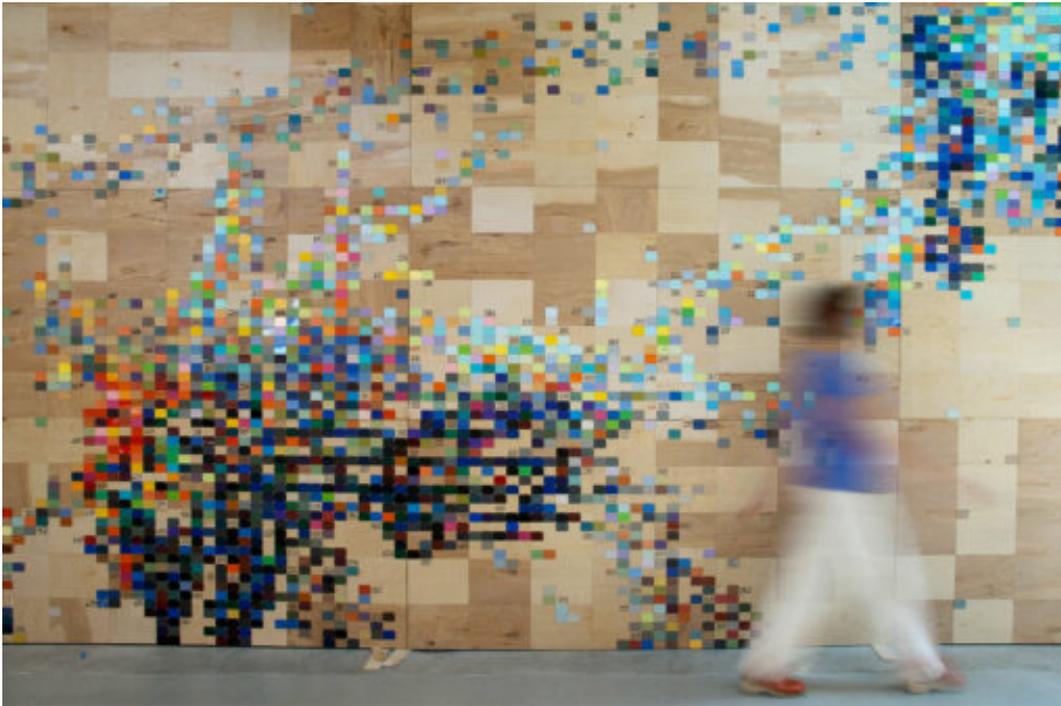


<http://somatosphere.net/2020/tracking-digital-psy-mental-health-and-technology-in-an-age-of-disruption.html/>

Tracking Digital Psy: Mental Health and Technology in an Age of Disruption

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By Dörte Bemme, Natassia Brenman and Beth Semel



Laurie Frick, “[Mood + Quantify](#)” (2011-13), Lasercut paper, wood, blocks, laminate.

Covid-19 and the associated social distancing orders have normalized and accelerated the use of digital technologies in psychiatry and mental health care. With the face-to-face therapeutic encounter newly fraught with infectious risks, digital interfaces have emerged as a connective tissue in a time of radical rupture and re-organization of day-to-day life. This *Somatosphere* series attends to the emergent forms and lingering historical threads that run through digital psychiatry, including, but not limited to the ways in which technologies of digital care and intervention shape, and are in turn shaped, by the current pandemic moment.

We use the term “digital psy” to capture the conceptual space opened up by the great variety of smartphone apps, mood trackers, online platforms, tele-psychiatric networks and services, as well as efforts to utilize

computational techniques to uncover novel signs of psychological suffering and markers of cognitive decline. Over the past years, these technologies and their attendant experimental practices have begun to fundamentally reshape how mental health problems can be defined, predicted, monitored, and cared for.

The promises of digital psychiatry are complex, with the most obvious allure being the imaginary of a seamless bridging of distance that renders psy-care scalable across variously conceived structural differences: the Global South and North, socioeconomic and access divides, and most recently, the social distances necessitated by the virus. In doing so, digital psychiatry untethers the synchronicity of place, time, people, and meaning characteristic of dominant (Western, biomedical) models of psy-care and knowledge production. In mitigating the constraints of distance – social, geographic, or otherwise – how does digital psychiatry warp, refract, or transform possibilities of closeness, intimacy and other modes of relationality?

The demand for digitally mediated care and connection across distance has never been greater. Mental health is predicted to be under enormous strain for a long time to come – from the loss of life, loved ones, and livelihoods, receding horizons of certainty, the hardships of isolation, conflict, or abuse under lockdowns, and the fear and trauma experienced by essential workers and marginalized subjects under heightened measures of surveillance. Those with access to digital infrastructures now zoom for work, leisure, social life, and therapy, while smartphone apps have long nudged us to meditate, breathe, take medication, or exercise. In the future, phones and wearables may also collect data on our mobility patterns, voice quality, sleep habits, and social media activity, transforming the minutiae of everyday life into signs of potential cognitive decline, depression, anxiety, and even suicidality.

These futures are currently being crafted within experimental biotech, venture capital backed start-ups, and clinical and academic research spaces. Many of them are born from long-standing critiques of the psychiatric canon and care, which a growing community of practitioners and researchers deem ineffective or untimely, inaccessible to many, and, importantly, as failing to innovate through neuroscience and psychopharmacology. Within these spaces, barriers to physical proximity and contact (Covid-induced or otherwise) foreclose some modes of investigation whilst motivating others: as biomarkers and brain tissue become inaccessible, digital and behavioural “markers” of pathology are brought into sharp focus. The current crisis may quicken the pace of things already underway, or change their path. How, for example, might imperatives to test and track remotely shape the relationship between the biological and the digital?

As mental health becomes differently knowable and intervenable through digital knowledge practices, new concepts and subjectivities, ethical regimes, and therapeutic relations take shape. In turn, and against discourses of novelty, democratized access and therapeutic equity, familiar and historically entrenched inequalities may remain the same. The champions of the digital revolution, who fashioned themselves as disruptors, are now flooding into the new space of a world disrupted. The “[zombie ideology](#)” of techno-solutions – “shot down repeatedly” but reanimated with “every new wave of innovative technology” in moments of large-scale change – continues to motivate many digital psychiatry projects. Technologies that were an aspirational frontier suddenly appear essential, as tools for survival, care, commerce, and connection.

Ethnographic attention to digital psychiatry might then unveil the transformation of longstanding concerns about surveillance and post-human care devoid of empathy, ethics, and humanity. It may unsteady simple dichotomies between “privacy vs efficacy,” “health vs economy,” “innovation vs ethics,” “real vs virtual”, or even “subjective vs objective.” In this series, we invite contributors to think along, through and against the grain of these narratives and bring into relief the labour, affect, imagination and political economies invested in digital psychiatry as it emerges. The opening piece by the editors on “the subject of digital psychiatry” will further set the stage in the coming weeks. We invite contributors to reflect on the issues arising from their own engagements with digital psychiatry, or the following framing questions to help us track digital psychiatry through and beyond these crises:

- What *is* new about digital psychiatry? How, if at all, is it being made anew in the current crisis? What are the necessities this moment gives rise to?
- How does digital psychiatry parse between the “normal” and the “pathological”? What thresholds, symptoms, or markers emerge? And what kind of “good life” becomes encoded?
- Who is benefiting from digital innovation in the psy-fields – their therapeutics, their predictions and promises, their injunctions and their lucrative economic potential? Who is set to lose out as much of the world is pulled into the realm of the digital, whilst the digital divide (like many other rifts of inequality) become disturbingly amplified?
- What are the new intimacies that flow from remoteness and the encounter at the digital-human interface?
- What digital subjects emerge from digital psychiatry? How is the

figure of the human encoded and re-shaped within this space?

- How do the actors of digital psychiatry produce coherence, meaning, and new forms of therapeutic efficacy from digital datasets? What kind of labor and materiality brings digital psychiatry into being?
- How might we think with different forms of data in digital psychiatry (e.g. 'big', 'real-time', 'predictive') to push forward our own questions and analyses? What do scholars of digital psychiatry have to offer methodologically?
- What kind of futures does digital psychiatry envision? What is disrupting, accelerating and bringing these futures into being?

Our goal here is to create a forum, but also an intellectual and creative community to which we welcome writers and artists from many disciplinary backgrounds in social science and medical humanities, especially early career scholars, as well as technologists, and practitioners. A variety of genres are encouraged: think pieces, ethnographic scenes, visual contributions, dispatches from the field, reflections on ethical and methodological conundrums, and empirically grounded opinion pieces. Ideally no longer than 3000 words. Please send us your ideas, with a title and a short pitch to: trackingdigitalpsy@gmail.com

For any questions and inquiries please email one of us.

All three authors contributed equally to this piece.

[Dörte Bemme](#) is a Lecturer at the Centre for Society & Mental Health at King's College London. Her work explores the intersection of globalization and digitalization of psychiatric knowledge in *Global Mental Health*. She focusses particularly on the reconfiguration of the human, notions of care, and imaginaries of scale in mobilizing mental health care across difference. She received her PhD in Anthropology from Social Studies of Medicine at McGill University and was a Social Science and Humanities Research Council postdoctoral fellow at the University of North Carolina at Chapel Hill and the New School for Social Science Research and from 2019-2020. Email: bemmed@newschool.edu

[Natassia Brenman](#) is a post-doctoral researcher at the University of Cambridge, doing ethnographic work on the early detection and prevention of Alzheimer's disease, primarily in the UK. She is currently interested in the role of digital technologies in the tracking and prediction of cognitive decline, and how this might intersect with or disrupt other ways of knowing and 'doing' time in the context of neurodegenerative disease.

This will be a focus of her forthcoming ESRC fellowship project based at Goldsmiths University, which speaks to a broader set of interests in the changing face of psychiatric diagnosis, including different or emergent ways of making sense of 'the normal' and the 'pathological' in mental health. Email: nkf23@cam.ac.uk

[Beth Semel](#) is a Postdoctoral Associate in Anthropology at the Massachusetts Institute of Technology, where she serves as the Associate Director of the Language and Technology Lab. Her research explores the intersection of communication sciences, computing, and biomedicine in the contemporary U.S. Her current project traces the development of automated voice analysis technologies for psychiatric assessment. Through a behind-the-screen look at efforts to render mental illnesses both informatic and audible, she tracks how these projects torque and reiterate hegemonic ideas about language, listening, labor, and care. She received her PhD in History, Anthropology, Science, Technology and Society at MIT and was a 2018-2019 Weatherhead Residential Fellow at the School for Advanced Research. Email: bsemel@mit.edu

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