A Social Diagnosis of Digitally Mediated COVID-19 Trauma

Cara Chiaraluce¹, Katia Moles¹, Laura Robinson¹, and Julie B. Wiest²

Abstract
Using a social diagnosis approach to COVID-19-related trauma, this research bridges the fields of sociology of medicine, disaster response, digital sociology, and digital divides. Bringing these literatures into dialogue, we problematize the digitally mediated trauma ensuing from COVID-19. We unpack two emergent media pathways or channels leading to a social diagnosis of trauma specific to sharp increases in reliance on digital media occasioned by the pandemic. The research advances the theoretical concept of the digital media trauma paradox in which trauma ensues from both oversaturation from toxic digital content and exclusion from digital resources. In either case, digital media engagements may act as a social determinant of health, particularly digital inequalities that to co-occur with other forms of disadvantage. The research closes by arguing that social diagnosis approaches are an excellent tool to understand the complexities of disaster response in the digital age.

Keywords
trauma, social determinants of health, COVID-19, social diagnosis, digital divide

Mediated COVID-19 Trauma
At the time of writing, we are living in an extraordinarily digitally mediated and uncertain historical moment, which directly informs ideas and practices associated with health, illness, and psychological well-being writ large. The cultural traumas associated with the COVID-19 pandemic are vast, variable, and continue to unfold, impacting all life domains, including health and well-being (Abrutyn, 2022). We add to this growing literature by probing digitally mediated trauma taking our cue from definitions of

¹Department of Sociology, Santa Clara University, Santa Clara, CA, USA
²Department of Anthropology and Sociology, West Chester University, West Chester, PA, USA

Authors are listed in alphabetical order. All authors contributed equally to this article.

Corresponding Author:
Cara Chiaraluce, Santa Clara University, 500 El Camino Real, Santa Clara, CA, 95053, USA.
Email: cchiaraluce@scu.edu
trauma as “experiences enduring emotional pain and distress” (Bowen & Murshid, 2016). Making a synthetic contribution, this research bridges the fields of sociology of medicine, disaster response, digital sociology, and digital divides by offering a social diagnosis approach to COVID–19-related trauma.

While we have not yet reached the proportionate infection or mortality rates of the H1N1 Influenza A or “Spanish Flu” from 1918 to 1920, the pandemic has produced “mass trauma” (Fitzpatrick et al., 2020). Indeed, for most people alive today, the pandemic may represent the pivotal traumatic event of our times. The trauma from witnessing cumulative deaths, injuries, and illnesses of family members and friends, and firsthand experience with one’s own illness or injuries directly associated with the pandemic cannot be overstated. However, the pandemic has also given rise to other forms of harm from a heightened dependence on digital media in tandem with a tsunami of potentially harmful digital content.

To examine mediated forms of trauma occasioned by COVID-19, we orient our analysis in a social diagnosis framework that allows us to identify the digital trauma paradox. We argue that both oversaturation from harmful digital media content and exclusion from digital resources are co-existing pathways for the experience of trauma stemming from COVID-19. To flesh out these theoretical concepts, we offer insight into the digital trauma paradox through which digital media can play a paramount role in the creation and experience of trauma. The digital trauma paradox accounts for the ways trauma can be mediated through both digital oversaturation and digital scarcity, particularly during a historical moment marked by isolation, heightened anxieties, and disaster fatigue.

**Media and Digitally Mediated Trauma**

The pandemic presents a distinct social context rife with multifaceted exposures to traumatizing digital media content associated with death, serious injury, and violence. Even those without first-hand experience of COVID–19-related death or disease have been subjected to continuously mediated content through a 24/7 news cycle that is endlessly augmented and replayed in the digital realm. These claims are rooted in a longer tradition of multidisciplinary scholarship that has documented the diverse ways that media has played an important role in proliferating vicarious trauma following different disasters (Evces, 2015).

Whether individual or collective, media has long played a role in diffusing trauma across space and time. According to Stiles’ (2016) study of the Lascaux cave paintings “Shaft of the Dead Man” in France, the dissemination of trauma through image has a long history that may even date back to Paleolithic times. Suffice it to say that a number of art historians and media scholars have documented the link between art and trauma (Meek, 2018) such as Picasso’s Guernica as an exemplar. From art to mass media, these processes achieved expanded reach. As the mass media’s power to broadcast or reproduce mediated content simultaneously to large populations has amplified, so has the potential for media oversaturation to provoke mediated trauma. For example, one only has to imagine news reel shorts of Nazi death camps or photojournalist
Eddie Adams’ “Saigon Execution” or the publication of the Khmer Rouge’s photographic record of Phnom Penh. Nonetheless, research on the relationship between media consumption and psychosocial stress is nascent in sociology despite being studied at length in public health and psychology (Holman et al., 2020). Overwhelmingly, these studies make evident that greater consumption of news media can produce psychosocial stress in individuals:

From these studies, it is clear that a person does not need to be directly affected by an event in order to suffer psychological distress as a consequence of the event. Instead, news media consumption may be one pathway by which the event becomes distressing, especially when news media about the event are repeatedly viewed. (Stainback et al., 2020, p. 3)

With digital communication, these processes have expanded exponentially. One illuminating example of the potential of digital media to disseminate traumatic cultural artifacts far beyond original print or television coverage are the digitized videos from 11 September 2001 of the towers falling or people leaping to their deaths. Further, digital media offers drastically larger replication and sharing of potentially traumatizing content. In addition to mass dissemination from traditional media producer to consumer, digital communications have also allowed for the amplification of pandemic trauma through processes including Web 2.0 interactivity.

**Digital Trauma Paradox**

The embeddedness of globally connected life in media and digital resources expands the ways in which trauma can be created and experienced digitally. In terms of the pandemic, digitally mediated communication has skyrocketed in response to COVID-19 giving rise to increasingly complex relationships between mediated trauma and well-being. Therefore, it is fruitful to examine contemporary psychosocial stressors that emerge from differential experiences with COVID-19 in terms of what we call the digital trauma paradox.

As the relationship between trauma and digital resources is inherently paradoxical and relational, too much or too little digital access can place one at higher risk of digitally mediated trauma. In other words, different kinds of digitally mediated trauma may ensue from either oversaturation from traumatizing mediated content or from exclusion from digital resources and skills. These two sides of the coin form the digital trauma paradox, in which trauma equifinality may occur both for those who are oversaturated from toxic digital content, as well as for those who lack access to abundant digital resources.

More specifically, the wide-ranging and unequal experiences of the COVID-19 pandemic lead us to theorize two specific pathways as sources of trauma that are unique to the digital age and are highlighted by events associated with the COVID-19 pandemic. Throughout the COVID-19 pandemic, digital resources have assumed an expanded role as a lifeline for people under lockdown or cut off from face-to-face
interaction and many normative ways of life. For the digitally advantaged, digital resources and interaction allow individuals to communicate and socialize safely with colleagues, friends, family members, and others, procure deliverable goods and remote services, access education, and interact with governments and businesses in a safe manner (Robinson et al., 2020). Individuals, then, with the means to avail themselves of digitally mediated services, such as teleconferencing for work and school or platform-based shopping and delivery services, are better able to shield themselves from the onslaught of the virus and the isolating effects of the quarantine measures adopted to stem its spread.

Importantly, digital resources can serve as protective and preventative health and safety mechanisms that have shielded the affluent from many negative impacts associated with the pandemic (Robinson et al., 2020). At its best and most positive, digital hyperconnectivity may help buffer trauma in the sense that individuals with trauma can more easily obtain support and comfort from others in their social circles with ubiquitous and continuous connectivity. Throughout the pandemic, it is evident that digital resources have served as lifelines and important coping mechanisms for people in the form of online support groups and community networks to help secure basic resources and services.

Nonetheless, this very abundance has given rise to digital oversaturation from potentially traumatizing content that is endlessly shared and consumed. For those with abundant digital resources, potentially traumatic information regarding the pandemic is available and accessible through multiple channels in a continuous and real-time basis, setting the stage for the broad diffusion of trauma, even among individuals who have little firsthand traumatic experiences of the pandemic (Holman et al., 2020).

With COVID-19, mediated trauma reaches a new apex with videos of the dying from local, national, and global media sources and the omnipresence across digital and analogue media of constantly updated digital visualizations, such as the Johns Hopkins COVID-19 dashboard, with its ever-increasing death tolls and infections rates. With each additional news story on the latest COVID-19 strain and upticks in cases reported on social media and county websites, the threat (in addition to the actual experience) of COVID-19 is omnipresent and potentially traumatizing when consumed to the point of unhealthy oversaturation.

**A Social Diagnosis of Digital Oversaturation**

Regarding digital oversaturation, 30% of U.S. adults are “constantly online” and 80% go online at least once per day (Perrin & Atske, 2021). Even before COVID-19, there has been a continual increase in potentially harmful or disturbing mediated content that has prompted the emergence of entire “content moderation” industries comprised of exploited low-wage workers who “sanitize” the internet from a range of disturbing content including unsolicited genital images, child pornography, beheadings, and other violent acts (Chen, 2014). With the pandemic, these processes have become even more salient for those social distancing while also avidly consuming what has been termed “disaster porn” (Recuber, 2013).
Unless moderated by self-reflective content consumption, it is easy for digitally resourced individuals to find themselves awash in digital replays of the violent, injurious, and threatening aspects of the pandemic to the point of oversaturation. Digital oversaturation may range in kind and scope including but not limited to Zoom fatigue, exposure to mis- and disinformation, and disaster fatigue related to the pandemic. When individuals consume harmful content in excess, they risk becoming digitally oversaturated and experiencing heightened stress or anxiety.

A Social Diagnosis of Digital Exclusion

At the other extreme is the trauma experienced by the digitally disadvantaged whose lack of access to digital skills and resources makes them more vulnerable to the pandemic’s primary and secondary effects. By sharp contrast to the harm caused by such oversaturation from noxious content, digital exclusion trauma may be generated by lack of digital resources exacerbated by COVID-19. Up to 20% of U.S. adults may not have consistent, quality access to digital resources or the skills to use them effectively, disenfranchising them from goods, services, education, and work during lockdown and quarantine periods (Perrin & Atske, 2021).

As Robinson et al. (2020) articulate, digital inequality “encompasses access to connectivity networks, devices, and software . . . differentiated use and consumption, literacies and skills, production” (p. 1) in ways that are mutually reinforcing and reproduce disadvantage. Therefore, the digitally disadvantaged have suffered traumatic harm due to COVID-19 for an entirely different set of reasons than their digitally advantaged counterparts.

During the pandemic, inadequate access to digital resources becomes particularly problematic, as digitally disadvantaged individuals are at greater risk of exposure and physical harm because they are deprived of the digitally mediated lifelines needed to sustain daily life, health, and well-being. Regarding access inequalities, those without any digital access cannot stay at home to “shield” themselves from physical exposure to obtain food, services, and other basic necessities. Those seeking access to digital resources outside of the home must either use substandard workarounds, such as sitting in a car to use public library Wi-Fi, or must contend with unsafe conditions to access the internet in public places.

In terms of skills, digital inequalities occur in parallel with other recognized social determinants of health including securing a job, housing, or education that are increasingly only accessible online and require a modicum of digital skills. Digital skill inadequacies reduce psychological well-being due to perceived deficits and emotional costs that produce anxiety (Huang et al., 2015). For all of these reasons, exclusion from digital resources and/or lack of skills also act as a social determinant of health, albeit in different ways.

Moreover, digital inequalities also form the basis for a secondary form of trauma experienced by those who are wholly or partially digitally excluded. This experience of trauma may be emotional or psychological on top of being implicated in physical risk (Robinson et al., 2020). Digital exclusion may result in significant anxiety and
reduced bodily well-being. Previous research using nationally representative Pew data from U.S. adults established that—even controlling for confounding factors including generalized anxiety—the digitally disadvantaged are more likely to experience physical manifestations of pandemic anxiety (i.e., sweating, trouble breathing, nausea, or a pounding heart) than their advantaged counterparts even merely thinking about their experiences with the COVID-19 outbreak (Robinson et al., 2021).

Digital Inequalities and Social Determinants of Health

To date, multiple bodies of literature show how digital exclusion during the pandemic correlates with a variety of negative health impacts. As Early and Hernandez (2021) summarize, “People experiencing poor health outcomes are more likely to have low or no broadband connection” (p. 608). Empirical research in Europe, for example, has shown that the trauma and stress emanating from the workplace affects classes of workers who are in high-contact fields more than those who can work remotely (Holst et al., 2021). Sieck et al. (2021) articulate the necessity for digital access and skills to promote good health, “For example, applications for employment, housing, and other assistance programs, each of which influences an individual’s health, are increasingly, and sometimes exclusively, accessible online” (p. 1). Additionally, emerging evidence shows that lack of internet access is leading to unequal vaccination rates, since most U.S. states require online registration (O’Brien, 2021).

For these reasons, digital inequalities represent a social determinant of health on multiple levels (Bauerly et al., 2019). For the digitally resourced, digital resources may protect them from first-hand physical risk of viral exposure, while increasing the potential for secondary oversaturation from harmful mediated content. Through intensified digital connections and embeddedness in media, individuals may not just experience death, violence, illness, and injury in real time, but also may witness these events digitally, which may blur the lines between the digital and the real and amplify symptoms of trauma. Therefore, the COVID-19 pandemic is a rich context to unpack the paradoxical ways that digital resources and media can have potentially traumatic effects on individuals and society across the socioeconomic status (SES) spectrum. It is clear that digital media and resources are powerful factors to be taken seriously in understanding pandemic trauma.

Sociology of Social Diagnosis

We have employed a social diagnosis approach to make sense of the digital trauma paradox. Sociology of diagnosis is a sub-field in medical sociology that weaves together main areas of thought in medical sociology, like the social construction of illness and diagnosis (Armstrong, 1998; Conrad & Barker, 2010) and social diagnosis (Brown et al., 2011). Social diagnosis was first coined by Richmond (1917) to describe a hallmark methodological casework technique in social work which contextualized the client in their broader social environment, and was later translated into medical sociology by Brown (1990). The goal of social diagnosis is to:
attempt to arrive at as exact a definition as possible of the social situation and personality of a human being in some social need—in relation to other human beings upon whom he in any way depends or who depend upon him, and in relation also to the social institutions of his community. (Richmond, 1917, p. 357)

Using a social diagnosis lens allows us to explore digital media as a legitimate vehicle for trauma that potentially enhances our understanding of pandemic trauma in digital society.

Serious attention to digital resources and media as not only primary agents of illness experience, but also the effects of the digital on trauma are lacking in this literature. Instead, scholars in this domain primarily emphasize the ways in which digital resources like the internet function as major mechanisms to publicize illness and challenge medicalization (Barker, 2008; Conrad & Stults, 2010), or how patients adopt appropriate digital resources and use social media to shape and cope with the illness experience and redefine self-identity (Frohlich, 2016; Sosnowy, 2014). Brown et al. (2011) state,

Social diagnosis is “social” for two reasons: First, it connects an illness or the act of diagnosing that illness to a set of political, economic, cultural and social conditions or factors. Second, social diagnosis is conducted by different social actors, and the actions of one group of stakeholders often spill over to affect the actions of other actors. (p. 939)

In this vein, the COVID-19 pandemic provides the key social context that has sparked the creation of new health categories and shifted normative ways of thinking about illness, disorder, violence, and mortality.

In this research we build on this framework to feature media and digital inclusion and exclusion as important, yet understudied factors in the creation and experience of illness and psychological conditions in the digital age. This lens allows us to see beyond the “medical gaze” (Foucault, 1973) that focuses on narrow diagnostic criteria centered on individual pathology, and instead, to recognize the influential role of mediated content in the formation and dissemination of COVID-19 related trauma.

In doing so, such an analytical orientation elevates the status of digital resources in the social construction of illness as a social determinant of health. At the time of writing, we are currently living in a historical moment when digital literacy, connectivity, and communication is primordial during the pandemic. For these reasons, it is paramount to understand the ways that digital media may act as a social determinant of health, with direct relevance to differential trauma from digital engagements ranging from oversaturation to exclusion.

Social determinants of health are the non-medical factors that determine health and well-being, and the pandemic is an apt case to demonstrate the impact of extra-medical social structures, like access to media and digital resources, on trauma triggers. As Benda et al. (2020) state “now more than ever, broadband Internet access (BIA) must be recognized as a social determinant of health” (p. 1123). Together, “diagnosing” COVID-19 trauma from a social perspective allows us to identify the key role that
media and digital inclusion or exclusion play in the experience of trauma, and to take seriously digital forces as factors in the production and experience of health and well-being.

**Social Diagnoses of Trauma**

Our approach offers important tools to enhance emergent understandings of trauma vis-a-vis COVID-19. Specifically, the ways that trauma can be digitally mediated particularly when face-to-face interaction and physical engagement in the material world are severely limited through lockdown or stay-at-home orders. Sociological literature on stress disorders induced by trauma focus on the ways in which historical notions of war-related stress were transformed into particular trauma narratives (Scott, 1990), and the distinctions between social factors and clinical models of illness (DeGloma, 2011).

Further, much social science scholarship has focused on the diverse “trauma carriers” (Alexander, 2004)—patients, activists, mental health organizations, and so on—in involved in the creation of the posttraumatic stress disorder (PTSD) diagnosis and their link to social movements (Brown & Zavestoski, 2004). These scholars have paved the way for thinking anew about trauma and its relationship to social and cultural forces using a social diagnosis approach in light of COVID-19 (Abrutyn, 2022).

Diagnosis matters. In discussing Mirowsky and Ross’s (1989) work on diagnoses, Jutel (2011) describes, “The power of the diagnosis is remarkable. Receiving a diagnosis is like being handed a road map in the middle of a forest . . . The unexplained becomes explained, and management is defined” (p. 1). When diagnoses are stymied by frustrating encounters with institutional actors, harm may occur (Chiaraluce, in press). Codified diagnoses serve a variety of positive functions that are practical (i.e., diagnoses grant insurance coverage and access to vital healthcare resources), psychological by validating individual struggles with impacts on self-identity and well-being, and social by exploring to what extent such trauma might be carried by members of the population at large.

Our social diagnosis of COVID–19-related trauma identifies differential levels of digital inclusion (or exclusion) as a factor in understanding risks that could lead to significant symptomatology. Further, it helps to legitimize digital resources as social determinants of health that deserve to be taken into consideration in diagnostic processes. In doing so, those that experience trauma symptoms gain access to a codified diagnosis whether it is due to digital oversaturation from noxious content or stems from digital exclusion.

As Jutel (2011) states, “A collective cultural position determines which symptoms we will see, which we will brush off as insignificant, how we make sense of what is there, and what social consequences the diagnosis will convey” (p. 61). In this light, the pandemic has put a spotlight on the deep effects of digital oversaturation and digital exclusion on health, both physical and mental, which has yet to be centered in sociological discussions of trauma and specifically the ways in which it can be digitally mediated.
Therefore, expanding the understanding of trauma to include digitally mediated pathways holds the potential to help global populations struggling with trauma-like symptoms, who without a codified diagnosis, do not qualify for healthcare services nor are allowed access to identity-based community groups and social supports. Further, a diagnosis provides coherence and legitimation to seemingly disparate symptoms of trauma—fear, anxiety, disconnection, flashbacks, isolation, physical pain, and so on—which can have positive effects on individual health and well-being. Additionally, a wealth of case studies demonstrates the power of diagnosis to confer a collective identity and mobilize collective action within health social movements (Brown et al., 2004).

As the pandemic continues, burgeoning populations across the world are suffering with trauma symptoms, which impede their ability to function fully or optimally in their lives. Understanding the implications of the digital trauma paradox allows us to understand the complex relationships between trauma, digital resources, and COVID-19 as a public health crisis. The pandemic presents an additional axis to understand culturally and temporally relevant new sources and channels through which trauma is experienced in a digitized world. This matters because diagnosis functions as a way to capture individual and social realities in ways that allow us to begin to find solutions in the fields of health, social work, and public policy. A social diagnosis approach allows scholars and practitioners across these and other fields better tools to address trauma from digital oversaturation and exclusion in light of both the ongoing ravages of the pandemic and future disaster events.

Summary of Social Diagnosis: COVID-19 and the Digital Trauma Paradox

In closing, the COVID-19 pandemic has intensified the potential for exposure to large-scale events whose mediation can produce trauma symptoms. The effects of COVID-19 as a 100-year public health crisis are just beginning to be understood, but they spotlight how digital media has become a vehicle for or an affordance of new kinds of trauma. Our discussion of social diagnosis of COVID-19 trauma has the potential to shift understanding of the role digital media plays in health and well-being, especially in terms of disaster response in an increasingly digitized and uncertain social world.

To unpack the complex phenomenon of digitally mediated COVID-19 trauma, we employ literature from sociology of medicine, disaster response, digital sociology, and digital divides to inform a social diagnosis framework. This framework allows us to identify the significant role that digital media plays in understanding the complexities of COVID–19-related trauma. Through this discussion, we introduce several new concepts specific to COVID-19 that are fruitful for future research: the digital trauma paradox, digital oversaturation trauma, and digital exclusion trauma.

In particular, these two emergent digital channels capture how trauma can be experienced from different lifeworld perspectives and how the origins of trauma may be paradoxical in nature. On the one hand, trauma may ensue from oversaturation to harmful digital content that mediates trauma even for individuals who are relatively
insulated from the physical or bodily harm from the virus. Trauma due to digital exclusion, by contrast, may afflict those who are digitally disenfranchised as they suffer digital exclusion from access and skills necessary to support physical and mental health and well-being during the pandemic.

This is the digital trauma paradox: oversaturation from digital resources and scarcity of digital resources, and each may have traumatizing effects on individuals and groups. On one end of the continuum, the digitally oversaturated may suffer from a highly mediated form of secondhand trauma. On the other end, the digitally disadvantaged suffer both from primary trauma from the immediate risk of COVID-19 exposure and secondary trauma due to increased symptoms of stress and/or anxiety stemming from lack of access and skills necessary to use digital resources.

Implications and Future Study

This chasm creates a paradox: “digital trauma” worthy of future study in several directions. This research brings different streams of research into dialogue with one another that heretofore have found little common ground with one another. By showing the equifinal risk of trauma from both oversaturation and exclusion from digital media, this research adds a new way to understand the negative impacts of a range of digital media engagements on individuals, groups, and society. The theoretical concepts in this research need to be brought into dialogue with empirical evidence. The concepts of digital oversaturation and digital exclusion trauma could be fruitfully examined in a number of populations most impacted by the pandemic.

For example, to examine digital exclusion further, scholars could link the concept of digital trauma from this article to scholarship on digital inequalities and emotional costs for low-SES students struggling with remote learning. While we continue to hear much about “learning gaps” and “lost learning” from COVID-19 school closures, few scholars have considered the role of digital trauma in disadvantaged students’ experiences of remote learning during lockdowns.

At the same time, while adding an important dimension to the study of digital inequality, the research also prompts scholars to consider over-consumption of potentially harmful digital content as an underexplored new vista in digital sociology. It is also increasingly apparent that digital overload among individuals already living with trauma may exacerbate their trauma along a number of axes including trauma fatigue, disaster fatigue, and media fatigue—all of which may push individuals to withdraw from mediated encounters that are increasingly painful in a fragile historical moment. In doing so, they may retreat away from using digital resources for social support and positive coping mechanisms. For all of these reasons, future analysis would do well to draw on social diagnosis approaches to better understand the complexities of disaster response in the digital age. Doing so will begin to build our knowledge of the long tail effects of COVID-19.

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Author Biographies

Cara Chiaraluce is Senior Lecturer in the Department of Sociology at Santa Clara University. She earned her PhD from the University of California, Davis, and conducts research in the fields of medical sociology, gender and family, and carework and digital resources. Her manuscript titled *Becoming an Expert Caregiver: Shifting Paradigms on Care & Disability through Autism Carework* is currently in press with Rutgers University Press. Additional recent scholarly articles include: “Narratives on the Autism Journey: ‘Doing Family’ and Reconfiguring the Caregiver Self” in the *Journal of Family Issues* (2018) and “Becoming an Expert Autism Caregiver: Health Literacy and Community Catalysts” in *Research in the Sociology of Health Care* (2015).

Katia Moles was trained as a social ethicist at the Graduate Theological Union and UC Berkeley where her work examined the policy implications of culturally embedded framings of sexuality and reproduction within larger ethical and religious traditions. Currently, she is a social ethicist of technology at Santa Clara University where her research speaks to the intersection of inequalities and digital media, particularly issues of inclusion that impact traditionally underrepresented groups. The Journal of Feminist Studies in Religion awarded Moles the “New Scholar Award” for her article “A Culture of Flourishing: A Feminist Ethical Framework for Incorporating Child Sexual Abuse Prevention in Catholic Institutions.” UC Berkeley, Santa Clara University, Dominican University, Graduate Theological Union, and Florida International University have also recognized Moles’ work in Justice, Equity, Diversity, and Inclusion that animates her research and teaching.

Laura Robinson is Professor in the Department of Sociology at Santa Clara University and Faculty Associate at the Harvard Berkman Klein Center for Internet & Society. She earned her PhD from UCLA, where she held a Mellon Fellowship in Latin American Studies and received a Bourse d’Accueil at the École Normale Supérieure. In addition to holding a postdoctoral fellowship on a John D. and Catherine T. MacArthur Foundation funded project at the USC Annenberg Center, she has served as a visiting assistant professor at Cornell University and the chair of CITAMS. Her research has earned awards from CITASA, AOIR, and NCA IICD for her work on digital inequalities and digital sociology in Brazil, France, and the United States.

Julie B. Wiest is Professor of Sociology at West Chester University of Pennsylvania. Her research focuses on the sociocultural contexts of mass media, digital/new media technologies, and violence. She authored *Creating Cultural Monsters: Serial Murder in America* and co-authored *The Allure of Premeditated Murder: Why Some People Plan to Kill*, as well as scholarly articles published in journals including *American Behavioral Scientist*, *Criminal Justice Studies*, *First Monday*, *Howard Journal of Communications*, and *International Journal of Communication*. Wiest co-edits the *Interpretive Lenses in Sociology* book series and is Senior Crime and Media Editor for the *Studies in Media and Communications* book series, for which she recently edited two volumes, *Theorizing Criminality and Policing in the Digital Media Age* and *Mass Media Representations of Crime and Criminality*. 