Biosociality in Online Interactions: Youths’ Positioning of the Highly Sensitive Person Category

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Abstract

This article examines how young people in a Swedish online forum and in blogs engage in discussions of one popularized psychological personality trait, the highly sensitive person (HSP), and how they draw on different positionings in discursive struggles around this category. The material is analysed with concepts from discursive psychology and post-structuralist theory in order to investigate youths’ interactions. The first is a nuanced positioning, from which youths disclose the weaknesses and strengths of being highly sensitive. Some youths become deeply invested in this kind of positioning, hence forming a HSP subjectivity. This can be opposed using contrasting positionings, which objects to norms of biosociality connected to the HSP. Lastly, there are rather distanced and investigative approaches to the HSP category. We conclude that while young people are negotiating the HSP category, they are establishing an epistemological community.

Keywords

Highly sensitive person (HSP), mental health, subjectivity, positioning theory, biosociality online, citizenship, epistemic authority, epistemological communities, ethics, agency

Introduction

In the 21st century, psychological and biomedical categories have become easily available and popularized via digital technologies. Laypeople and experts disseminate descriptions of symptoms, criteria and diagnostic tests via various media platforms.
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(Edenroth-Cato, 2018; Edenroth-Cato et al., 2016; Giles & Newbold, 2011; Skagius et al., 2018). Such knowledge influences how people identify themselves as individuals with particular brains, bodies and personalities (Bertilsdotter Rosqvist & Jackson-Perry, 2020; Fox et al., 2005; Mogensen & Mason, 2015; Ortega & Choudhury, 2011). This article examines how young people in a Swedish online forum and in blogs engage with one such popularized psychological label and personality trait, the highly sensitive person (HSP), and how they position themselves in relation to this category as part of discussing and accounting for who they are, their experiences in life and their histories of illness, health and well-being.

Highly sensitive person is a personality trait that has gained significant international recognition in the recent decades, especially in Northern Europe (Edenroth-Cato, 2019). The term HSP was coined by researcher and American psychologist Elaine N. Aron (along with her husband, Arthur Aron) in the early 1990s. Aron argues that people born with this trait are, for example, more emotionally reactive and aware of subtleties in their environments (Aron, 1997). HSPs are understood to be more conscious of risks and more careful in social situations, and as individuals who feel and think more intensely than others. Because of this, the adherents of HSP understand the trait to be coveted and unique, and HSPs are considered ‘gifted’ (Aron, 1997). At the same time, HSPs are seen to be genetically predisposed to a susceptibility that can cause them suffering and difficulties in life when they experience too much negative stimuli or become over-stimulated. HSP is not considered a disability or a diagnosis, but a personality trait and a temperament (Aron, 1997). She argues that HSPs are ‘neuroatypical’ because their brains process information in a ‘deeper way’ (Aron, 2017). She claims that neurological differences, such as those related to autism or attention deficit hyperactivity disorder, have often been unfavourably understood by society as something negative, a weakness, or a disorder (Edenroth-Cato, 2018). Among autistic self-advocacy groups, it has become increasingly common to talk about autism as a neuroatypical difference rather than a deficit (Bertilsdotter Rosqvist & Jackson-Perry, 2020).

In Sweden, the HSP trait has come to widespread attention in the last decade, and a series of newspaper articles in 2012 appears to be its starting point. This coverage, together with self-help books and the dissemination of HSP self-assessment tests online, has probably had an impact on the proliferation and popularity of the trait in Sweden (Börjesson & Palmblad, 2016; Edenroth-Cato, 2019; Edenroth-Cato et al., 2016). A related study of mothers in a Swedish online forum concluded that discourse on the HSP/child became a mode of individual coming-into-being—it both transformed notions of good motherhood and the way mothers perceived their children and needs in regard to their social environment (Edenroth-Cato, 2018). The HSP category has been used to explain a heightened sensitivity that is perceived both as a gift and vulnerability (Edenroth-Cato, 2019). HSP subjectivity can, therefore, be understood as an interesting and relatively new personality trait that citizens engage in and may find useful for their own specific personal and social purposes. This article investigates how youths engage with the HSP category in online interaction. These interactions are interpreted as acts of biosociality, and, as such, they are both examples, and expressions, of a therapeutic discourse that permeates contemporary Western culture (Rose & Novas, 2005). Previous research has demonstrated how youths’ negotiation of diagnostic categories is a complex process containing both oppressive and liberating elements; for example, Mogensen and Mason (2015)
showed how youths used autism diagnosis to facilitate a sense of control and in order to understand themselves in relation to normative life experiences. In Skagius et al. (2018) study on Swedish youths’ online discussions of their mental health issues, youths performed agency through exchanging emotional experiences in relation to expert discourse. Young people appeared to expand the understandings of psychological and biomedical discourse as a means to promote the importance of managing their health and well-being on their own terms (Skagius et al., 2018).

Studies investigating young people’s sense of self-control and resistance to dominant societal norms have focused on for example the pro-anorexia movement and self-injury. In a study of a pro-anorexia online forum (Fox et al., 2005), participants shared their ideas about the body, suffering and pharmaceutical technologies in comparison to conventional ‘explanatory models’ of the anorexia disorder. The youths resisted both biomedical and social definitions of anorexia by engaging in social support and guidance as a means to facilitate power and self-control. Gradin Franzén and Gottzén (2011) investigated how young self-injuring Swedish ‘cutters’ described themselves in terms of being different and unique. The young people contrasted their capacity for emotional depth compared to ‘average’ people who did not share their experiences of anxiety. In order to appear as authentic ‘cutters’, they drew on ambivalent positionings invoked by two interdependent sources: a pathologizing and a normalizing discourse about self-injury. In conclusion, when young people engage in (dis)identification with psychological and biomedical categories of various kinds, they are simultaneously engaged in discourse that produce particular subjectivities, bodies and epistemological communities (Nelson, 1993; Rose & Novas, 2005).

The article contributes to research on how young people perform HSP subjectivity, as well as oppose it, through their engagement in online discourse. We draw on Rabinow’s (1997) concept of biosociality, in order to explore how youth subjectivity is informed by the social relationships and norms that derive from the knowledge of biomedical and psychological discourses. The article aims to provide an understanding of how they comprehend themselves and others in relation to the HSP category as well as how they discursively handle present and future health concerns related to the HSP in conjunction with other young people online.

Two research questions guide this study:

1. What positionings are youths assuming in relation to the HSP category?
2. How do youths conform or object to norms of biosociality in relation to the HSP category?

**Biosociality Online**

The concept of biosociality is central to this article’s arguments. It designates new forms of sociality and activism centred on topics such as genetic diagnoses, biomedical discourse and shared biological characteristics (Ortega & Choudhury, 2011; Rabinow, 1997; Rose & Novas, 2005), and here the concept is extended to the HSP category as well. In its broadest sense, biosociality online is a sort of discursive work people engage in by sharing and exchanging experiences and knowledge among others with similar concerns about health and illnesses in online contexts
The norms of biosociality manifest themselves through a ‘proactive’ approach where one should aspire to maximize health and minimize illness (Rabinow, 1997).

Biosociality tends to involve knowledge-producing communities that both validate and contest descriptions of diagnosis, categories and personal experiences. Here, the HSP category is considered within a wider discussion about health where demarcations are negotiated. Inspired by feminist theoretical thinking, such discursive practices can be understood as epistemological communities (Nelson, 1993) and epistemic authority (Bertilsdotter Rosqvist & Jackson-Perry, 2020; Oikkonen, 2013). According to Bertilsdotter Rosqvist and Jackson-Perry’s (2020) research within the field of critical autism studies, there is an internal conflict among autistic self-advocacy groups. On the one hand, there are activists who refer to the biomedical ‘story’ of autism and, on the other, there are those who argue that autism should be considered a neuroatypical difference. Epistemic authority can be established by drawing on both professional and experience-based knowledge, and it can, therefore, be analytically fruitful to consider the epistemic tensions that knowledge production engenders within a particular context or group (Oikkonen, 2013). Nelson (1993) argues that knowledge production is a collective process and ‘communities are the primary subjects or agents of epistemology’ (p. 129); communities can contribute to both reinforcing and undermining competing ‘truths’.

When Rabinow (1997) coined the term ‘biosociality’, he drew extensively on Foucault’s work on biopolitics, that is, a form of governing of populations in biological terms, for example, by managing sickness, death, health and child-bearing (Foucault, 1997). Biopolitical institutional practices concern all citizens within a nation and have, in our time, become a ubiquitous and almost invisible form of governing. In contemporary Western countries such as Sweden, self-responsibility and awareness of one’s health, illness, or disorder has become an obligation that is taken for granted. Citizens of all ages are affected by the obligations of self-care: the need to analyse and understand one’s health concerns, actions and thoughts, and to inform others about them (Rose, 1996; Rose & Novas, 2005). As Rose and Novas (2005) suggest, the Internet is a useful public venue for this type of social exchange. Online interaction surrounding health and well-being are often framed in terms of self-reflexivity and self-improvement. It involves displaying a positive attitude towards self-care and to take responsibility for one’s vulnerabilities and imperfections—exhibiting an ethical self (Foucault, 1988; Rose & Novas, 2005). Also, the care and cultivation of the self involves a caring for others (Foucault, 1986). According to Rose and Novas (2005), individuals who are concerned not only with their own illness and health, but who also engage with and scrutinize the bodily and mental dys/functions or dis/abilities of others in order to strive for well-being, can be described as our era’s ethical pioneers and active biosocial citizens. This is often understood as a favourable and desirable endeavour, but as we intend to show in this article, it requires extensive discursive work to live up to the norms of biosociality, as it is regulated by the moral imperative to know, care for and to tell the ‘truth’ about oneself (Foucault, 1988). In Foucauldian terms, these are normative acts of subjectification, that is, the constitution of subjects, a disciplining act of conforming to social norms and cultural values and, simultaneously, an individualizing mode of coming into being in contemporary Western societies (Foucault, 1986, 1988; Rose, 1996).
In this study, the concept of biosociality is extended so as to also include sociality concerning forms of psychological discourses and personality traits that are not classified as biological illnesses or disorders. As we mentioned, biosocial discourse is concerned with the constitution of subjects in relation to health and well-being in contemporary Western culture. Similar forms of ‘enlightening’ and supportive interaction can also be found in groups organized around psychological personality traits and biosociality can, therefore, be a useful concept for exploring such epistemological communities. We hope that through such a theoretical expansion, commonalities can be found among many other groups and communities, irrespective of whether they are based on genetical, neurological or psychological traits.

**Discourse Analysis, Positioning Theory and Subjectivity**

This article is based on a discourse analytical approach influenced by discursive psychology and poststructuralist theory. While analysing the online materials, we explored different stances towards the topic under discussion, for example, how young people disclosed their weaknesses and strengths in relation to ideas about HSP, or how they ‘investigated’ or objected to such disclosures. We identified how the participants engaged in such discourse by closely and repeatedly reading the material, using both theoretical concepts and previous research to establish themes in the data. The themes were categorized according to common patterns of subject positioning, and each heading in our results reflects the types of positionings we found in the material.

A central analytical tenet is positioning theory (Davies & Harré, 1990; Gradin Franzén & Gottzén, 2011; Harré et al., 2009; Korobov & Bamberg, 2007; Wetherell, 1998; Wetherell & Edley, 1999). The concept of subject positioning has been regularly applied within discursive psychology, whereas subjectivity more often has been utilized within a post-structuralist tradition. Subject positioning focuses on identity categories as social interaction built on descriptions and evaluations—on how people ascribe language use particular meanings and on how stakes and interests are discursively created in the local context (Korobov & Bamberg, 2007). Subjectivity problematizes identity constructions as informed by power/knowledge formations in discourse, in terms of how moral systems with rights and obligations are attached to different positions (Davies & Harré, 1990; Foucault, 1988; Harré et al., 2009). We contend that both subjectivity and positioning activities reflect the social norms and cultural values that young people are making sense of within the micro and macro contexts in which they are interacting (Korobov & Bamberg, 2007; Wetherell & Edley, 1999).

The article examines how youths perform positionings as discursive strategies—some positions are perceived as coveted and morally good, while others appear troublesome or more or less indifferent towards the topics discussed (Davies & Harré, 1990; Wetherell & Edley, 1999). Subject positionings are often made relevant in conflicting relationships with other people; there are positionings that oppose the social norms and ethical values in a specific context, which then may appear to be problematic by other participants (Harré et al., 2009). However, such objecting responses from other participants can function as means for re-establishing consensus and social order. ‘Compliant’ positionings reaffirm this through encouraging remarks...
and benevolent evaluations that regulate or normalize discourse (Wetherell & Edley, 1999). As we aim to understand how young people relate to the HSP category, we are also including analysis of how the interaction contains struggles between different positionings and how these struggles reflect how youths are compliant or opposed to the norms of biosociality. This does not mean that we attribute these positionings an intrinsic positive or negative value, but analyse them in order to distinguish different stances in relation to dominant social norms in specific contexts.

Thereby, with positioning theory, it is possible to demonstrate the performative, contingent and relational nature of both subjectivity and norms. Positionings can, however, be considered as more contextually dependent, whereas subjectivity is more rooted in one’s life narrative and in self-reflective undertakings; it relies heavily on the process of becoming, in relation to a configuration between cultural, scientific and historical conditions (Foucault, 1986, 1988). This deeper understanding of subjectivity as a relation between the wider sociocultural context and the more local context is applied in order to analyse the HSP category that more recently has become popular and discussed in different online and offline contexts in Sweden.

**Method, Material and Ethics**

The material for the study comes from two sources. The first is an online youth forum, and the second is a selection of blogs in which young people write, in general, about their everyday lives. Both the online forum and the blogs handle a range of different issues, from health and personality to love and relationships. In the youth forum, three threads (circa 320 posts in all) dealt with the topic of HSP. The threads were found using the forum’s search engine by entering the search words ‘highly sensitive person’ (Swedish: ‘högkänslig person’) and HSP. Around 90 different users participated in these discussions; they were all using Internet aliases and did not offer any additional personal information. The threads were active in the year of 2015.

Since the youth forum material does not contain information about the participants’ ages, the selection of material relies predominantly on the forum’s target age group. According to the website information, it is one of Sweden’s largest digital platforms for young people. Every week, 80,000 young people visit the forum to discuss different topics and read published articles. The threads are initially managed by a thread-initiator who publishes a post on a topic. Other participants answer, but they can also text each other privately. The forum is available to anyone online and no account is necessary to access it. The threads are a form of ‘naturally occurring data’ in which the researcher has not intervened and could be considered more public than private communication due to it being easily accessible, mostly anonymous and having a large user group (Hanna & Gough, 2016; Kozinets, 2010; Kraut et al., 2004).

The blog material consists of around 20 posts from six different blogs written by young females. The participants for this segment of the material gave informed consent. The bloggers write under their own names and display pictures of themselves in the blogs. The blogs can be understood as personal lifestyle blogs that deal with the bloggers’ everyday issues and concerns, containing both pictures and diary-style texts (Garden, 2012). The selection was carried out by using Google search and entering the words ‘highly sensitive person’ and HSP, along with different names of well-known blog portals in Sweden. Seven bloggers between the ages of 15 and 20
were selected, and the first author contacted them and received written informed consent to participating in the research project.

The online material is part of a research project that has been assessed by the Regional Ethical Review Board at Karolinska Institutet in Stockholm. The benefit of having unidentified research participants, as in the case of the youth forum, is that it simplifies the securing of confidentiality requirements and ensures the participants’ anonymity. Because the youth forum material does not reveal the identity of participants, it has been managed through an implied consent (Kozinets, 2010; Markham & Buchanan, 2012). However, as there is always a risk that online material contains sensitive information, a specifically strict procedure termed *maximum masking* was utilized to minimize the risk of identification and to preserve the privacy of the authors of the material (Kozinets, 2010). This entailed closely examining each post in the material and making sure no biographical information that could disclose identities was included in the article, and that user and blog names have been changed. Additionally, all quotes written in Swedish have been translated into English, so as to minimize their searchability.

**Results**

The results are presented in three sections illustrating the major findings and recurrent themes in the online materials. These findings cover the different positionings that participants assume online. The first, and most common one is a *nuanced* position that we have termed *HSP subjectivity*.

### Highly Sensitive Person Subjectivity and Biosociality

The positioning of the HSP subjectivity reveals a two-sided identification of the highly sensitive trait in young people’s accounts of themselves. It entails constructing HSP involving both weaknesses and strengths, as well as showing it to be a coveted personality trait. It is nuanced in that it shows both positive and negative aspects of the trait, while ultimately presenting it in a positive light. The first excerpt shows this duality in how the initiator of a forum thread (XeniaX) formulates herself, in a thread where participants discuss their personal weaknesses and strengths.

**XeniaX**

And that you are sensitive is actually a good thing, it means that you perceive and experience more of the world and what’s happening around you, as well as inside of you. There is nothing to be ashamed of or anything, it can be a pain, but the people I like the most have the quality of being sensitive. I am sensitive and HSP.

In this example, XeniaX writes that being HSP encompasses both the possible pain and the joy of experiencing more than others. This, in turn, implies that there is a ‘normal’ person from which those who are HSPs deviate. The trait should not be understood as a weakness, but as a potential problem when it becomes ‘a pain’. A similar example is shown in another thread about HSP where a participant stresses that HSP is both a blessing and a curse: ‘You enjoy more of the beauty of the world, but you are also more tormented by the misery’. Going through ‘pain’ and ‘misery’
is discussed in the data as a negative side of being a HSP, and not necessarily a weakness. Yet such experiences also involve an aspect of yourself as someone who can overcome the weaknesses through ‘challenging yourself’. Carolinasvensson, a blogger who consider herself an HSP, writes:

Carolinasvensson

There is one thing I like less about myself, that I am too shy or cautious. Because I am that way at first, I automatically get that label. But I’ve gotten a lot better at challenging myself, to be honest. But that’s what I’m like as a person. You have to push the boundaries and try to challenge yourself.

This two-sided nuanced positioning is an important aspect of identification and reflexivity; the blogger knows what she likes less about herself; yet she strives to overcome these difficulties. Young people draw on the positive and negative sides in order to show how they ‘work’ with themselves. They write about experiencing the world more intensely than people in general; being deeply moved by music; and having a creative, loyal and kind personality, but they also write about their problems, such as that of being shy or having a hard time dealing with social situations. Many young people write about having anxiety, being insecure about themselves, particular features of their bodies, of not being masculine/feminine enough, or being over- or underweight. This shows that the youths understand HSP not as an isolated factor in their lives, but as something entangled with many other sources of problems common to many young people. The act of disclosing weaknesses and strengths could simultaneously be comprehended as constructing oneself as an object of self-responsibility (Rose, 1996). The data show this as an ethical and moral imperative—an exhortation to know and care for oneself (Foucault, 1986, 1988). In this way, a self-declaration of what could otherwise be perceived as a weakness can be turned into something positive and necessary in the narrative about oneself as a self-aware and responsible young person.

In another example, we find that embracing the HSP subjectivity allows young people to present more complex views of themselves:

Sebbeerikson00

What I like about myself is that I’m good at making contact with new people; if I’m interested in someone I don’t try to hide it. I also think I look pretty good and laugh easily. I’m good at doing a lot of different stuff, people say I’m a good singer and so forth. What I’m not satisfied with is that I often hesitate and tend to overthink things. My brain is always on high speed, so to speak. Wish I could relax a little.

In this example, Sebbeerikson00 starts with describing what he likes about himself; at the end of the post, it becomes clear that he is not satisfied with the fact that he hesitates and ‘overthink[s] things’. XeniaX replies that hesitating and overthinking could be signs of him being an HSP, and she posts a link to an article about the HSP trait published in a lifestyle magazine. In response, Sebbeerikson00 states that many things in the HSP self-assessment test did fit with his description of himself. This illustrated how young people who self-identify as a HSP often answer questions in these threads about the trait, share links to online HSP self-assessment tests and outline its criteria. The online interaction between youths shows how benevolent
self-declaration and self-reflexivity is conducted and what it includes. This discourse can be considered as a therapeutic kind of practice in which young people emphasize that being HSP entails an interest in wanting to help other people and in learning to ‘get to know yourself better’. Many youths support other participants and encourage them to engage in this type of scrutinizing self-declaration. Through engaging in ‘enlightening’ interaction, youths are helping each other to become more self-aware and self-improving persons. Altogether, these acts manifest how young people, while adopting the HSP subjectivity, act as ethical pioneers (Rose & Novas, 2005).

HSP provides a discursive means for presenting a nuanced personhood, in which both positive and negative aspects are given prominence. The HSP subjectivity is utilized in order to express who the participants are, what they feel and what their struggles are in everyday life. Identification with the HSP trait is displayed within the framework of writing about one’s problems, as well as presenting the trait as bringing some advantages—primarily by constructing those with the trait as empathic and kind to other people. The empathic characteristics among HSPs appear to also contribute to a supportive online space. However, this also causes discursive struggles, as we will show under the next heading. We suggest that the ways in which young people engage with their own as well as others’ well-being and personhood manifest how they understand HSP as a shared personality trait. They are ‘pioneering a new informed ethics of the self—a set of techniques for managing everyday life in relation to a condition, and in relation to expert knowledge’ (Rose & Novas, 2005, p. 450). This type of informed ethics of the self, that is, the normative element of biosociality, resembles the desirable, good and empathic nature of HSP. This is exemplified in the next excerpt:

Alicejohansson

I have to process and feel everything. Until I have done all that my head and heart needs, I cannot continue in life. In times like these, I hate being sensitive. I hate that I’m going to have such a hard time and feel so terribly bad, when many other people just don’t have to go through this. I wish I could just move on easily in life and stay positive. And unfortunately, I know that some people take advantage of me because of this.

Here, as well as in other posts, Alicejohansson discloses problematic aspects of her life related to her sensitivity, writing that she suffered from depression and anxiety at times. One could understand her many statements about HSP and anxiety as positioning her as a self-aware person who has found a way to explain her emotional difficulties and hardships in life. She does this not solely in terms of biomedical explanation and diagnosis (of conditions such as depression), but as a result of the trait that makes her, according to herself, predispositioned to being ‘loyal and honest’. This kind of self-declaration, also seen in other posts, illuminates how youths account for having the trait that predisposes them to certain susceptibilities. They may use the trait to explain the relationship between their susceptibilities and their struggles in life, leading to better self-awareness and indirectly decreasing further hardships in life. In the light of the highly sensitive trait, youths construct the intertwined ‘nature’ of health and personhood in relation to both their past, present and future concerns in life.

These findings exhibit how the norms of biosociality are handled among youths in the online material—as a type of ‘proactive’ act in which young people perform self-awareness and responsibility in relation to their susceptibilities as HSPs.
In many posts in the online material, being an HSP appears as a compliant subjectivity. It is used to present the participants as self-aware, as being responsible people who scrutinize both their self-declared good sides and their bad sides. It seems to be important in these posts to describe oneself as a person who is interested in examining who one is and also to appear humble enough to write about all facets of one’s personality. As mentioned before, when youths draw on the HSP subjectivity, it is indirectly part of a proactive act. This means that they not only retrospectively deal with past experiences, but also future eventualities and their personal issues and worries in life. These could include, for example, feeling anxious or being taken advantage of in social relationships. Hence, self-declaration and therapeutic discourse is comprehended as the youths performing biosociality; they construct an epistemological community of shared support and experienced-based knowledge about the personality trait, with the intent of raising awareness and improving their everyday lives (Rose & Novas, 2005).

**Objecting Biosociality**

The HSP subjectivity and norms of biosociality are, however, sometimes challenged in interaction. In the data, we can see how appearing negative or sarcastic, or devaluing self-declaration and self-reflexivity, is a way of doing so. When young people perform contested positionings, accounts often deviate from what appear as consensual in the interaction. An example of this, in the forum thread concerning participants’ personal weaknesses and strengths, is a participant with the username Tinaa who writes that she has no flaws and receives perturbed replies:

**Tinaa**

Tinaa: I have no flaws.

RudAL: You are perfect then, that’s sick.

Noonan: I am content with everything, although for that matter I realize that I have things to improve with myself. And I think it’s a fairly reasonable approach.

XeniaX: Yes, it’s a perfectly reasonable attitude, and a good one. But to say ‘I have no flaws’ is to be bigoted in my view, because even if you do not see any flaws with yourself, it does not mean you do not have any, or that you cannot improve yourself. However, to say ‘I’m content with everything’ is to accept yourself for who you are without saying that you are the perfect specimen.

In this example, Tinaa seems somewhat harsh and sarcastic, but it could also be understood as a serious attempt to challenge the consensus between participants. Through declaring that she has nothing to self-improve, she is challenging biosociality and the positioning of a self-reflective individual. In contrast to a nuanced positioning, Tinaa does not display any intention to be understood as an imperfect person by other participants. XeniaX, in her reply to Tinaa, claims that it is not acceptable to present oneself as a ‘perfect specimen’. Tinaa’s positioning seems to function as a way to challenge biosociality and the norms of self-awareness, responsibility and self-improvement. This opposition, in turn, brings to the fore the discursive underpinnings of the participants’ positioning, in which an objecting and non-reflective position is itself considered a flaw; hence, other participants are policing Tinaa by admonishing
her statement; instead, what is desirable in this setting is positioning that involves grappling with both the favourable and unfavourable sides of your personality, and of embracing that totality rather than providing an unimprovable persona.

There are other examples of participants who challenge the normative positionings in relation to the HSP subjectivity in the forum. The excerpt below is also from the thread in which participants discuss their personal weaknesses and strengths. One participant states:

**Redditz**

Just what this forum needs, one more thread where people cry out and feel sorry for themselves.

Redditz implies that young people engage in self-pity while disclosing their ‘weaknesses’ in the online forum. The answers and reactions to Redditz condemn him or her for being negative in a thread that is supposed to facilitate a helpful and supportive social atmosphere. This highlights the norms of self-declaration and disclosure present in biosociality—the experienced-based knowledge and therapeutic kind of sharing that takes place in the online space (Rose & Novas, 2005). One participant replies to Redditz by stating ‘If you do not like this forum, why do you even visit this page?’ Apparently, Redditz’ stance of indirectly objecting to the norms of biosociality is deemed provocative in this context—reformulating the dominant discursive practices of the forum as merely self-pity is clearly a devaluing of a cornerstone of biosociality. The contested positionings elaborate the oppositional discursive strategies of questioning biosociality and its self-reflexive ethos by being sarcastic and negative in response to the HSP subjectivity. A ‘devaluing’ positioning claims that participants are engaged in self-pity and labels the interaction on the online forum as ‘cry-out’ threads. A ‘flawless’ positioning rejects the type of self-declaration that seems to be supported by other participants in the youth forum. Hence, both these positionings appear in stark contrast to the HSP subjectivity and its reflexive, self-improving and caring features.

**The Investigative Positioning of the Highly Sensitive Person Label**

There are also more investigative positionings taken in the discussion. In the thread ‘HSP’. Do you belong to that personality-group?’, participants use less contested positionings in comparison to previous examples, as exemplified below:

**Mr faraday**

People who do not feel they fit into the mainstream community try to find other communities to identify with. If this community is small it is easier to embrace it, and then it becomes a type of explanation for why you feel excluded from the mainstream.

In the example above, Mr faraday argues that the HSP label is a representation of an omnipresent human and cultural phenomenon, the urge to belong and identify with groups (in society), yet at the same time express one’s individual identity. A participant replies to Mr faraday that he or she thinks that participants on this particular youth forum want to differ or deviate more than the average person.
Mr. Faraday replies that ‘people in general want to be special and unique, but not deviate too much from the norms’. The other participant adds to Mr. Faraday’s account by stating that people also want to enjoy the security of a group affiliation. These accounts could be understood as an ‘investigative’ positioning. This entails taking a more ‘meta’ stance towards the normative aspects of social categorization, issues of belonging and group identification. Further, the HSP label is discussed in terms of its air of exclusivity (Börjesson & Palmblad, 2016). HSP is perceived as an appealing personality type and, in the light of this, can become questioned from an investigative positioning. As such, this stance appears much more distanced from the HSP subjectivity and those positionings that challenge it.

Billy

Ah. I think that the ‘symptoms’ (for lack of a better word) that define HSP could be due to so many other reasons than just being an HSP. However, if you ignore this uncertainty, and take the HSP category with a grain of salt, I recognize myself in some of the claims made in the HSP test. Hence it would be interesting to examine one’s nervous system—to get it on paper.

Billy presents him or herself as interested in more objective facts regulating observed behaviours, that is, to understand if you really are an HSP. There is a call for a degree of scepticism concerning the validity of the HSP self-assessment tests. This more critical approach demonstrates distance to the dominant HSP subjectivity through showing an openness towards other explanations. Other participants also question if there is any clinical or biological ‘proof’ of heightened sensitivity—‘not just some descriptions and simple tests’.

We suggest that Billy’s account is also an example of an investigative positioning. At first, this positioning seems to display an internal conflict (Harré et al. 2009), since it combines a somewhat critical approach towards the HSP label while at the same time embracing the efforts to ‘get to know yourself better’. Participants like Billy conduct this balancing act by demonstrating a willingness to be sceptical of the HSP label, while at the same time embracing the idea that it may serve a productive purpose in fashioning a category that is useful in terms of self-reflexivity and self-care. Kim takes a similar position in the next example:

Kim

Yes, the thing with HSP seems to be that it is not a psychiatric diagnosis but more of an umbrella term for a number of symptoms or characteristics. It is a guide to understanding your personality better, but should not be taken too seriously.

In Kim’s account, he or she also takes an investigative stance. Here, the objection ‘too seriously’ may be used as a way of avoiding the appearance of using the HSP label to exalt oneself and claim exclusivity or avoiding portraying the HSP trait as an empty label that fits with the descriptions of anyone who needs it for their own specific purposes. In both Kim’s and Billy’s accounts, the positionings encompass a stance that conforms to the norms of biosociality, while at the same time displaying awareness of the possibly critical implications of putting such a label on one’s personal issues, problems and capabilities. From this perspective, they display a willingness to engage in self-reflexive, self-improving and disclosing discursive
practices, while at the same showing that they are not fully invested in the labels and diagnostic measures used in the dominant HSP subjectivity.

However, this is not to be understood as an internal conflict within the investigative positioning, but as a strategy to conform to the norms and obligations of the social context (Harré et al., 2009). This particular thread holds the latent idea that biomedical explanatory models signal credibility through the formal expert system of testing and gathering ‘proof’ of clinical diagnoses, while the psychological discourse of HSP is considered less scientific because it primarily relies on individual experience-based knowledge. An epistemological community can be seen forming, where some participants have higher credibility than others; for example, XeniaX has a more prominent position in the interaction, her epistemic authority is established through her helping others to understand and explain their differences while drawing on both formal knowledge about the HSP-category and her own experiences of being an HSP. Different discursive strategies are employed when claiming (or discussing) the HSP trait in order to respond to emotional, health-related and social predicaments in life (‘weaknesses’), as well as coveted empathic, susceptible and caring capabilities (‘strengths’).

Discussion

This article demonstrates the ways in which biosociality can be an important aspect of youths’ subjectivity (Rabinow, 1997; Rose & Novas, 2005). It shows how young people made use of, objected to, or questioned biosociality. However, some positions become more deeply invested in than others, such as the HSP subjectivity that appears to reinforce a sense of understanding for the individual when it is formulated as an explanation of one’s suffering and self-experienced difference. The nuanced positioning of the HSP subjectivity could be construed as a therapeutic kind of discourse that the youths engaged in, in order to deal with their own and others’ problems and worries in life. As shown, young people construct the HSP label in complex ways, for example, as a coveted personality trait, a minority group identity or a ‘guide’, in order to understand oneself better. The HSP subjectivity was sometimes used as a discursive strategy to regulate interactions with other participants online; for example, the responses to resistant positionings displayed how seemingly important the self-declaration of one’s weaknesses and strengths—telling the ‘truth’ about oneself—was for many of the youths (Foucault, 1988). Yet, more distanced and even openly sceptical positionings could also be taken, such as the objecting and investigative ones. These positionings were interpreted as contested reactions towards the dominant HSP subjectivity in the forum threads.

Skagius et al. (2018) concluded that youths draw on psychological and biomedical discourse through ‘normalizing’ their emotional experiences for the purpose of maintaining a supportive online space. While discussing their health publicly, youths took responsibility for their health and supported others in also doing so. Similarly, in this article, many youths engaged in the norms of biosociality, establishing a supportive, yet normative online space. Thus, the HSP subjectivity can be comprehended as young people constructing epistemological communities where they share experience-based knowledge (Bertilsdotter Rosqvist & Jackson-Perry, 2020). Simultaneously, they are responding to ignorant and/or negative
notions about HSP and disseminate knowledge concerning their needs (Edenroth-Cato, 2019). In addition, with a Foucauldian problematization of young people’s interactions, it is possible to understand this online interaction as a symptom of a therapeutic discourse, and biosociality as a form of biopolitical governing (Foucault, 1997; Rose & Novas, 2005). Here, biopolitics appears in a form of benevolent exhortation; the imperative to engage in a self-improving gaze while reflecting on one’s personhood and problems. In the example of Tinaa, the participant who claims to be without any flaws, the responses were rather admonishing and policing. Self-declaration and confessional practices are also about influencing others to get on the right path and thereby gaining deeper self-knowledge and understanding of oneself; this is comprehended as an ethics seen in how youths communicate online, as acts of informing and educating others, at times with a somewhat harsh tone. The biosocial norms of the HSP subjectivity are dominant in the youths’ online interactions. To deviate significantly from them can lead to criticism from the rest of the participants. While seemingly a way for young people to get to know themselves and support each other, the therapeutic discourse also hinders alternative subjectivities.

Fox et al. (2005) and Alldred and Fox (2017) showed how youths used the Internet to establish an anti-recovery perspective on anorexia and questioned conventional ‘explanatory models’ of the disease. Young people were shown to contest biomedical discourse by engaging in social support and guidance as a means of facilitating power and self-control among others with similar thoughts and feelings about their bodies and lives (Alldred & Fox, 2017; Fox et al., 2005). In light of this, we suggest that further research on the HSP phenomena focus on how the trait could be utilized by participants in order to challenge biomedical discourse and clinical diagnoses such as depression, and maybe also other ‘neurotypical’ diagnoses such as autism. Bertilsdotter Rosqvist and Jackson-Perry (2020) investigated the epistemic tensions that prevail in an online forum where autism is discussed in order to shed light on how epistemic authority is constructed. Biomedical explanatory models stood in contrast to neurotypical understandings of autism that saw it as a special kind of sensory experience. In this article, the epistemic authority is constructed through different stances, both through experienced-based knowledge and more investigative positionings where one seeks ‘proof’ of high sensitivity in accordance with biomedical explanatory models, rather than psychological ones. The HSP category was perceived by some of the youths as a coveted trait that could label one’s strengths, as well as one’s vulnerabilities. This was tied to the conceptualization of being born different, predispositioned with an exceptional sense of being able to feel and experience more intensely than the average person (Ortega & Choudhury, 2011). Some participants who wrote about their highly sensitive personality also reported having been depressed and suffering from anxiety. The HSP subjectivity was often used to present oneself as someone born with a trait that makes you special and different. Labelling yourself HSP provides an explanation for one’s experiences and personhood, making them comprehensible for both oneself and others. The HSP trait can be understood as a subjectivity that explains psychological, emotional and social problems without pathologizing their causes or by negatively labelling—stigmatizing—the person who is suffering. To the adherents of HSP, being able to reformulate personal issues in this way presents an opportunity to escape from pathologizing discourse. Belonging to an epistemological community that shares
these understandings can make one’s experiences more manageable, or at least, these experiences appear less deviant when shared with others. Maybe the two-sided identification with the HSP category becomes a useful tool while navigating the social challenges of being a young person today, and in this regard, HSP subjectivity can be understood to strengthen the agency of participants. Therefore, we suggest that it is central to highlight how young people’s opposing and conflicting understandings contribute to the construction of subjectivities and communities in the context of a fairly new psychological personality trait such as HSP.

In conclusion, the youths’ HSP subjectivity was informed by how they performed self-reflexivity, self-improvement and caring for others as technologies of the self, more specifically ‘a new informed ethics of the self’ (Foucault, 1986, 1988; Rose & Novas, 2005, p. 450). A certain type of biosociality and epistemological community was established, based on how they constructed a shared susceptibility and disposition. Norms were produced and simultaneously contested—it was ‘good and important’ to share self-declarations because this particular sensitivity is a gift that you have to be ‘enlightened’ and self-aware about, in order to make it your asset.

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