E-Governmentality and Social Suffering: Towards a New Public Health Framework for Addressing Cyberpsychology Challenges

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Abstract

The increasing influence of Information and Communication Technologies (ICTs), including Artificial Intelligence (AI), on global mental health presents a critical area for intervention. Unethical practices such as persuasive design, predatory monetization, and structural violence embedded within digital platforms intensify psychosocial vulnerabilities. This paper employs a biosocial perspective to critique the dominant neoliberal narrative of individual self-responsibility—particularly the "superpowers" discourse surrounding psychological disorders—which obscures systemic and social determinants of mental distress. Introducing the concept of **E-Governmentality**, the study elucidates new forms of biopower exercised through digital governance and influence by charismatic authorities—namely "Influencers"—in the contemporary digital landscape. A scalable, community-based intervention model is proposed to integrate AI/ICT-related mental health concerns into the European Union's public health agenda. The analysis underscores the urgent need for regulatory frameworks, ethical standards, and heightened social awareness to foster healthier digital environments, thereby challenging existing **E-Governmentality** paradigms.

Keywords: E-Governmentality, Cyberpsychology, Digital Mental Health, Structural Violence, Social Suffering, Ethical Design, Public Health Policy, Human-AI Interaction.

Introduction

Cyberpsychology aims to understand how interactions with AI and ICTs impact individual psychology, cognition, and behavior. Emerging consensus recognizes that the internet's characteristics are inherently influential, shaping and modifying user behaviors.

Research indicates correlations between Human-AI-ICT interactions and psychological risks—including increased propensity for risk-taking, cyberphobias, mental disorders, suicidality, and addictions—often facilitated by persuasive design,

predatory monetization, and digital misinformation campaigns. Aboujaoude (2010) emphasizes that despite the pervasiveness of digital media, its effects on mental health remain underexplored. Unlike historical fears associated with radio or early video games, the immersive, interactive, and pervasive nature of the virtual environment may pose more profound psychological risks.

As a multidisciplinary expert in cyberpsychology and global health, it is crucial to highlight unethical design practices—collectively termed “dark patterns”—such as predictive algorithms used for price discrimination, cognitive friction, manipulative rating systems, and misleading advertising, all of which exploit human vulnerabilities via psycho-emotional inference.

Addressing the impact of ICTs on mental well-being is an urgent necessity. Kleinmann and Becker identify mental disorders—particularly depression and anxiety—as leading contributors to global years lived with disability (YLD), emphasizing the importance of integrating these issues into public health frameworks.

Case Study

Certain mental health conditions, such as Attention Deficit Hyperactivity Disorder (ADHD) and bipolar disorder, demand particular attention. For example, ADHD, characterized by impulsivity, carries a higher risk of comorbid anxiety and depression. The World Health Organization (WHO) reports a prevalence of approximately 6-7.3% in Europe.

The proliferation of engaging digital designs and AI-driven features exacerbates concerns, especially among vulnerable populations such as children and socioeconomically disadvantaged groups. Evidence points to significant economic costs—billions annually—related to ADHD-related impairments. Yet, barriers such as high treatment costs, sociocultural biases, and systemic healthcare inequalities hinder diagnosis and intervention, particularly in low-income regions.

Inspired by the successful global scaling efforts of the Global AIDS Movement, developed countries like Germany, Denmark, and Sweden have invested heavily in ADHD-focused health initiatives. European estimates suggest around 3.3 million children affected by ADHD, with future workforce implications compounded by aging populations and increased longevity.

However, current neurodiversity narratives tend to frame ADHD as a “superpower,” promoting individual empowerment that may overlook social and systemic contributors. Such frameworks risk perpetuating neoliberal ideals of self-management and responsibility, neglecting structural factors influencing mental health outcomes. This warrants a broader societal discussion on the social narratives and media influences shaping perceptions and responses to mental health issues within the EU.

Biosocial Analysis and Theoretical Frameworks

While AI and ICTs offer substantial benefits, they also risk reinforcing structural violence—social inequalities ingrained in urban and industrial settings within digitally transformed societies. Kleinmann's Theory of Social Suffering emphasizes the intersection of mental health and social injustices, facilitating a deeper understanding of how digital interactions are shaped by, and contribute to, societal power dynamics.

Historically, the development of the internet—initially as an academic communication tool—was driven by technological engineers, often neglecting human-centered design considerations. As Hanna and Kleinmann argue, the divide between social sciences and computer science hindered collaborative efforts, resulting in designs that lacked empathy or consideration of human needs.

In the context of neoliberal ideologies—prioritizing cost-effectiveness, productivity, and consumerism—digital platforms often operate under principles of biopower and governmentality, as described by Foucault. The expansion of virtual communication was propelled by Western economic interests, fostering "psycho-territorial" new realities that neglect scientific approaches necessary for healthy human-AI-ICT interactions. Corporate-driven narratives emphasizing individual resilience and neurodiversity may obscure systemic issues, while societal inequalities—such as limited access to healthcare, lower educational attainment, and social marginalization—compound mental health vulnerabilities.

Structural Violence manifests across populations, especially vulnerable groups, through reduced access to mental health services, poor living conditions, and social stigmatization, all contributing to stress, anxiety, and relational difficulties. These systemic issues perpetuate ongoing health disparities.

Human-AI & ICTs Interaction and Brain Development

Research indicates that digital environments influence brain development, especially among children and adolescents, increasing risks related to impulsivity, sensation-seeking, and impaired self-control. Vulnerability is compounded by factors such as limited digital literacy among parents and guardians. Such circumstances elevate exposure to cyber-risks, including sexting, cyberbullying, self-harm, violence, and addictive behaviors, facilitated by features like anonymity, invisibility, toxicity, and reduced social cues.

Unethical design elements—such as infinite scroll, intrusive notifications, intermittent reinforcement, personalized bias, and manipulative engagement tactics—exert negative psycho-social effects, disproportionately impacting lower socioeconomic groups. Drawing parallels with the HIV/AIDS pandemic—where social inequalities hinder access to treatment and support—similar disparities exist for mental health care, especially regarding digital-originated disorders. Wealthier, privileged individuals

often access better diagnosis, treatment, and support, leaving marginalized populations at higher risk.

Merton's concept of the "Unanticipated Consequences of Purposive Actions" underscores how neoliberal biopower and technological control (or "E-Governmentality")—embodied today by "Influencers" exercising charismatic authority—can exacerbate mental health issues. Emerging conditions such as gaming addiction, "Ringxiety," "Cyberchondria," "Nomophobia," and excessive multitasking are indicative of digital-related pathologies now recognized within public health agendas.

The "Breaking the Wall" theory highlights how consumer behavior can be influenced by initial engagement strategies, creating psychological barriers that, once breached, lead to emotional investment—illustrating pathways for both intervention and recognition of digital mental health issues.

Furthermore, a shift towards "Authentic Consumption"—supporting social and environmental causes—parallels the necessity of involving organizations advocating for mental health, emphasizing value-driven partnerships. Addressing biases embedded within social constructs requires continual efforts to challenge and reshape societal perceptions, as described by Berger and Luckmann's Social Construction of Reality.

Neurodiversity and Societal Narratives

The current portrayal of neurodiversity, especially regarding ADHD—shaped largely by media and commercial interests—may reinforce neoliberal ideals of empowerment while masking systemic contributions to mental health challenges. Framing ADHD as a "superpower" risks individualizing responsibility, overlooking social determinants, and perpetuating inequities.

Drawing on Messac and Prabhu's analogy with the AIDS pandemic response, societal transformation involves shifting moral paradigms, mobilizing activism, and fostering inclusive narratives. Overcoming stigma requires coordinated efforts from advocacy groups, policymakers, scientific communities, and the media to promote equitable access to care and systemic change.

Proposed Intervention Strategy

The intervention aims to elevate the discourse surrounding AI-ICTs' impact on global mental health—particularly in developed countries—by advancing a scalable, regional, and community-based approach aligned with public health priorities within the European Union. Core considerations include:

1. Identifying features of AI-ICTs that influence mental health, supported by empirical metrics.

2. Recognizing the potential short- and long-term economic and social burdens associated with ADHD, addiction, and digital-related mental disorders.

3. Reframing societal narratives to incorporate systemic factors and reduce stigma, promoting equitable access to care.

Cross-referencing these points reveals gaps in international and national responses, highlighting the need for increased policy focus, multisectoral partnerships, and structured research initiatives. The framework advocates for establishing realistic KPIs, integrating quantitative and qualitative analyses, and developing standardized metrics to monitor and evaluate interventions.

Future Directions and Implications

Urban theorist Richard Florida emphasizes the importance of “Technology, Talent, and Tolerance”—the “Three Ts”—in fostering regional innovation and resilience. Future health professionals will increasingly operate as online volunteers, community advocates, and social entrepreneurs, emphasizing digital literacy and civic engagement as integral to mental health promotion.

Additionally, the contagion theory in communication posits that targeted, scalable messages—delivered through influential nodes—can promote behavioral change and social mobilization. Strategic interventions should focus on regional hubs, engaging key organizations, community leaders, and influencers to sustain dialogue, foster partnerships, and drive systemic change.

Key recommendations include:

- Prioritizing cities and regions with influential organizations and active community representation.

- Initiating awareness and education campaigns, fostering collaborations with academic institutions.

- Developing monitoring and evaluation metrics based on validated frameworks, ensuring evidence-based practices.

- Utilizing flow diagrams and other visual tools to clarify complex processes and facilitate stakeholder engagement.

Conclusion

Empowering personal narratives and engaging diverse stakeholders—media producers, corporate responsibility professionals, civil society, and policymakers—is essential for cultivating scalable, sustainable interventions. Building alliances with local private organizations enhances the potential for meaningful, context-sensitive transformations in digital mental health.

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