Twitter Thread by Eli Tyre

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I know some people who seem (to me) more concerned with receiving VALIDATION for their mental health issues than solving them.

They seem to care most about other people BELIEVING their problems are real.

I'm curious about this.

Like, it's more important to them that people know how debilitating their anxiety is, than to overcome the anxiety.

Or it's important to them that others believe that they're actually depressed, not "just sad."

Or they want people buy into the narrative that they've been traumatized, and might be something like offended if someone minimizes that.

What do we make of this?

1. One possibility is that if solving the problems seems hopeless or even just really hard, you need external support to be able to cope.

If no one cuts you slack because of your mental health stuff, maybe you're in a really bad place, so you need people to believe you.

(Though of course, just like any time you set up system that will grant resources to someone on the basis of a signal, there's now an incentive to fake the signal.

I'm sure there are people who are fooling themselves about how bad their mental problems are as a way to buy that slack for themselves.)

2. In some cases there is more at stake than simply getting slack in order to function. If you can claim to have been "traumatized" or "abused" (in a way that will be believed), you can use that to marshal political support,

because "abuse" like "racism" is loaded word that points out something that contemporary culture has coordinated to oppose heavily.

https://t.co/07v275i2gt

(A recent example of this is the AOC video about the capital attack.

While she said some things I agree with, I rolled by eyes at her use of the word "trauma" because it seemed to me a transparent way to show political support to folks who's trauma narratives are important to...

them, while simultaneously making a social attack on the other side, by claiming to have been harmed "a lot" by them.)

I guess there's a general thing here: the more you can claim to have been harmed, the more likely people are to rally to support you.

So, if someone is denying that you were traumatized, that's threatening, because they're making a move to take away the foundation of your social power.

3. Another tact: Assuming _I_ was engaging in this kind of behavior, what would be happening for me?

I was once in a social dynamic where I would construct things such that I was visibly sad or put upon, because that was the only way I knew to revive (a type of) affection.

So one plausible story is that the ONLY way that a person knows how to get sympathy (or maybe some particular kind of sympathy) is by dint of their mental health stuff.

They need it, and they need it to be believed, because that's the only way they can feel loved and supported.

4. Maybe the simplest story is that this doesn't have anything to do with mental health stuff, in particular. People just have a need to have their narratives validated, and this is just one special case of that.

(Though that begs the question of WHY people have that need.)

Notably, it seems that the mechanism of most therapy is "a prestigious person gives you attention for a while, validating that your problems / experience is real.

5. A more specific version of the above hypothesis is that people feel a latent shame about their mental health stuff, because some part of them thinks it is personal weakness.

But if the establishment certifies them as having a medical condition, or they otherwise construct a narrative about how this is a thing that is happening to them instead of a thing that they are doing, then they have a kind of security from blame and/or shame.

But if someone doubts that narrative, the latent shame comes roaring back, and so they feel threatened.

5.5. Another flavor of this basic idea:

The establishment certifies that this problem is HARD, you're not expected to just be able to trivially solve it. Which gives one protection against others' claims (or even demands) that you can and should.

(Which, surprisingly, seems to be almost a reformulation of my first hypothesis.)

Are other people familiar with this phenomenon, either in yourself, or in other people?

Do you have a story for what's going on?

(All of this was almost definitely influenced by and exchange with @HiFromMichaelV, plus some other stuff.)