Personal or Policy? How Policy is Wielded in Mental Health Discussions

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Abstract

As an encyclopedic resource, Wikipedia prides itself on a neutral point of view (NPOV). NPOV is the Wikipedian flavor of objectivity and journalistic integrity; it is necessary to create reliable and factual documents of knowledge. Recent work in mental health support has found a tension between clinical and personal information online. In this work, we explore this balance in mental health discussions on Wikipedia Talk pages. Specifically, we ask how subjective devices, such as personal motives and information, get wielded alongside objective devices, such as Wikipedia policy.

Keywords: mental health, policy, narrative analysis, talk pages, English Wikipedia

Introduction

As an encyclopedic resource, Wikipedia prides itself on a neutral point of view (NPOV). NPOV is the Wikipedian flavor of objectivity and journalistic integrity; it is necessary to create reliable and factual documents of knowledge. To that end, Wikipedia relies on a complex ecosystem of peer-governance, best practices, and codified policy. These well-documented policies create a sense of objectivity in Wikipedian governance that translates to its articles. In other words, instead of relying on personal stances of "right" and "wrong" when editing articles, Wikipedians can defer to the democratically created set of policies.

This system is highly effective at preventing misinformation and preserving article quality. Over the past 20 years, Wikipedia has gained enormous credibility and has even been used recently as a source of information on emerging events. Particularly for mental health information, Wikipedia articles can serve as socially constructed "clinical" information. Recent mental health support work in HCI has explored the tension between personal narrative and clinical information on social media sites (Milton et al., 2023). On one hand, well-vetted and high-quality mental health information is necessary to prevent misinformation. On the other hand, overly procedural or clinical discussion of mental health creates

harmful narratives about one's own mental health (Pendse et al., 2023).

While Wikipedia articles are held to standards of objectivity, Talk pages—the venues for deliberating article content—are not. Therefore, they are ripe venues for blurring the lines between objectivity and personal experience in mental health discourse. The personal vs. clinical tension is particularly important on Talk pages because they are venues of article construction; the outcomes of Talk page deliberations directly affect article content.

In this paper, we explore mental health knowledge construction by analyzing **the narrative arcs of mental health deliberation on Wikipedia.** How do "personal" devices, such as personal motives and information, get wielded alongside "objective" devices, such as Wikipedia policy? We hypothesize that, given the personal nature of mental health experiences, policy gets wielded to further personal motivations. In effect, citing policy is a plot device in a larger story. In total, we propose the following research questions:

1. How is policy wielded in mental health deliberations?

2. What events and actions surround policy invocation in mental health deliberation?

3. What personal information do editors share about themselves and their mental health during deliberation?

Methods

Dataset

To start, we created a set of Mental Health Articles on Wikipedia that captured the tension between clinical and colloquial information seen on social media platforms (Milton et al., 2023). This set is based on methods proposed at WikiWorkshop 2023 (Bartolome et al., 2023). The mental health category on Wikipedia was too broad as it included many articles about societal well-being, such as Rurality. Meanwhile, the List of Mental Disorders page only contains articles about DSM-designated illnesses. To find the middle ground between the two, we used the List of Mental Disorders to create

a set of seed articles (n = 72). We then gathered all articles linked within a seed article and hand-coded each candidate article based on relevance to mental health. Throughout this process, we consulted with mental health experts. In total, our dataset contains 144 Mental Health Articles (MHAs). We quantitatively explore the presence of policy in the 144 corresponding Talk pages.

From this dataset, we chose three MHAs that range in their medicalization: Schizophrenia, Depression, and Social Anxiety. These three articles and their Talk pages serve as our dataset for a qualitative trace ethnography. We are focused on finding the themes and differences in how policy and narrative intertwine. We have validated our choice of these three articles with matching criteria of article lifespan, activity, and visibility (Ajmani et al., 2023). We then systematically filter talk post threads for deliberative criteria; we exclude threads that have < 2 non-bot users commenting (i.e., non-deliberative).

Preliminary Results

In this section, we present initial results from the Wikipedia article on Schizophrenia. Since its creation in 2001, the Schizophrenia Talk page has 556 threads. Of these, 424 (76%) meet our criteria for deliberation. At least one Wikipedia policy was invoked in 117 (27%) of these deliberations. Among our 424 deliberations, Wikipedia policies were invoked 388 times. Notably, 87 (22%) of these invocations came from one Wikipedian. In other words, the concept of a Wikipedia "power user" applies to policy use; there are certain Wikipedians that will wield policy far more often than typical. Figure 1 shows the number of policy invocations per user for our top ten users, and Figure 2 shows the types of policies invoked.

Qualitatively, we see these deliberations have a narrative arc: a setup, confrontation, and resolution. For example, there was deliberation over whether the Schizophrenia article includes a sentence about Kalirin, a genetic protein that's been linked as a cause in recent years. In this Talk page thread, the setup was a single sentence being added to the Wikipedia article, with the confrontation (i.e., the debate about this addition) and resolution on the Talk page. Users here are characters with their own motives. For example, one user personalized the broader Wikipedia mission, "*It isn't our 'job' to determine the truth, rather to report what reliable sources say.*" Another user cited their personal interpretation of Schizophrenia research. They conceded that the evidence presented about Kalirin meets WP:MEDRS standards but still argued for excluding it from the Wikipedia article because Schizophrenia research is "*'I've got a hammer, and there sure to seem to be a lot of nails around here.*"

Moreover, personal stances and information were used in vague ways. It is currently unclear how Wikipedians gain credibility in these conversations. In the example above, one user noted they have "broad familiarity with the literature" to argue that Schizophrenia research is always publishing new potential causes. However, this user did not disclose traditional measures of expertise, such as being a mental health clinician.

Open Questions

As we expand our methods to more Wikipedia articles, we expect to answer the following open questions:

Is policy wielded responsibly on medically-ambiguous topics?

Does the level of medicalization change how policy is wielded?

If deliberation has a narrative arc, what does policy do to that arc? Does it incite conflict, or does it promote resolution?

As mental health is more understood, are Wikipedia talk page discussions evolving over time?

References

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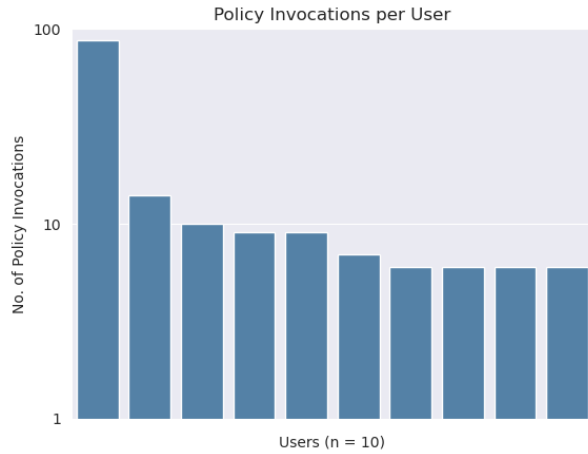
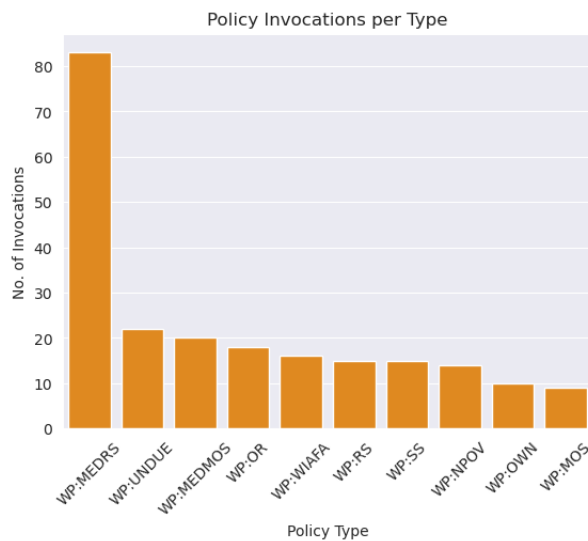Figure 1: Number of policy invocations by user. User-names hidden for anonymity. Y-axis log scaled.

Figure 2: Top ten policies used in mental health deliberation.