anything at all, only write what you want to share with others". The template that has been set up is to introduce oneself by mentioning: [Name]; [Age]; [Residence]; [Gender]; [Hobbies]; [Name of Disease]; [Additional Comment]. In order to organize and compress the information of the members, data was taken from September 2022 until February 2023. To randomize the data, the chat logs were selected from random dates: the 6th, 14th, 20st and 26th. A sample of 170 introductions has been collected to get a general overview of the members that joined the Discord server. The characteristics have been concretized to age, gender and name of disease the members provided. The characteristics have been organized according to patterns and frequency found.

3.4.2 Data collection: expression of illness

In order to understand how the members in Sick Miss express their illness, a content analysis has been made of the "chat for the faint-hearted". The purpose of the chat is for members to vent their problems. However, it would be interesting to find out what experiences a member has when they have a good day, to balance out the negative and the positive. Therefore, a content analysis has also been made from the 'good things to report chat'. Due to these chats having a high level of use by members, the data was retrieved from the months September and October 2022.

3.4.3 Data collection: online community

To understand why members joined the Discord server, data was collected from the 170 members that wrote in the 'introduction'. To understand the meaning of menhera in an online community through the interactions of members, data was collected from the 'welcome chat'. The data was retrieved from September 2022 until January 2023. The explanations for why they joined and the members' interactions have been arranged according to the patterns found.

3.5 Disclaimer

Due to the sensitive content in the server, usernames are not provided to protect the anonymity of members. Alternative names are used to distinguish members from each other.

Chapter 4: Characterizing the members in Sick Miss

4.1 Descriptive characteristics of members in Sick Miss

As was mentioned before; the members that enter the Discord need to check for all the requirements to enter the server. However, the simple description of the server's members does not provide a complete insight of those who have joined. Therefore, an analysis of a small sample was done on the introductions of 170 members. In these introductions, age is one of the first things that are mentioned. Out of 170 members, 152 of have provided their age. There were only two members (54 and late 50's) that have not been added in the categorization in the table below. This is because the ages are of very low frequency and difficult to categorize. Therefore, out of the 152 members that provided their age, it is observed that the youngest member is 14 years old and the oldest is in their late 50's.

14-19	20-25	26-30	31-35	36-45
Total of 54 members (35.5%)	Total of 60 members (39.4%)	Total of 22 members (14.4%)	Total of 10 members (6.5%)	Total of 4 members (2.5%)

In the table it can be seen that the majority of the 162 members that provided their age are either in their teens or early twenties. However, combining these two categories together already shows a broad range of different ages within Sick Miss. It is also of importance to note that although they are a minority, middle aged people also form a part of the community. Furthermore, going through the 170 members, gender (being male) has only been disclosed by 2 members in the introduction. There is the possibility that people do not want to share their gender online or that it does not seem of importance to them when introducing themselves to others. Furthermore, from these 124 introductions Borderline Personality Disorder is one of the lesser common disorders named in the introductions. The four members that have BPD did not specifically mention that they are menhera. In looking for the word 'menhera' there has been one member that has added that they are menhera in the additional comment. The member that identifies as menhera says to have panic disorder and depression. Another member that has menhera in their username says to have Anxiety, Bipolar and Adjustment Disorder. Therefore, from this small sample, the use of menhera is not synonymous with BPD or being a woman.

4.1.1 Most common illnesses in Sick Miss

This brings us to the next characteristic of the introductions which is "name of disease". From the 170 members that have been extracted, 46 of them did not provide information on this section. This leaves us with 124 members who did answer on this specific matter. In the table 1.1 a list has been made of the most common mental illnesses of those 124 members. There were several members that have indicated to suffer from more than one mental illness. Whether these members have been officially diagnosed is unclear. However, the members do use the official naming of the mental disorders which are categorized in the fifth Diagnostic and Statistical Manual. There have been cases in which Bipolar Disorder was described by its previous diagnostic name 'manic-depression'. In the sample a total of 23 different mental disorders have been provided. This means that within a small sample size of the server, there is already a broad variety of illnesses. A majority of the members also do not seem to feel the need to use the word menhera as to describe their illness. Instead, being ill is mainly expressed by having a mental disorder that is an official classification in the DSM-V.

Table 1.1: Most common illnesses	
1. Depression	25%
2. Attention Deficit Hyperactive Disorder (ADHD)	23,3%
3. Bipolar Disorder	16,9%
4. Panic/Anxiety Disorder	16,1%
5. Insomnia/Sleep Disorder	12%
6. Autistic Spectrum Disorder	8,8%
7. Adjustment Disorder	7.2%
8. Schizophrenia	6.4%
9. Developmental Disorder	5.6%
10.1 Eating Disorder	3.2%
10.2 Borderline Personality Disorder	
10.3 Dissociative Personality Disorder	
11. Obsessive Compulsive Disorder	2.4%
12.1 Post Traumatic Stress Disorder (PTSD)	1,6%
12.2 Attachment Disorder	

4.1.2 Less common illnesses in Sick Miss

Besides the most common mental illnesses, there have been members with lesser common illnesses (the frequency of these illnesses is 1 out of 124 members). Although in lesser quantity, physical illnesses have also been named in spite of Sick Miss being aimed at those with a mental illness. The reason of this could be because the physical illness also impacts members' mental health. For instance, the members with epilepsy, orthostatic regulation disorder and dysautonomia said to also suffer from depression. Furthermore, there are those who say to not suffer from an illness. This is still within the reach of Sick Miss's target group, as they include NEET and young people with toxic parents or socially withdraw by not attending school. In the last category, members described the difficulty of their circumstances due to having trouble communicating, experiencing emotional instability or belonging to the LGBT community. Since the server Sick Miss is under the tag menhera, it takes us to the question, do these 'other' characteristics in the group also belong to menhera? The server itself describes their target group as 'social minorities'. In this case, it is rather that from the server's standpoint of view, being menhera or mentally ill is in line to being part of a social minority, such as people being NEET or being part of the LGBTQ+ community. Therefore, in the context of Sick Miss, being NEET and/or part of LGBTQ+ is not synonymous with being menhera and considered as separate categories. However, those who consider themselves as menhera can also think of themselves as NEET or LGBTQ+. This is supported in the introductions of the server. Most of the members, who say to be NEET, also have a classified mental disorder. The person that mentions being LGBTQ+ added depression to their introduction. The tag menhera is also mentioned separately from LGBT and NEET on Disboard. All in all, being ill is described by having a mental disorder that is an official classification in the DSM-V. Similar to the original menhera from 2channel, the range of age, disregard for gender and broad variety of mental illnesses shows that the portrayed

Table 1.2: Less common illnesses		
Mental Disorders	Physical illness/disorder	Other
1. Social Anxiety Disorder	1. Dysautonomia	1. Communication problems
2. Somatization Disorder	2. Epilepsy	2. Socially inept
3. Schizoaffective Disorder	3. Orthostatic Regulation Disorder	3. Unclassifiable Personality Disorder
4. Addiction (alcohol, drugs and sex)	4. Auditory Hypersensitivity	4. LGBT
5. Impulse Control Disorder		5. Emotional instability
6. Gender Dysphoria		6. Inattentive type of person
7. Somatization Disorder		7. Distrust in people
8. Disruptive Mood Dysregulation Disorder		8. Highly Sensitive Person

characterizations of menhera in mainstream media are also not representative of the members in Sick Miss. Furthermore, these characteristics are only descriptive and do not explain how members of Sick Miss express their illness.

4.2 Sick Miss members and how they express their illness

In mainstream media, when discussing the illness of menhera, the focus is on menhera's behaviour and how it impacts others. However, in Sick Miss a different perspective is offered. In collecting data from the 'chat of the faint-hearted', the illness is described from the members' point of view and how it affects them. The most frequented ways for the members of Sick Miss to express being ill is with the use of the word pain. Furthermore, members also express being in pain by using the statement "I cannot". In other words: expressing their inability in life.

4.2.1 The feeling of pain

The pain expressed in the chat by members can manifest both physically and emotionally. Although these forms of pain have been analysed separately, physical pain is also used to express emotional pain. An example is a member explaining why they don't want to go to work: "My heart is pounding more than usual. I feel restless". In this case, their restlessness also affects them physically. Moreover, the physical symptoms of pain are also related to the medication members are taking. In most cases, members express how their medication is not working such as seen in the examples from two different members: "Back pain and headaches are bad...too painful and meds don't help...still have to work part-time…".;"Sleeping pills don't work and I need to sleep". In describing physical pain, the members describe the symptoms straightforward, with an explanation as to why they are in physical pain. This is not always the case when they express emotional pain. In many cases, the members express emotional pain in a generalized matter, by expressing it as "pain of living". This is reflected in statements by members such as: "Life is too painful" and "It's hard to live". However, in a lesser quantity, the expressed emotional pain can be specific – with a clear reason as to why the member is experiencing pain. One member for instance, expresses the unhappiness of being born a man instead of a woman. The pain may also be experienced as unbearable to the point where members express their wish to die: "I want to die, so I hang myself, but I end up stopping because I'm in pain, and then I get even sicker and want to die". Other manifestations of pain in the chat include feeling hopeless, not being understood and loneliness. All in all, from the small sized sample taken from the chat, the meaning of being ill for the members of Sick Miss is life being painful and it being difficult to function with such pain.

4.2.2 The sense of inability

Not being able to function with pain, is shown by members expressing them not being able of doing certain things in life. What does it mean to not be able to function in life for the members in Sick Miss? The way members express their inability is similar to how they express pain. For instance, in expressing being incapable, members make generalized statements such as "I kind of don't want to do life anymore". This is also the most frequent expression of members within the 'chat for the faint-hearted'. However, in comparison to emotional pain, member's often-times give an explanation as to why they feel as if they cannot do certain things in life. One of the areas in life members expressed having difficulty with is their relationship with others. These relationships are not necessarily romantic in nature. Although there has been a member that expressed difficulty in dating, most of the members speak on the difficulty of forming friendships with others. For instance, members have expressed their inability of connecting with others due to being too afraid in taking the initiative to talk to people. Another challenging part of life members speak on is that of employment. Members indicate that their mental illness prevents them from holding a full-time job. An example is of a

member stating: "I'm amazed at people who are sick and still work full time...I don't think I can work...I don't think my brain's ability to process information would be able to keep up". On the other hand, members also have the option to report on good things that have happened. Instead of expressing of what they cannot, members express positive events as things they are capable. The most frequented expressions as to what members consider as 'good' is being able to do something they couldn't before. The positive occurrences members share can vary from being topics related to their mental illness, such as being discharged from the mental health clinic, or everyday life things such as being able to buy a certain book. In addition, members also speak about their relation to others. For instance, one member speaks on the capability of changing their perspective in order to get closer to others: "I realized once again that if you want a place to stay, understanding, and empathy, you have to do as much as you can, even if it's scary, hurtful, or embarrassing, and take action and talk to others…It was a big step for me to realize that". Another member speaks on their capability of socializing as a practice. They attribute their moment of success to their friends in Sick Miss: "I went out with my friend. I feel like I've been going out more often lately than before. It's all thanks to my real friends... (Thank you...)". These examples also show that there are members of Sick Miss that are able to reflect on their behaviour and make changes. It is also interesting to see that when they talk about their abilities, whether big or small, it is considered a big step forward in their life. Therefore, this also shows the importance for members of Sick Miss in feeling competent to do things in life. In other words, the source of their pain also lies in the inability of doing what those do in general society.

4.3 Expression of illness and the use of menhera

All in all, in the small sample that has been done on the chats, the members of Sick Miss do not express their illness by using the word 'menhera'. Although a definite answer cannot be given from the used data, there are several possibilities that can be considered:

(a) the members do not identify themselves as menhera but only identify as being ill or with their official diagnosis

(b) the members do not feel the use of menhera is significant to express their illness

(c) the members consider being ill synonymous to being menhera

Due to the main tag being menhera, possibility (a) seems to be unlikely for the majority of the members. Therefore, options (b) and (c) seem to be closer to the reasons as to why the word menhera is not used regularly in the Discord. Another reason is that menhera simply encompasses all the illnesses of the members in Discord. In other words, unlike the popular conceptions of menhera, the members of Sick Miss do not associate the word menhera with a set of specific characteristics. Therefore, members do not feel they need to re-iterate that they identify as menhera. Instead, they specify what illness they have and how said illness makes them feel.

Chapter 5: The members of Sick Miss as a community

5.1 Reasons for joining the Discord server

       In the previous chapter it has been concluded that despite having difficulty in connecting with other people, the members of Sick Miss still feel the desire to do so. Especially in finding people they can become friends with. This brings us to why members have joined the Sick Miss server. Out of the 170 introductions, the most common phrase is that they are looking for a friend. However, the reason as to why members are looking for a friend can vary to:

(1) as a first step to connect with others

(2) to find people who are like-minded

(3) to find support from others.

5.1.1 The first step to connect with others

       The desire to connect with others is a recurrent topic in the Discord server Sick Miss. The members have trouble communicating with others and therefore also experience difficulties in meeting new people. Therefore, the platform of Discord is the first step in their initiative to meet new people. Members also express the way they want to communicate with others. There are members that are careful regarding getting to know others by saying they want to speak 'loosely' or start things slowly. Other members however indicate to want to talk to many people as possible. Furthermore, members indicate that they have chosen the server because they believe that speaking or writing through chat will facilitate the first step in communicating with others. However, in the 170 introductions, members do not explain as to why they chose Discord instead of other social platforms. In doing the content analysis for the previous paragraph there was one comment in the chat for the faint-hearted in which one member commented: "Excuse my question! Is there a channel or where newbies can call in and fall asleep together? I was drawn to that tag on Twitter. If so, I'd like to join even if I'm a beginner or if I'm just getting used to it or if I pass some sort of screening process. I've already had a scary experience when I tried to find an individual on Twitter by myself, so I would feel comfortable in a group like this, even if it's just two or more people". For this member, the Discord server is attractive to them because there's a certain safety from being in a larger group. In a way, this makes meeting new people more accessible.

5.1.2 Connect with people who are like-minded

       Apart from the server providing a way for members to easily connect with others, members also indicate that they chose the server Sick Miss because it allows them to connect with people who are like-minded. The members define being like-minded in different ways. One of them is belonging to the tags of the server (menhera and NEET). An example is that of a member saying: "I want to be friends with people who have the same illness. Let's encourage each other". Furthermore, some members have a social network outside Discord, but want to find people they can relate to: "I'm looking for a community outside of family and work. Please be friends with me". Although the Discord tags are what connect the members of Sick Miss, there are other commonalities they also share. For instance, there are members with the same schedule as them to be able to talk. These are members who are looking for someone to talk to late at night or early in the morning. Another way members describe being like-minded is by sharing hobbies. In the introductions members have shared the hobbies they have. The majority of the members say to play video games: "I want to play games and be friends with you. I want to talk a lot". Other hobbies in order of frequency are watching anime, listening to music, watching sports, playing instruments and doing karaoke or singing. Therefore, being like-minded is not only dependant on having the same descriptive characteristics as mentioned in the previous chapter. The members that joined Sick Miss also look for people they can share their

interests and hobbies with.

5.1.3 Find support from others

Another reason for the members to join Sick Miss is to find support from others. These members say to look for social and emotional support. Some of the members are straightforward in their search for help: "I'm looking for someone who can help me with my problems". Others are mainly looking for support in regard to the hardships they are experiencing because of their illness or the circumstances in their life: "I'm a NEET with a lot of time on my hands, so please befriend me. I'm a lonely person. I'm also LGBT, so please understand". Members explain as to why they experience difficulties in talking with others. For instance, several members say to deal with anxiety and being a recluse (NEET). These members express the feeling of loneliness, and looking for someone to relief said loneliness. Therefore, they want to talk to others on the server to have some form of socialization in their life.

5.2 Interaction between members of Sick Miss

The previous section concluded that the main reason members of Sick Miss join the server is to connect with others. The interaction between members is a continuation of the reason as to why they joined the server. Interactions are understood as written messages that members directly respond to one another. The main types of interactions that have been observed are: (1) sharing experiences with one another (2) ask and give advice to one another (3) sharing interests with one another. These forms of interactions can overlap, for instance advice can be given by exchanging a personal experience. When sharing interests, a member can ask advice to another member with more experience. Even so, these categories are based on the main objective the interaction has been started with. In other words, in analysing and categorizing it has been done by looking at the intent the first member had that started the conversation.

5.2.1 Sharing experiences with one another

In the welcome chat, the most frequent experiences members share with one another is that of their mental illness. The context in these interactions is sharing symptoms one is experiencing at the moment and experiences with treatment. In contrast to Ito and Nakazato's study, their concern is that Twitter users are not being treated for their illness; many members within the Sick Miss Discord server speak about treatment for their mental illness. However, the treatments described are that of being admitted in psychiatric hospitals or prescribed medication. There are no messages found on community-based treatment with the intent of integrating with society. Although members have said to receive treatment, it is interesting most of them still share on symptoms of their illness. Furthermore, in sharing their experiences they do not expect an answer or a solution to said experiences. Sharing experiences can be as simple as two members having insomnia and keeping each other company. For instance, as could be seen previously, it is frequent for members to express suicide ideation in the chat. In most of these cases members react by asking if the person is okay or if they want to talk about what's bothering them. One member reacted by saying: "Are you okay? Would you like to play a game with me?" Another example is that of a specific interaction, in which a member expresses having difficulty in staying sober. Another member reacts by giving several options to stay sober. However, they speak from their own perspective on addiction: "If you can drink in moderation, you won't become addicted in the first place. I'm afraid of addiction but when you've been sober for a year, you almost lose the desire to drink. The human body doesn't need alcohol to begin with". This example shows that in sharing experiences the members also share their own perspective to one another. At times they offer a different perspective to an idea or problem such as shown example and at other times members share a similar perspective. An example of a similar

perspective is that of taking medicine. The members vent about the medication either not working or having side-effects. In case a member is distraught; other members signal the possibility of forgetting or not having taken the prescribed medication. Due to the experiences being similar, there is a certain understanding when members share these experiences. The common understanding of each other's problems is also demonstrated in the way that members seek and give advice to each other.

5.2.2 Asking and giving advice to one another

In the welcome chat, members ask advice on both practical and personal matters. In these cases, members do expect advice or a solution from other members. For practical matters, most of the questions are related to employment. For personal matters, members do not only ask advice on what to do with a certain situation, they also ask advice on how to deal with their relations to others. These questions can relate to the server itself, or relations with the people they have in their daily life. In both cases, the advices given are encouraging of nature, to seek out help and support from others.

5.2.2.1 Advice on practical matters

The main topic of discussion is that members do not feel able to work and ask advice on how to apply for benefits. The conversations on benefits are longer than other interactions found in the welcome chat. In Japan, there are several benefits someone with a mental illness could choose to apply for: Injury or Sickness Benefits, Disability Benefits and Unemployment Benefits[73]. The Disability Benefits, which is the one most members mention, fall under the National Public Scheme in Japan. According to the Foreign Ministry of Japan the amount one gets from this benefit is "determined by the average monthly standard remuneration, months of contribution, and degree of disability; however, the minimum guarantee is 49,967 yen per month"[74]. To apply for a benefit, one must apply for a "mental disability certificate" (in Japanese seishin shogaisha techo)[75]. To receive a certificate, there are four steps that one has to go through: "(1) receive an application document at your local city office (2) request a diagnosis (medical certificate) from your Psychiatrist (3) submit the application at your local city office to receive a handbook"[76]. When the topic is about the application procedure, several members offer their advice based on their own experiences. In most of these conversations the members who ask the questions are looking for reassurance by getting personal experiences from others. These members are at a point in which they feel they cannot endure a "regular" type of employment. Furthermore, members speak on the difficulties of being employed, the application procedure and looking for alternatives, such as getting a part-time job. In other words, when asking advice about financial help, members also use the opportunity to vent about their troubles in regarding to the Japanese system of employment. Many of the members feel frustrations that the system is not flexible for people like them. Moreover, members feel the fear of financial strain and not having a safety net to fall back to (whether it's people close to them, or financial support offered by the government). Some members also speak of their insecurity of returning to their job after a sick leave. Members with the same experience encourage each other by normalizing alternative forms of employment and the need for sick leave. In other words, the server can be a place in which those who feel excluded in society find reassurance in those who experience the same as them. Furthermore, these examples show that even in practical matters, members also speak on their opinion

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[73] The Ministry of Foreign Affairs in Japan, Article 9, July 6, 2001,
https://www.mofa.go.jp/policy/human/econo_rep2/article9.html.
[74] Tokyo Mental Health, "Getting a Mental Disability Certificate (Seishin Shogaisha Techo) in Japan," Expat Resources, December 29, 2021, https://www.tokyomentalhealth.com/getting-a-mental-disability-certificate/.
[75] Although it is called a disability benefit, the certificate for mental illness and mental disability are two separate ones.
[76] Ibid.

and emotions on the subject.

5.2.2.2 Advice on personal matters

The interactions on personal matters are shorter conversations in contrast to practical matters. The members mostly ask advice on relation to others. These can be generalized questions about taking initiative in talking to others. However some members also look for advice on a specific situation. One example is that of a member having a difficult home situation. In the interaction with another member, the given advice is not corresponded with a direct answer to 'fix' the problem. Instead, the members give advice on how the member can relieve themselves of the stress they are enduring. Besides giving advice, support is given by listening and having sympathy for the member going through a difficult time. Furthermore, the advice of seeking distraction when one is having a difficult time is common within the welcome chat. When this advice is given, members are expressing mental health crises, such as feeling very anxious, depressed or suicidal. The type of distractions they advise can vary in finding distractions for themselves (suggest in taking a short break, have a walk outside) to offering doing something together. In most cases members provide a distraction by inviting one another to play games or suggest they message them privately. Using distractions as an advice, is another way in which the members show support for each other's situation within the chat. Therefore, members in Sick Miss have the ability of being of support for others in difficult situations.

5.2.3 Share interests

In the previous paragraph, doing a shared hobby together was shown as a form of distraction. However, the interaction between members is not solely based on the difficulties they experience in life. In the welcome chat members consistently share their interests with each other. These conversations start by members sharing what they've done for the hobby on that day. Members who have a similar hobby join the conversation and share their knowledge with one another. Encouragement and shared experiences is not only found when members experience mental health crises, but also in the everyday mundane things, such as talking about tropical fish or a game being sold for a discounted price. This shows that members can also engage in conversations that are not centred on their mental illness.

5.3 The sensitivity of members in Sick Miss

Terada and Watanabe mentioned how self-labelling of menhera could help a person have reflect on their behaviour. However, the members of Sick Miss have shown to have taken more steps than self-reflection. In all the types of interactions (sharing experiences, exchange of advice and sharing interests) members have not only shown self-awareness but are also looking for ways to improve by talking with each other. In return, members offer each support by sharing new perspectives, reassurance and encouragement. Although the main drive for conversations is their mental illness, members of Sick Miss also share positive interactions, by listening, sympathising and sharing their interests with one another. This is also the intention members have described in wanting to join the Discord server of Sick Miss. In conclusion, despite the difficulty experienced in socializing with others, the menhera in an online community show that they can connect with others in a healthy manner. Although a large group say that they are able to do this because of the Discord set-up, it begs the question if the members would be able to do the same if these form of communities were created in real life. In other words, the reason as to why communities as Sick Miss are formed might not only because they feel misunderstood by others but also because there might be a gap in healthcare that provides those who are mentally ill a community in which they can find support and heal with one another.

Conclusion

      The term menhera has come to have different meanings from its origin up until now. The academic literature has mainly focused on the meaning of the word in popular culture. There has been little research on the significance of menhera as Internet slang and the perspective from those who identify with it. Therefore, the purpose of this thesis was to find the meaning of menhera for those who identify with it in an online community. To do this, a case study was conducted on a Discord server called Sick Miss. In doing a content analysis on Sick Miss's server, several conclusions were drawn.

The discrepancy between mainstream media and Sick Miss

      First of all, the popular notion of menhera in mainstream media – being a young girl with BPD-like symptoms is not representative for the members of Sick Miss. The members of Sick Miss are a diverse group of people of different ages and mental disorders. Furthermore, gender is not of importance for the members and BPD is one of less frequented disorders in the server. Menhera does not mean a set of certain characteristics or specific disorder. Instead, menhera encompasses all mental disorders, and members specify their illness by using terms from the DSM-V. In addition to having a mental illness, there are also members who say to be NEET or part of the LGBTQ+ community. These terms are not synonymous with being menhera but it shows that being either menhera, NEET or part of LGBTQ+ is in line to being part of a social minority in Sick Miss.

The pain of a mental illness

      The members of Sick Miss express their illness through pain, they particularly express is as the pain of living. Not only is this generalized as the pain of life, but members also express pain as feeling unable or incapacitated to do everyday things. The areas of life in which members experience most difficulties are that of employment and establishing relationships with others. The difficulty of making and maintaining relationships is a recurrent topic in the server. Moreover, the main reason for members to join the server is to make friends. Members choose the server as a first step of socializing, to speak to people who are like-minded and find support from other for their problems.

Easing the pain of life together

      The reason for members to join the server is reflected in their interactions on the server. The members interact by sharing their experiences, through advice and sharing interests with one another. In doing so, members support each other through new perspectives, encouragement, sympathy but also by speaking on mundane topics such as common hobbies. These interactions show that members of Sick Miss are not only self-aware of their problems but also actively seek ways to improve themselves and others. In conclusion, the meaning of menhera in an online community is to ease the pain of life together.

Discussion

      Due to limitations, the thesis only focused on one case study. It would be interesting to find if there is a consistency in the meaning of menhera on other social platforms in which those who identify as menhera come together. Furthermore, the conversations of the members in the server give an insight on the current problems those with a mental illness experience in Japanese society. Therefore, in the future, research in which data is collected from the Internet, can give more insight to the current problems and struggles from the point of view of those that experience it. An important matter to explore is if these online communities are made because people with a mental illness in Japan experience a gap of community-based healthcare. Moreover, experiences on the Internet can provide a nuanced perspective on people experiencing mental illness and, in turn, raise public

awareness of mental health to avoid stigma that those who identify as menhera have faced before.

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Appendix

Rules in Sick Miss

Prohibited behaviour	Pulling out of the server
1. Offensive remarks 2. Comments that are offensive to more than one person 3. Trolling or spamming. 4. Spewing bad language. 5. Posting of grotesque or pornographic video images 6. One-sided dating (hard-consummation) 7. Talking about illegal activities or topics. 8. Actions or topics that encourage suicide 9. Actions or topics that encourage overdose. 10. Any trouble with money or goods in the server. 11. Actions that violate Discord's terms and conditions 12. Any other behavior that is deemed malicious by the administrators.	Extracting a member to another server will result in an immediate ban. The person who accepts the extraction may also be banned. You are not allowed to DM other users or post advertising URLs in chat rooms. Verbal solicitation is also prohibited. Group calls (including other apps) are allowed up to 5 users; if you have more than 5 users, you may be banned for solicitation. Please do not talk about other networks.
Other	**Complaints**
If you do not meet any of the entry requirements (mental illness, NEET, non-regular workers) or if you cannot communicate in Japanese, please contact us, If you cannot communicate in Japanese, you may be banned.	If you want to make a complaint or comment, please contact one of the administrators (anyone is OK) by DM or inquiry tool. Complaints to other people will not be counted. Please send your complaints and opinions on the assumption that they will be shared with other administrators. Also, please do not be offended if you are ignored. We are all doing this as a hobby, so if it is too much trouble, we will ignore it. The management will not basically intervene in personal problems. Please do not carelessly reply to DMs from people you do not know.
Report	**Noise**
How to report to the administrator (1) If it is a text message, please send it by DM or chat. (1) In the case of text, use DM or chat as evidence. (2) In case of audio, testimony from those who were present would be appreciated. At [location], around [time]. <<Assault user name#0000>[☆ important, fill in both name & number], was doing [problematic behavior (e.g., pulling out to another server, abusive language, etc.)] in [chat or voice].	When you get feedback, it is recommended to mute the microphone by yourself. If you are experiencing noise, you should mute your own microphone, because you will not be able to have a conversation and everyone will be in trouble. If you are not aware that you are causing noise, ambient noise, or howling, please warn them. If the problem persists, please write the name of the noiser in the call text Mention @admin @assistant admin with the name of the noisemaker. We will mute the server.

Raw Data of members expressing themselves

Table 1.3: Phrases used by members to express pain

Physical pain	Emotional pain
(1) Back pain and headaches are bad...too painful and meds don't help...still have to work part-time...	(1) It hurts. It hurts. I am alone. No one understands me. I don't want to think about anything. I'm a mess. I want to sleep without dreaming.
(2) My heart is pounding more than usual. I feel restless. My stomach is churning and I don't want to go to my part-time job today. Headache inducing	(2) My heart is pounding more than usual. I feel restless. My stomach is churning and I don't want to go to my part-time job today.
(3) I want to die, so I hang myself, but I end up stopping because I'm in pain, and then I get even sicker and want to die.	(3) I want to die, so I hang myself, but I end up stopping because I'm in pain, and then I get even sicker and want to die.
(4) I lost one of my dermatologist's pills yesterday, and when I went to bed thinking it was OK, I woke up every two hours with terrible itching, and I was tired even though I had slept.	(4) I wanted to be born a woman. I don't think I'd be one tenth as happy as a woman if I lived as a man. It's the worst."
(5) Sleeping pills don't work. I need to sleep.	5) Life is too painful
(6) I even vomited and had to take the day off, but my parents were so mad at me. I don't think it's a bad thing when you're sick, but I didn't take the day off because I wanted to, and I didn't throw up because I wanted to.	(6) I feel mentally unstable so I'm losing sleep over the hopelessness of the future.
	(7) It's hard to live.

Phrases used by members of not feeling capable	Phrases used by members feeling capable
(1) Honestly, no matter what I do, it doesn't work.	(1) I've beaten the mental health clinic... What the hell, I can fight. ..
(2) I'd love to make calls or play games with you, but even that scares me.	(2) I used to be closed off to people, especially at my part-time job, but since yesterday I've made a conscious effort to talk to people myself, and I'm happy to say that I'm enjoying my part-time job.
(3) Even the sound of people talking nearby scares me. I feel like running away even though it has nothing to do with me.	(3) Made an appointment at the hairdresser...first time in 2 months...
(4) When I was in junior high school, I had the courage to confess my love to a girl in my class, but she rejected me because I was not attractive at all. I was so traumatized by this experience that I vowed to never fall in love again	(4) I'm discharged!
(5) I'm amazed at people who are sick and still work full time...I don't think I can work...I don't think my brain's ability to process information would be able to keep up	(5) It's been a long time since I've been able to run in the morning
(6) I kind of don't want to do life anymore	(6) It was a bit of a satisfying day because I was able to buy a book that I couldn't afford to buy because it was sold out as soon as it went on sale.
(7) I don't want to go back to work but I can't live if I don't go back.	(7) I realized once again that if you want a place to stay, understanding, and empathy, you have to do as much as you can, even if it's scary, hurtful, or embarrassing, and take action and talk to others. If we face people with sincerity, without hiding, there are people of both the same and opposite sex who can be reassured and trusted. It was a big step for me to realize that.
(8) I've been mentally ill for about 2 years since I dropped out of school in the first year of high school, and I've become like a hermit, and I really can't do it.	(8) I went out with my friend. I feel like I've been going out more often lately than before. It's all thanks to my real friends... (Thank you...)

Raw Data of Interactions between members

Member A	Hmmm... All the time I hear my parents yelling and crying... what should I do?
Member B	I hope you can chat here or something to make you feel better
Member A	It calms down a bit once you put your feelings somewhere but things are still bad...
Member B	I know what you mean! It's easier to get it out in writing or in your voice, and it's easier to feel less alone if you can chat about it.
Member A	Yup. It's nice just to have someone who can sympathise!
Member B	I know the stress of the environment can be exhausting, so this way I'll be there for the distraction chat.
Member A	Thanks, nice to meet you!

Member E	Has anyone applied for a pension on their own?
Member F	I do not receive a pension, but most of my friends who do seem to have gone through a labourer. There was one person who went through the process with the help of a PSW who is familiar with pensions, but I guess it is still too hard for an individual to go through. Sorry again.
Member G	I did not go through a labourer, but threw almost everything to my parents. Moreover, I didn't even fill out the documents for the current situation, but it was approved.
Member H	I did it on my own and it went through!
Member E	Thank you for your answer. I see that you applied privately. By the way, if you don't mind, could you tell me what your diagnosis is? I'm schizophrenic, and it sounds like it's severe enough for my doctor to recommend that I receive benefits.
Member H	I was depressed (diagnosis at the time) with developmental and secondary disorders. I told my doctor about the pension and he recommended that I receive it.