8 The lure of self-disclosure

App-assisted quantification of mood as therapeutic companionship

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It's an early afternoon when my phone prompts me to enter into a conversation in its preferred way of nudging: vibration. 'How are you feeling?' it reads on the display. Feeling overwhelmed by a week's workload ahead and glad for the excuse to take a break from writing, I willingly agree to our casual dialogue. Upon swiping the textbox, a ruler shows up, inviting me to choose from 'really bad' on the left to 'very good' on the right. Each nuance is represented by a specific emoji. I settle on the middle, slightly tilted to the right, and press accept. The app notifies me that I'm ready and I would now have to submit my entry. Upon completion, the app congratulates me by presenting a digital trophy; the message below reads: 'Well done! We're looking forward to seeing you again. In the meantime, feel free to explore the app and WE plan your happiness'. (Author's field notes, 5th November 2017)

Mood-tracking applications ('apps') have seen a tremendous flourishing in recent years and are recognised as part of an overall 'applification of mental wellbeing' (Gaggioli & Riva, 2013). They resemble digital mood journals designed to provide a proactive quantification, control and presentation of mood fluctuations through the simple swiping and tapping on a mobile device touchscreen. Most of these apps are marketed as supplements for Cognitive-Behavioural Therapy (CBT) of mental illnesses, such as depression, anxiety or bipolar disorder. At the same time, nearly all of them are promoted and distributed as efficient tools of empowerment and self-improvement that aim at strengthening the respective users' reflexive engagement with their everyday conduct by way of 'making emotions count' (Pritz, 2016).

While social scientists and cultural analysts have started to draw attention to this newly emerging technology (Belli, 2016; Davies, 2017; Pritz, 2016), there is a paucity of critical perspectives that address the multifarious engagements with these new information and communication technologies (ICTs) and their role in people's daily lives (but see Bergroth and Helén in this book). This chapter sheds light on some ways in which people aim to obtain orientation with regard to the relationship one wants to have with oneself and with others (Foucault, 1988) through mood-tracking apps. Such a search for an ethical disposition – the struggling and striving for self-actualisation and transformation – lies at the core of what various authors have identified as therapeutic cultures and self-help

ideologies (Aubry & Travis, 2015; Furedi, 2004; Illouz, 2008; Nehring et al., 2016; Madsen, 2014; McGee, 2005; Rimke, 2017; Wright, 2008). What lends mood-tracking apps an aura of therapeutic applicability is their promise of positing, through the work on and of the self, a rational managing subject that is capable of observing, measuring and learning to anticipate its own pursuits of happiness and well-being by way of self-disclosure (see Weiner, 2011: 452). However, mood-tracking apps are not simply black-boxed software media, but can be viewed as ‘sociocultural artefacts’ (Lupton, 2014) into which different aspirations, circuits of societal discourses, economic interests and meanings are being inscribed.

Based on six months of ethnographic research centring on one particularly popular mood-tracking app in Germany, the chapter examines various contexts in which this digital technology becomes both a meaningful and alluring, as well as a contested, part of people’s lives, thereby addressing an aspect that is frequently overlooked in the existing literature on self-help and therapeutic cultures: that of human and non-human companionships (Pyyhtinen, 2016; Latour, 2005) and the social worlds that emerge from such entanglements. To this end, I employ the Deleuzian–Guattarian notion of assemblage (Deleuze & Guattari, 2013 [1987]; see also DeLanda, 2006). Assemblage thinking is particularly helpful because it allows tracing of modes of arranging heterogeneous elements that become productive for a certain time before they potentially dissolve and disperse again (Müller & Schurr, 2016; Marcus & Saka, 2006). In this sense, assemblage thinking is attentive both to the active labour of pulling elements together and to the intrinsic capacities of (human as well as non-human) components to exceed their place in the assemblage: the hardware of the mobile device and software program at play; the data produced; startup entrepreneurs participating in the app’s production; social networks as well as media outlets and their discursive potentials; individual selves engaging with these technologies as part of the fabric of everyday life. Following Müller’s (2015: 35) conceptual work on the notion of assemblage, I suggest that it is different affective forces and intensities that serve as the assemblage’s ‘*tertium quid*’, which make the socio-material components of mood-tracking apps stay together or fall apart. As will be demonstrated, certain expectations may be temporarily projected onto mood-tracking apps and prompt people to practically invest hope in them. At the same time, the very investment in and emotional experience of using these apps intensifies the affective flows that become constitutive of an app’s assemblage.

From writing to swiping: locating mobile app-assisted quantification of mood

Taking the measure of one’s mood is not a novel practice of self-disclosure: Pen-and-paper based mood-charts have had a long tradition dating back to the 18th century (Martin, 2007: 177–96) and have become an integral part in the emergence of CBT and research (Ekkekakis, 2013). Arguably, the change ‘from writing to swiping’ that occurred with the widespread circulation of mood-tracking apps has

not entirely changed the basic philosophical and ideological premises involved in measuring one's mood. Sociologist Miriam Pritz (2016) suggests that tracking one's mood is best conceived of as a heuristic practice of self-examination (*Selbstthematisierung*) that bears upon and feeds back into other forms of institutionalised 'technologies of the self' (Foucault, 1988), such as autobiographical accounts, diaries or confessions. For Pritz, the practice of confession – viewed through its religiously connoted nexus of guilt, self-disclosure and self-control – is a particular case in point since it has 'led to a specific kind of socialisation of feelings and emotions and an increased awareness of one's own subjectivity' (Pritz, 2016: 180; see also Wright, 2008); an awareness that is based upon a cathartic teleology of salvation and purification (Pritz, 2016). Hence, disclosing one's inner self, feelings and emotions in a confessional manner can be understood as an exertion of self-discipline that aims at easing guilt or shame, also by making private concerns public.

At the same time, the self-disciplining of emotional experience (see, for example, Hochschild, 1983) has given way to an intensified acceptance of emotional expressiveness (Neckel, 2014). This convergence can be regarded as a characteristic feature of contemporary emotion cultures (Illouz, 2008) with which mobile app-assisted quantification of mood intersects: A rationalisation of life-conduct in the Weberian sense, which involves a calculating self enmeshed in a heightened awareness of and means of expressing one's own moods, feelings and emotions. Pritz concludes that

[...] the implicit concepts of emotions underpinning emotional self-tracking techniques are characterized by a materialistic-rationalistic understanding of emotions [...]. Emotions are treated as phenomena that can be ordered, regulated and normalized. They are objectified by processes of observation and classification [...] and are remade into phenomena that can be willfully regulated and purposively shaped. At the same time, emotions are held in high esteem as personal resources of self-knowledge and self-fulfilment. A 'better' understanding, which always means better 'management' of one's own emotions and those of others, is supposed to bring about happiness and success in nearly every aspect of life.

(Pritz, 2016: 184)

The rationalisation and expressiveness of emotional experiences resonates with what scholars have identified as the therapeutic self-management paradigm of mental illness (Weiner, 2011). This paradigm aligns with an overall rise of psychodisciplines (Rose, 1998) and propagates work on and of the self, positing the powerful idea of subjectivity as a possible object for rational management and systematic governing, while at the same time one's rationality is called into question (Weiner, 2011). A person needs to not merely speak and think, but is also required to assess his or her condition against the background of desired objectives – whether it be authority, efficiency, happiness or well-being (Rose, 1998, 1990). Self-management practices thereby reinforce 'therapeutic orthodoxies'

(Ecclestone & Hayes, 2009: 9) that draw from an eclectic alloy of behavioural science (e.g., James Gross' process model of emotion regulation), Freudian and Jungian analysis, as well as Rogerian counselling, but first and foremost make reflexivity a pivotal constituent of knowledge production.

In mood-tracking, quantified logic lies at the core of reflecting one's emotional experiences: by charting the daily ups and downs of our moods upon a scale, people translate subjective, bodily, and at times ephemeral experiences into symbolic sets of supposedly stable and manageable data. Once quantified, distinct feelings become comparable to those of others through a supposedly shared understanding of these metrics. This process of deploying numerical representations to create relations between experiences, that is, the transformation of qualitative into quantitative distinctions, can be identified as 'commensuration' (Espeland & Stevens, 1998: 316). In order to illustrate the commensuration of mood, anthropologist Emily Martin (2007: 187) recounts a scene from a mood disorder support group, in which people introduced themselves not only by name, but also by giving an oral mood-chart, ranging from -5 to +5 and thereby indicating a spectrum of moods from depressed to manic. In this example, the numbers produce new categories of understanding mental states. At the same time, however, the numbers also enact the complex experiences they set out to measure; in other words, mood quantification makes the 'unseen' aspects of emotional life visible and points to a formalisation of the work on the self, which transcends less formalised, situational forms of expression or 'gut feeling' and thus becomes authoritative in its own right by lending an objective aura to the messiness of life – not only individually, but also collectively.

On the other hand, the alleged capacity to objectively compare different qualities and actors can unleash an oppressive language of 'normality' and 'norm transgression'. Illouz (2008: 138–9) states that '[o]nce numerical metaphors are used [...], "balancing" emotions becomes akin to establishing a "mean" or average on a numerical scale. Numbers are metaphors for the idea that emotions and personality traits can be averaged out'. Dissolving emotions into numbers, mood-tracking may thus become vehicular to datafied processes of 'dividualisation' within a 'society of control' (Deleuze, 1992 [1990]; see also Bergroth and Helén in this book).

Assembling mood-tracking apps for depression: the affective economies of *DepressApp*

In the following sections I will focus on a single, yet intricate question: How do mood-tracking apps invoke the lure of self-disclosure? In order to approach this question, I will analyse the affective intensities constitutive of one particularly popular mood-tracking app in Germany, here called *DepressApp*.¹

DepressApp is a free-to-use app introduced to Apple's iOS in 2015 (with Android following in 2016) and is envisioned and marketed as 'the ultimate mobile tool to assist' the therapy of mental illness, with a focus on people suffering from depression. With the aid of a coloured emoji-scale, users can rate their moods, jot

diary-like journal entries and document their bodily sensations. As for the upcoming iterations, the app will automatically send the journal data to an authorised therapist, reach out to predefined phone contacts whenever the user data points to an episode of depression and will passively learn from the data patterns in order to propose ‘wellbeing activities’, such as taking a walk or a nap, listening to music or cooking a meal. In addition, psychotherapists will be equipped with a dashboard to receive, administer and assess a client’s data, communicate through *DepressApp* and monitor the client – upon her/his approval – even after completing treatment, in order to prevent relapses. By 2017, the app has become successful enough to support a small company with three employees, having received funding from a prestigious German investment and consulting company that financially supports the app’s route to a CE-marking, which is required in order to promote a medical device in the European Union.² Alongside the increase of financial backup, the app’s media attention has grown rapidly since its launch, corresponding to a general increase in public awareness of ICT and mental health care in Germany.

The app is assembled – that is, imagined and promoted, as well as frequently understood and used – as a *therapeutic companion*³ that accumulates meaning and momentum by way of circulation in an ‘affective economy’ (Ahmed, 2004a: 44–9):

the more they [objects] circulate, the more affective they become, and the more they appear to ‘contain’ affect. Another way to theorize this process would be to describe ‘feelings’ via an analogy with ‘commodity fetishism’: feelings appear in objects, or indeed *as* objects with a life of their own, only by the concealment of how they are shaped by histories, including histories of production [...], as well as circulation or exchange.

(Ahmed 2004b: 120–1, emphasis in the original)

The therapeutic companion can thus be seen as an object in which certain feelings and emotions are invested. This object is both shaped by and actively shaping its own enactment: on the one hand, people are drawn to it for specific reasons, with specific motivations and expectations. At the same time, the app actively produces and sustains these expectations. *DepressApp* is thus always caught up in the processes of becoming: it is a mobile technology that can be deployed, fiddled with for a while or deleted when its time has come; but it may also become productive by shaping different modes of perception, responsiveness and desires.

Analysing affect is a slippery slope. For some authors, the power of ‘affect’ as an analytical tool lies exactly in its ‘presocial’ and ‘preconscious’ qualities (see, e.g., Massumi, 2002) that are said to account for the non-representational ‘zones of the intimately impersonal and the impersonally intimate’ (Mazzaralla, 2017). Research projects that involve such an understanding of affect frequently seek to investigate the forces that work on and through bodies rather than analysing their discursive articulations. However, when engaging with digital environments, one has to rely chiefly on ‘textuality’ – written and spoken representations of feelings, experiences and expectations – in order to make sense of

the ways in which circulation unfolds in an affective economy. The analytical approach employed here draws inspiration from studies that interrogate the entanglements of narrative, discourse and affect (Oikkonen, 2017; Wetherell, 2013; Wetherell et al., 2015) and that also aim to bring concepts of emotion and affectivity into a fruitful dialogue (see also Stanley and Kortelainen and Kolehmainen in this book). In her research on the role of affective dynamics in newspaper articulations of the technoscientific constructions of the ‘Zika epidemic’, Venla Oikkonen suggests:

While affective intensities may give rise to emotions (in the sense that they precede emotion), [...] emotions shape how we may become (or fail to become) attuned to affective intensities. In this sense, affective intensities and [...] emotions co-constitute the preconditions of experience.

(Oikkonen, 2017: 683)

By focusing on the discursive construction of the therapeutic companion and the users’ articulations of their expectations and experiential engagements, I wish to examine how the app ‘invites us to be affected’ (ibid.), thereby revealing its affective value. Like Oikkonen, I aim to do so by analysing ‘narratives’ (Riessman, 2008) surrounding *DepressApp*’s construction and circulation. According to Oikkonen, this method highlights ways in which ‘narrative organization produces a sense of movement, anticipation or closure’:

Crucially, narrative is more than a mode of representation; narratives condition how we orientate in time and space. Narrative organization produces a sense of movement and temporal orientation that exceeds (and sometimes even contradicts) the explicit words on the page.

(Oikkonen, 2017: 686)

Apart from the emotional impact that texts produce through their language and content, textual representations of emotions influence readers through their structural, largely non-discursive orientations and connect phenomena or events ‘through the fabric of circulating images, tropes, and metaphors’ that are often affectively charged (ibid.).

In the following analysis, I will therefore pay close attention to recurring images and metaphors in people’s articulations of *DepressApp*’s imaginaries: I will first describe how *DepressApp* becomes conveyed and engaged with as a therapeutic companion. Second, I will show how the app is perceived as a symbolic vehicle to regaining voice against stigmatising perceptions of mental illness. The empirical data was mainly produced through several semi-structured interviews – both online and offline – with the producers of *DepressApp* and a total of twelve app users⁴ as well as three CBT therapists. In addition, I have examined entries in social media channels that either refer to *DepressApp* or to mobile mental health in Germany and attended startup events, conferences on digital health and developers’ co-working spaces.

Therapeutic companionship and its technological imagination

My name is Maria and I'm a person suffering from depression. For most of the time I have been completely alone with this topic, because I just did not find any peers. But I'm actually not alone because in Germany there are about five million people diagnosed with depression. Once I decided that I needed therapy, I faced a waiting time of three to six months. [...] Then most people are finding themselves in CBT – and to put it short: the core of CBT is to improve negative behaviour patterns into positive behaviour patterns. This means that actually the therapy is not necessarily only taking place behind the closed doors of the therapist; actually it is taking place in daily life and right here and now, whenever I need something to calm down.... We have been sitting together, thinking about how we can improve this problem, [...] and we decided that our mission is to empower people suffering from depression to reclaim their lives as an important process of healing (Excerpt of an oral presentation).

...the ticking of a clock starts floating through the surrounding speakers while music begins to play, growing increasingly louder: 'Time goes by...so slowly'. Maria finishes her last sentence against the rising volume of the music and then quickly heads off the stage. She had just presented *DepressApp* to an audience of psychologists, psychiatrists, health insurance agents and entrepreneurs at the peripheries of a mental health care congress in 2017. The ticking of the clock and the music were both part of a meticulously scripted and performed startup slam pitch.

The developers position their 'product' against the limits of access to psychotherapy and constraints of outpatient care in Germany. According to a 2017 survey by the German Association for Psychiatry, Psychotherapy and Psychosomatics, the average waiting time for an initial consultation adds up to 12.5 weeks. To enter regular ambulatory psychotherapeutic care, the waiting times are estimated to be even higher.⁵ Not only is the app supposed to bridge these waiting times, but also once the patient has entered therapy foster communication between a therapist and a patient by providing a dashboard that allows a patient's assessment at a spatial distance. Therapeutic engagements also take place outside 'the closed doors of the therapist' throughout the daily life – 'right here and now', in Maria's words. *DepressApp* is thus designed to serve as a faithful companion that people can consult and use whenever the need for instant soothing orientation arises.

The way *DepressApp* was envisioned, designed and pitched as an everyday companion against the structural constraints of access to psychotherapeutic care in Germany can be referred to as the workings of 'technological imagination' (Balsamo, 2011), that is, the ways in which designers and entrepreneurs think with technology in order to transform current modes of mental health care. *DepressApp*, run on a mobile phone, enters through the user's hand into an intimate and habitual everyday relationship that might also alter the way it is perceived as an object 'always at hand to being almost always in the hand and close to the body' (Lasen, 2004, cited in Richardson, 2007: 210).

While it was common for my interlocutors to deploy the app at home, most of them also used it in public, for example, when waiting for the bus or for appointments, sitting in restaurants or when taking walks. One participant stressed that using an app had the great advantage of being less visible than analogue writing on mood protocol sheets, given the ordinariness of smartphones usage in public life:

I fiddle around with my smartphone all the time, playing games or just chatting with friends. People are not able to tell the difference between this casual kind of usage and me tracking my mood. [...] With mood charts on paper it would be a whole different story. I would be ashamed if other people could see me doing this.

Another advantage that has been stressed by some participants lies in the degrees of practicability and functionality: instead of filling in tonnes and tonnes of paper sheets that might get lost or be forgotten, an app saves the data for later use and keeps them locked with a security code. An integrated, time-adjustable push-notification reminds users to log their moods. According to one participant, who was already familiar with analogue mood diaries during CBT:

Every time I feel my phone vibrating in my pocket and see the reminder urging me to make another mood log sets a moment of introspection in motion [...] this external stimulus is so helpful. [...] When I was instructed by my therapist to document my ups and downs manually on paper sheets, I tended to forget or even get nervous about it, because I had to hide the sheets from my roommates and was not orderly enough to archive them properly.

As the user explained, the built-in vibration alarm prompted 'introspection'; for him, it felt as 'if a therapist was kindly, but emphatically urging me to do my homework'. The app, understood as an everyday therapeutic companion, allowed him to tacitly comply with a self-constructed regime of mood-management and -control, thereby keeping his emotional well-being in check. This has been seen as particularly helpful when one is desperately waiting for access to regular therapeutic treatment.

Overcoming constraints of time and space constitute one powerful discursive motive in assembling *DepressApp* as a therapeutic companion. This is reflected in the app's portrayal as a '24-hours therapist' or a 'pocket therapist' (see Figure 8.1). It is this perceived potential of being used as a standalone therapeutic solution that makes the technology alluring, yet – as will be shown – also problematic.

One interviewee, Sebastian, for instance, perceived *DepressApp* as a form of therapeutic treatment in itself: 'I've begun to administer treatment with *DepressApp* in November 2016 [...]. I can't say much about the therapeutic effect on my depression since the actual effects are supposed to kick in just three or four weeks from now [that is, around February 2017]'. Sebastian's expectations were high: after losing his long-time job during his mid-thirties, he sank into a 'deep hole', and although he got diagnosed with depression, for more than three months he was desperately searching for a place to start psychotherapy. During this time,

Figure 8.1 Depiction of a mood-tracking app in a popular German psychology magazine.
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he was introduced to *DepressApp* by a fellow self-help group member and began to use it several times every day to assuage his longing for alleviation. During our first conversations he stressed that he at least had the app to guide him through these times of affliction: ‘It’s relieving to have the app. It feels like a personal therapist who teaches me awareness with regard to my emotions, with the only difference, that it is available all the time’. Yet Sebastian, who was initially enthusiastic about the app, soon became dissatisfied with it:

Although I can consult the app at any time, I have the impression that I don’t learn much anymore. [...] I still track my mood three-times a day, but just following the graph, my ups and downs on the chart, does not alone help me. It’s like a one-way street: You have your digital diary with all the data and some information about depression, but in the end, it is up to me to decide what the data means. This often overwhelms me.

Sebastian’s symptoms worsened rapidly and he quit using *DepressApp* after being admitted to a psychiatric hospital.

Another interlocutor who expressed disappointment over the therapeutic effects that *DepressApp* purports to bring, referred to the app as if it were a

psychotherapeutic drug: ‘I’ve not learnt much. But perhaps I was just not long enough *on it* [*nicht lang genug genommen*]. I guess, if I would be *on the app* for one or two years, then I would also have experienced therapeutic effects’. When she used the app, she was also proactively searching for a therapist, and again, at a time of longing for regular psychotherapeutic treatment, *DepressApp* was conceived of as a powerful vehicle for alleviation, one rhetorically, though perhaps unconsciously linked to psychopharmaceutic drugs.

While the majority of the users I interviewed did not expect the app to become a substitute to regular psychotherapeutic treatment, people who were desperately looking for help tended to have high expectations when integrating *DepressApp* into their day-to-day life, even perceiving the use of *DepressApp* as therapeutic itself. However, the app’s conditions of use explicitly warn against its adoption in severe depression when unaccompanied by psychotherapeutic treatment. This warning can be understood as a ‘therapeutic disclaimer’: although the promotion of the therapeutic companion insinuates notions of ‘quasi-therapeutic’ effects by way of self-help practices, the developers relativise its efficacy as a standalone technology. As has been briefly demonstrated by the two cases above, the therapeutic disclaimer creates a paradoxical impression of the app’s potentials and its use. *DepressApp* presents itself in terms of a desired proximate technology that one can carry along and consult at anytime and anywhere – this is the vision of the therapeutic companion; at the same time the app is questioned and perceived of as a distant technology that evokes powerful expectations, which it is perhaps unable to meet.

Regaining voice

DepressApp’s popularity can also be linked to aspirations of empowerment. As has been shown in the pitch quoted above, Maria often utilises her experiences of suffering in order to contextualise and promote the app in public speeches, as well as across diverse media outlets. In her understanding, empowerment means overcoming constraints of space and time in the treatment of depression by assembling a therapeutic technology for the work on and of the self either outside or in support of regular psychotherapy; but it also entails the intention of working collectively towards societal destigmatisation of mental illness in general.

One 2016 TV report on Maria’s struggle with depression became a focal point of discussion for many of the app’s adopters. The report portrayed Maria as she went about her everyday life and was partly presented as a self-documented video diary, in which she also filmed herself in moments of emotional turmoil, crying and anxious to leave her home. At the same time, the report showed the entrepreneurial self – Maria who makes informed decisions, has to manage financial investments and becomes productive in the creation of *DepressApp*. These impressions ‘stuck’ with some of the app’s early adopters. When asked for her motivation to use the app, one interlocutor, Claudia, stated:

I’ve watched Maria’s TV report and immediately became enthusiastic about the app. Maria’s openness was contagious and – being a person afflicted

by depression myself – I decided to do something. For one, with regard to improving my own management of life. But more importantly, to actively support others by listening and consoling.

Claudia began to comment regularly on articles disseminated on *DepressApp*'s Facebook page. The page itself – whose number of members had reached nearly 6,000 in August 2018 – serves the app-developers as a crucial medium to post psycho-educational resources (e.g., popular scientific articles on depression and mental health care in Germany), online media like YouTube clips and photos, as well as news on technical updates. Over time, certain motives have been established: the *DepressApp* team often explicitly addresses community members, calling for feedback or participation, for instance by asking members to send pictures of their particular 'feel-good-moments' or by sharing their experiences with regard to access to therapeutic care; under the slogan 'Happy Mondays', the app-team posts revelatory and meaningful aphorisms accompanied by soothing stock photographs. *DepressApp*'s Facebook community has thus become an important site for the circulation of the 'promise of happiness' (Ahmed, 2010; see also Garde-Hansen & Gorton, 2013). At the same time, it also serves as the foundation of particular kinds of attachment and sociality, based on a shared critique of the structural conditions of therapeutic care in Germany and on 'speaking out' one's experiences with depression. One interlocutor emphasised that:

the Facebook community feels like one big self-help group; a group where one can chat with and support each other. And I also like that this is happening publicly. [...] This way people who do not have any experiences with depression can get an impression of what it really feels like. This is the difference to small private self-help groups, which gather behind closed doors.

Besides mutual support, which is expressed through consoling and the sharing of personal stories, 'speaking out' in this way also means challenging prevalent stereotypes associated with mental illness in public. In relation to depression, a recurrent trope among the interlocutors is the image of the passive victim versus an active challenger. Maria herself once said in an interview that one of her incipient entrepreneurial motivations to develop the app was to 'stop being the victim' and to make this the liberating perspective of the millions of other people suffering from depression. This potential was also widely recognised by *DepressApp*'s Facebook community members: several interlocutors poignantly criticised the societal biases in perceptions of depression. One participant stressed that depression is commonly associated with being immobilised:

This is what annoys me most – everyone thinks that once you're suffering from depression you are prone to being paralysed. As if I were just tacitly accepting my destiny or would not even be willing to change something. [...] Of course, often it's hard to work against it [depression], but using such things [apps] and interacting in the community really proves the contrary,

doesn't it? I mean, I really want to change something and even if I may not be able to get rid of my illness, then at least I learn to live and actively deal with it. [...] This is the message that I'm spreading on Facebook and I really like that others are doing the same.

Within *DepressApp*'s affective economy, the Facebook community functions as an important platform for the users' struggle against victimising identity attributions commonly associated with depression. Several scholars have asserted that being afflicted by depression implies that 'one's status as a rational person is thrown into question' (Martin, 2007: 37; see also Cvetkovich, 2012; Ehrenberg, 2010). As has been shown, some users at least emphasised app usage and engaging in the community as strategies to actively challenge and eventually overcome these attributions. For them, mood-tracking practices represented one way to make visible proactive and highly 'rationalised' coping strategies in order to tackle the societal stigma associated with depression so as to eventually overcome their own shame and embarrassment.

The societal and structural biases towards depression were also mentioned in other circumstances. One interlocutor who had been diagnosed with depression began using the app while she was still in CBT treatment. After her statutory health insurance-funded 80 sessions had ended, she still felt a need for therapy and continued to use the app three times a day in order to provide an objective document of her suffering and thereby make it visible (see also Bergroth and Helén in this book):

I have been using the app every day for nearly one year [...], primarily to understand myself and my moods [*Stimmungen*] better, but I also use the data to prove that I am actually sick. [...] People would not assume that I'm sick, because it is not as easy to recognise as a broken leg or flu. But having the data shows how I really feel [...] it also becomes recognisable for others. For example, if I would have troubles with public authorities that don't approve for my suffering, I could show them this document, so that they understand. At least, I hope so.

This account demonstrates the pressures of legitimising one's suffering from depression against its 'politics of visibility'. Comparison with other – somatic – illnesses serves as a way to account for the specific biases towards depression. Depression being not as visible as other afflictions, this participant felt the need to produce an authoritative document that would, on the one hand, enable her to gain a resource for self-knowledge (in order to understand her mood fluctuations and thus also herself better), but could also, on the other hand, potentially become representative of her experiences in its own right. The app, situated in Facebook's discursive realm, can thus be understood as a tool to challenge 'victimizing' biases by way of 'rational' self-examination and self-management of mood fluctuations, but also as a vehicle of empowerment that can 'give voice' to those who feel not heard otherwise.

In addition, Maria's moments of 'speaking out' alongside her close ties to the app often caused confluences of her own experiential narratives with those of others and – by extension – the overall workings of *DepressApp*. Following the above mentioned 2016 TV report, *DepressApp*'s download numbers escalated and some of the subsequent App Store reviews by adopters read like the following:

Dear Maria, the feeling you're describing is very well known to me... It is such a complex illness, which receives far too little attention. I think your app can help to get to know yourself and the disease better.

By making her everyday life with depression visible and being perceived as a courageous role model who propagates the significance of self-management, Maria lends credence to the app, which makes it also appear like a trustworthy space for self-disclosure. This is particularly noticeable in some users' reflections on their potential data exposure. For example, in an online conversation about the importance of *DepressApp*'s data security policies one interlocutor, Heiko, stated that '[data security] is very important because of their [his data sets] intimate qualities. But I trust the staff at *DepressApp* – Maria is one of us'. Maria's moments of 'speaking out' create an imagined bond between users and developers that blurs the boundaries between producers and consumers and generates a sense of trust from which *DepressApp* directly benefits as it is downloaded and consumed despite the risk of processing intimate data.

The technological imaginaries of therapeutic cultures

While people's striving for well-being increasingly connects with new ICTs, the wide-ranging entanglements of human and non-human actors yet remain under-represented in the studies of therapeutic cultures. Based upon that premise, this chapter aimed to provide an analytical avenue into the affectively charged imaginaries and socio-material intertwinements of therapeutic technologies; namely by introducing mood-tracking apps through the lens of assemblage thinking and affect theory to sketch out how certain expectations are being invested in this kind of digital technology and how these investments, in turn, may become constitutive of such a technology.

As has been shown, mood-tracking apps augment analogue therapeutic self-management techniques and thereby afford self-reflexive engagements by way of 'making emotions count' (Pritz, 2016). Analysing recurrent images and metaphors in people's articulations of one German app's technological imaginaries, I have described how *DepressApp* is presented and engaged with as a therapeutic companion that encompasses affective value. The therapeutic companion aims to compensate for structural constraints of psychotherapeutic and outpatient care in Germany. At times, this has led to projections of *DepressApp* as a 'pocket-therapist', which engenders powerful expectations that sometimes cannot be fulfilled. Furthermore, I have shown that the app's entanglement with social media sites, such as Facebook, narratives of 'speaking out' (Wright, 2008: 328) and the

tackling of the societal stigma associated with depression have also become elements within *DepressApp*'s affective economy.

This makes *DepressApp* an interesting case for the study of therapeutic cultures: serving, on the one hand, as a technology that propagates the work on the individual self by taking one's emotional life seriously and recognising subjective experience as a valid source of knowledge (Lears, 2015) and being situated, on the other hand, in a discursive ecosystem in which the appeal of self-disclosure blends with a collective problematisation of mental health care in Germany. *DepressApp* thus depicts a 'happy object' (Ahmed, 2010) that purports the genuine impression of a personalised and comforting technology; it emerges as a 'trustful and friendly other' that helps to navigate, often times, unsettling periods of life in order to get well. At the same time, it can also be understood as a political device in people's struggles against negative perceptions of depression.

Notes

- 1 The app's name as well as the names of participants are pseudonyms.
- 2 The CE-marking is considered a prerequisite for a product to be finally put into clinical operation. It ensures conformity with all legal regulations, clinical and diagnostic relevance and the safety of a medical device. On their route to such a marking, digital health companies have to be creative: The team of *DepressApp*, for instance, conducts efficacy trials at a hospital for medical weight loss because of the lack of adoption and testing from practicing psychotherapists.
- 3 The term *therapeutic companion* strongly resonates with Deborah Lupton's (2016) commentary on Donna Haraway's notion of companion species.
- 4 Among the participants were five men and seven women, ranging from age 19 to 45; nine of them had already been treated for mental health issues, one person was treated during the time of the research and two participants have not received psychotherapeutic treatment at all.
- 5 This imbalance, however, is not a matter of a lack of psychotherapists in Germany, but is due to the expensive process of gaining health insurance approval for beginning psychotherapists. In order to tackle the shortage in supply and to reduce costs, German health insurance companies also invest in clinical evaluations of digital health technologies, such as mood-tracking apps.

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