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From stigma to norm: Representation of mental health in Ukraine during wartime in Facebook memes

Tetiana Khraban*

PhD in Philological Sciences, Associate Professor
State University "Kyiv Aviation Institute"
03058, 1 Lyubomyr Huzar Ave., Kyiv, Ukraine
https://orcid.org/0000-0001-5169-5170

Carolina Cosimano Corona

Lecturer
KIPP Austin Collegiate
TX 78754, 8004 Cameron Rd., Austin, United States of America
https://orcid.org/0009-0001-2407-5328

✦ **Abstract.** The paper presents a study on internet memes as a form of digital discourse that plays an important role in destigmatising mental health problems in the context of the protracted war in Ukraine. The relevance of the work is due to the growing psychological burden on the population and the need to find informal, socially acceptable ways to understand and verbalise psychological distress. The purpose of the study was to identify the destigmatising potential of memes of the Ukrainian-speaking segment of the social network Facebook and characterise the communication strategies through which they contribute to the acceptance and understanding of mental health problems in war conditions. The empirical material consisted of a corpus of 114 text memes collected in two publicly available Facebook communities – Psychology in memes, Meme therapy – in 2025. The study was based on the use of reflexive thematic analysis, providing for the identification of repetitive semantic patterns, discursive strategies, and latent meanings in the representation of psychological distress. The analysis focused solely on the verbal component of memes. The results of the study showed that memes form a socially safe discourse for discussing mental health issues. Within its framework, the following leading strategies are identified: normalisation of psychological difficulties as a component of everyday experience; ironic and self-ironic reflection of symptoms; criticism of social norms of productivity and emotional self-regulation; discursive legitimation of seeking psychological help without its normative imposition; formation of collective identification through inclusive language constructions; use of humour as a defence mechanism in conditions of chronic stress. It is established that humour does not devalue psychological problems and mental disorders, but reduces their symbolic threat, weakens the processes of self-stigmatisation and contributes to a sense of social solidarity. The results showed that internet memes in social networks perform not only an entertainment but also a socio-cultural regulatory function, supporting psychological adaptation and resilience of communities in the context of a prolonged social crisis and limited access to formalised psychological assistance resources

✦ **Keywords:** memetic digital practices; social marginalisation; network communication; humour; psychological distress

✦ Introduction

Armed conflicts and wars have a complex and long-term impact on society, going far beyond the physical destruction of infrastructure and direct human losses. S.M.Y. Arafat & S. Hossain (2025) stressed that wars are accompanied by a significant increase in psychological stress, which affects both individuals and social groups in general. In Ukraine, in the face of prolonged fighting, millions of people face daily threats of violence, forced displacement,

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*Corresponding author

loss of loved ones, economic instability, and uncertainty about the future. The combination of these factors creates a substantial, but often hidden, burden of mental health problems among the civilian population and military personnel. As noted by S.M.Y. Arafat & S. Hossain, low- and middle-income countries are particularly vulnerable in this context, where mental health support systems are initially characterised by limited resources, a shortage of specialists, and insufficient funding. In such circumstances, the impact of war exacerbates existing structural problems, in particular, limited access to psychological assistance and a high level of stigmatisation of people with mental health problems. The destruction or overload of health systems in conflict zones creates additional barriers to psychological support, leaving a great number of people without proper care after experiencing traumatic events. Military personnel are a separate group at increased risk for mental health problems due to the specifics of military experience. A study by A. Finnegan & R. Randles (2023) determined that exposure to combat injuries, repeated contact with death, physical and emotional exhaustion, and prolonged separation from family create conditions for the formation of severe mental and psychological difficulties, specifically, symptoms of post-traumatic stress disorder. After returning to civilian life, military personnel also face high levels of stress associated with social adaptation, which can negatively impact the quality of life, family relationships, and their ability to perform professionally. Despite this, a major part of military personnel do not receive timely medical and psychological assistance, which indicates both institutional and social barriers to access to support. The civilian population in war conditions also experiences an immense negative impact on mental health. Shelling of populated areas, rising civilian casualties, forced migration, and economic losses contribute to increased levels of anxiety, depression, and general psychological distress, as stated by A. Tedla *et al.* (2024). The economic crisis, unemployment, and precarious living conditions further exacerbate stress and vulnerability, especially among socially vulnerable groups. Thus, the war in Ukraine creates a situation of mass psychological tension, covering both persons directly involved in military operations and those who experience their consequences in civilian life.

Against the background of the growing burden of mental health problems, the phenomenon of stigmatisation is becoming especially important. According to E.B. Waxenbaum & K.C. Pope (2025), negative public attitudes about psychological difficulties reduce people's willingness to recognise the existence of a problem and seek professional help. Stigma, in the view of T. DeAngelis (2024), can manifest itself both at the level of public perception and in the form of self-stigmatisation, when individuals try to avoid labels related to mental health problems for fear of judgment, shame, or the risk of losing social status. In times of war, these mechanisms become particularly acute since the recognition of psychological vulnerability is often perceived as socially undesirable or incompatible with expectations of endurance, resilience, and the ability to "hold on". Self-stigmatisation greatly affects people's behaviour, reducing their willingness to recognise the presence of psychological problems and seek professional help, even with severe symptoms. T. DeAngelis emphasised that the desire to avoid the "label" of a person with mental health problems is one of the reasons for postponing or completely refusing treatment. In a publication of M.A. Crockett *et al.* (2025), reducing the stigma of people with mental health problems was viewed as one of the public health priorities at the global level. However, in wartime, traditional institutional mechanisms for destigmatisation are often limited due to the destruction of infrastructure, overloading of health services, and a shortage of specialists. In this context, the importance of alternative communication channels is growing, among which social networks occupy a special place, as underlined by S. Shahwan *et al.* (2022). Social networks in Ukraine during the war function as an important space for information exchange, mutual support, and public discussion of socially significant topics. A study by H. Zhang & A. Firdaus (2024) established that open conversations about mental health, sharing educational content, and sharing personal experiences can help reduce stigmatisation and create a more acceptable and empathic attitude to mental and psychological difficulties. The low threshold of access and the possibility of horizontal communication make social networks especially important for military personnel, veterans, and civilians who, for various reasons, do not turn to formalised sources of psychological assistance.

Thus, the relevance of the exploration of the potential of social networks in overcoming the stigmatisation of people with mental health problems in the conditions of war in Ukraine is due to a combination of several factors: the large-scale spread of mental and psychological problems among military personnel and civilians, the high social sensitivity of the subject of mental and psychological vulnerability, and the growing role of digital platforms as a space for public dialogue. The analysis of these processes will allow for a deeper understanding of the social mechanisms of stigmatisation and destigmatisation in the context of armed conflict and will create the basis for the development of more effective and socially sensitive approaches to maintaining psychological well-being. The study aimed to examine the destigmatising potential of memes of the Ukrainian-speaking segment of Facebook and analyse the mechanisms of their communication strategies that contribute to the acceptance and formation of a critical understanding of mental health problems in the context of war.

✦ Literature review

Stigma as a social phenomenon is a persistent system of negative attitudes, assessments, and practices directed at individuals or groups that are perceived as "different" from the dominant social norm (Tushe, 2025). S. Gyamfi *et al.* (2025) defined stigma as a multi-stage social process involving labelling, stereotyping, prejudice, and subsequent discrimination, resulting in loss of social status and social

isolation of stigmatised groups. This process is not formed in isolation, but is integrated into a broader cultural and institutional context, reflecting unequal power relations and dominant social norms. Mental health stigma is one of the most common and persistent forms of stigma. It is based on negative public beliefs and distorted perceptions of the nature of mental disorders, resulting in people with these conditions often being perceived as dangerous, unpredictable, irrational, or socially incompetent (Tushe, 2025). Unlike most somatic diseases, mental health problems are often interpreted as a manifestation of personal weakness or lack of self-control, which increases the tendency to blame the person themselves for their condition (DeAngelis, 2024). Such interpretations create a social environment in which discussing mental and psychological difficulties becomes taboo, and seeking professional help becomes socially risky.

S. Gyamfi *et al.* (2025) identified different types of mental health stigmatisation that function at different levels of social reality to systematise this phenomenon. One of the basic forms is social stigma, which reflects a set of widespread stereotypes, biases, and discriminatory practices against people with mental health problems. It, as noted by J. Mora-Ríos & M. Ortega-Ortega (2021), manifests itself in negative statements, social avoidance, limiting trust, and supporting discriminatory decisions in employment, education, and social life. Social stigma creates a normative context in which discriminatory attitudes can be perceived as socially justified or "natural". Self-stigma occurs when people with mental health problems internalise social biases and begin to apply them to their own personality. This process is accompanied by a decrease in self-esteem, the formation of feelings of shame, guilt, and helplessness, along with a loss of faith in the possibility of recovery and full social functioning (Gyamfi *et al.*, 2025; Tushe, 2025). This form of stigma manifests itself through social distance, negative judgements and restrictions faced by people associated with mental illness or psychiatric services. As a result, families can hide their mental health problems, avoid seeking professional help, and limit social contact, which increases isolation and reduces access to support resources. Structural stigma, according to the findings of H. Elraz & J. Remnant (2026), is anchored at the level of social institutions, policies, and organisational practices and manifests itself in systematic inequality in access to health care, discrimination in employment, restrictions on social protection, and insufficient funding for mental health services. H. Elraz & J. Remnant noted that institutional and cultural biases at the societal level lead to the exclusion of people with mental health problems from the labour market, deterioration of their living conditions, and limited access to quality medical resources. These processes contribute to the reproduction of social vulnerability and inequality, especially in the context of crises and armed conflicts. The analysis of the above-mentioned publications provided for identifying three interrelated areas of research that are relevant to the subject of this work: socio-cognitive and structural approaches to stigmatisation of mental health problems; the role of social networks as a space for reproduction and overcoming stigma; the use of humour as an auxiliary communication resource.

Within the framework of the socio-cognitive approach, stigma is considered as a process based on stable patterns of interpretation, through which psychological vulnerability is marked as socially undesirable. Special attention of S. Gyamfi *et al.* (2024) was paid to the structural measurement of stigma. Institutional practices and social policies can reproduce stigmatisation even in the context of declared support for psychological well-being. In contrast to cognitively oriented models, the authors demonstrate that without the transformation of institutional conditions, destigmatisation remains fragmented. An empirical study by A. Hajizadeh *et al.* (2024) confirmed the association of stigma with reduced social functioning. The authors noted that social conditions, including stigma, increase psychological distress and contribute to social maladaptation. Comparing these works allows concluding that modern socio-cognitive approaches are increasingly integrated with structural analysis, forming a multi-level understanding of stigma as a social process. In times of war, these mechanisms are strengthened, as the requirements for "psychological stability" become normative, and the recognition of vulnerability becomes socially problematic.

The second area of research is related to the analysis of social networks as a key media space for the formation of public ideas about mental health problems. J.A. Naslund *et al.* (2020) emphasised that digital platforms create new opportunities for social support and sharing experiences, reducing feelings of isolation. Therewith, the authors noted that the destigmatising potential of social networks depends on the nature of communication and social dynamics within online communities. A. Budenz *et al.* (2022) presented the duality of the role of social networks: increasing the visibility of psychological difficulties may contribute to their normalisation, while also increasing the risk of negative social assessment. B.C.L. Yu *et al.* (2021) focused on user narrative strategies. The authors state that personal stories and empathic interactions help reduce stigma, while the effect depends on the cultural context and the moderation of discourse. C. Capogrosso *et al.* (2024) underscore that in times of crisis, social media is becoming particularly important as a space for informal support. According to H. AbouWarda & G. Miscione (2025), for communities with limited access to offline resources, social networks can perform a compensatory function, reducing social isolation.

The third area of study considers humour as an additional resource of destigmatisation. According to the conclusions drawn by A. Dionigi *et al.* (2023), humour can reduce emotional stress and increase audience engagement. Results of a study by A. Kucharski (2023) determined that the effect of humour depends on the form and context of its use. F. Battisti & L. Dalvit (2025) noted that supportive humour can promote empathy, while aggressive humour increases stigma. In general, the authors agree that

humour is not an independent strategy of destigmatisation, but can complement more systematic approaches. N. Steinfeld *et al.* (2025) demonstrate that during collective trauma, social media platforms, particularly TikTok, serve as a space for broadcasting humour that promotes psychological resilience and stress management. Humour acts as a defence mechanism, and its functions differ between the civilian population and the military. A. Wagner & L.J. Temmann (2025) presented that humorous internet memes dedicated to depression mostly reflect the subjective experiences and individual difficulties of people with mental disorders, presenting them as uncontrollable and overwhelming to the individual. Treatment and survival strategies are presented as ineffective or counterproductive, and the memes themselves criticise misconceptions about mental disorders and unrealistic social expectations. Thus, the stigma of mental health appears as a multi-level social process, formed at the intersection of individual ideas, social practices, and structural conditions, and in war conditions is reinforced by the normative psychological stability, limiting the ability to recognise vulnerability and receive support.

✦ Materials and Methods

The study material was a corpus of memes posted in the Ukrainian-language online Facebook communities: Psychology in memes (n.d.) and Meme therapy (n.d.). Both communities are publicly accessible: any user can view the list of members and publications without access restrictions. According to the rules of these groups, it is allowed to publish witty or ironic memes, quotes, and short text fragments related to psychological topics, specifically, psychological states, the experience of seeking psychological help, and the professional activities of psychologists and psychotherapists. Any form of harassment and derogatory statements based on race, religion, culture, sexual orientation, gender, or identity are prohibited in communities, which creates a relatively safe communication space for discussing sensitive topics. As part of the study, 114 memes published in 2025 were selected. The choice of the time period was determined by the social and psychological context of the protracted phase of the full-scale war in Ukraine, which is characterised by chronic stress and emotional exhaustion. For reasons of research ethics, all personal data of users (names, photos, nicknames and other identifying features) were deleted. This is in line with the generally accepted ethical principles of the Helsinki Declaration of the World Medical Association (WMA, 2024) on working with digital data in qualitative research, in particular, the requirements for anonymity and minimising potential harm to members of online communities. The analysis in this study was conducted exclusively in relation to the text part of memes. The visual component was deliberately excluded from the analysis, as the focus of the study is on discursive strategies for destigmatising individuals with mental health problems, which are implemented through language structures, ironic utterances, and narrative constructions. The use of visual analysis would require the application of separate methodological tools and could erode the analytical integrity of the study. In this regard, in the article, the term "meme" is used exclusively as a designation for its text component, disregarding the visual design.

Thematic analysis in the reflexive model of V. Braun & V. Clarke (2023) was chosen as the main method of research since its methodological advantages allow adequately analysing digital texts of everyday communication, identifying hidden structures of meaning and mechanisms of destigmatisation in the conditions of a protracted war in Ukraine. The thematic analysis procedure was conducted as an iterative and reflexive process, which included several interrelated stages. In the first stage, an in-depth introduction to the body of text data was performed. The texts of the memes were reread several times, with initial analytical notes on recurring linguistic constructions and ways of articulating psychological states being recorded. This enabled the identification of dominant semantic and latent meanings, through which psychological distress is presented as an element of everyday experience. During the second stage, primary inductive encoding was performed, aimed at isolating significant text fragments. Coding combined manual analysis with limited use of artificial intelligence tools, which were used as an auxiliary tool for organising a text array and identifying repetitive lexical and semantic patterns. In the third stage, the codes were grouped into thematic groups that summarised repetitive patterns of textual representation of mental health problems. As a result, the following thematic groups were distinguished: "normalisation of psychological distress as an everyday experience", "ironic reflection of psychological states and symptoms", "criticism of social expectations and productivity norms", "discursive legitimation of seeking psychological help", "collective identification", "humour as a mechanism of symbolic protection". These groups were seen as interrelated procedural forms of destigmatisation, rather than as static categories. The fourth stage included evaluation of thematic groups for internal consistency, analytical clarity, and compliance with the data body, which provided for repeated reference to the texts of memes and reflexive clarification of the boundaries of topics. The final stage included the interpretation of thematic groups in the theoretical context of research on the stigmatisation of people with mental health problems, digital communication practices, and the socio-psychological consequences of war. This allowed identifying latent destigmatising mechanisms implemented through everyday language, irony, and collective recognition of experience. Summarising the results allowed us to present thematic groups as elements of a broader process of rethinking psychological distress. The methodology used allowed tracing how memes function as a tool for gradual destigmatisation in a protracted war, helping to reduce the stigmatising potential of public discourse on mental health issues. The study had a number of limitations that should be considered when interpreting

the results obtained. Firstly, the analysis concentrated exclusively on the text component of memes, without accounting for their visual design. Secondly, the empirical material is limited to two Ukrainian-speaking communities of the social network Facebook, which narrows the possibilities of generalising results to other platforms or language contexts. Thirdly, the meme sample covers a specific time period associated with a particular phase of the war, so the identified discursive strategies may vary depending on the dynamics of the social and psychological context. In addition, the use of qualitative thematic analysis involves research interpretation, which can influence the selection and interpretation of topics. Finally, the results of the study do not allow drawing causal conclusions about the effectiveness of memes as a tool for psychological support, but rather outline their potential within the framework of everyday communication practices.

✦ Results and Discussion

In contrast to the initial stages of the war, when public discourse focused mainly on acute traumatic events and mobilisation narratives, in 2025, there was a shift towards reflection on the long-term psychological consequences of the war, in particular, exhaustion, apathy, anxiety, and emotional numbness. It is in the conditions of prolonged military confrontation that digital communications, in particular, memes, begin to perform not only a compensatory or emotional discharge function but also become a space for everyday understanding of psychological states, including through irony and self-irony (Khraban, 2022; 2023). As a result of the study, the formation of stabilised discursive practices for discussing mental health problems was established, which appear not as a reaction to a one-time crisis, but as a response to a long stay in conditions of uncertainty, danger, and social tension, while the analysis of memes shared during the study period showed that in the digital space there is a process of destigmatisation of psychological distress, within which the appeal to humour and informal language practices functions as one of the key mechanisms for adaptation and maintaining psychological stability. The results of the thematic analysis are shown in Table 1.

Table 1. *Summarising the results of thematic analysis of memes about mental health*

Thematic group	Characteristics of the thematic group	Destigmatising function	Examples
Normalisation of psychological distress as an everyday experience	Psychological distress is presented as a common and widespread condition, integrated into everyday life without sensationalism	Weakening of ideas about mental difficulties as a deviation from the norm; reducing external and internal stigmatisation	"My mental state at the end of the year – I was talking to myself... A fight broke out"; "You have to suffer a little to find the strength to suffer a little more"; "I'm living just in case everything works out"
Ironic reflection of psychological states and symptoms	Psychological states and symptoms are interpreted through metaphor, hyperbole, and self-irony	Reducing the threatening nature of symptoms, rejecting the pathologisation of identity	"There are not two wolves inside me. Inside me, there are about five to ten Chihuahuas, and they take turns screaming and pissing themselves"; "I'm only 30+, but I've already achieved what not everyone achieves at 60+: back problems, knees that twist with the weather, forgetfulness, anxiety"; "Four out of five voices in my head want to sleep. The latter wants to know if penguins have knees"
Criticism of social expectations and productivity norms	Memes undermine the normative requirement for constant efficiency, self-development, and control	Legitimation of fatigue, exhaustion, and non-functionality; reduction of self-stigmatisation	"Work on myself is now at this stage: everything has been unearthed, half the area is without water, a couple of hard workers are smoking and looking thoughtfully into the pit, but in general, it is clear that by spring they will not do much"; "They ask me how I manage to keep up with everything. The secret is very simple – I don't"; "Today was a productive day – I ate a lot of food"
Discursive legitimation of seeking psychological help	The appeal to a psychologist, psychiatrist, and medical care is presented in a humorous, everyday way	Reducing fear and social taboos around professional care	"Hello, I need antidepressants! - Do you have a prescription? - Is the passport of a citizen of Ukraine no longer enough?"; "Should I see a psychiatrist? – I asked myself. Opinions are divided..."; "I went to the hairdresser's in the morning. I said that I wanted to get my head in order before the holidays. And they tell me: "That's not our job, go see a psychiatrist"
Collective identification	Individual psychological experiences are presented as a general experience of the group	Reducing feelings of isolation; forming a sense of belonging and support	"Who are we? – Passive-aggressive! – What do we want? – "You could have guessed!" – "When do we want it?" – "We don't want anything anymore!"; "Look, brain! I found a new joy to support myself in some way. – A new joy, huh? I'll give you half a dose of dopamine." – "Last time it was three!" –"Times change. Don't forget – we have depression"; "Someone: surround yourself with people with a similar mental state. My friends: "How much does your psychologist charge?"
Humour as a symbolic defence mechanism	Humour is used as a form of distancing from existential and psychological stress	Reducing the emotional threat of the topic of mental distress; maintaining agency status	"Sooner or later, everything will come true. But it will be too soon... or too late"; "Why is my life saturated only with carbohydrates?"

Source*: compiled by the authors on the basis of Psychology in memes (n.d.), Meme therapy (n.d.)*

In the analysed body of memes, the destigmatisation of people with mental health problems begins with the process of normalisation, that is, with the consistent inclusion of psychological distress in the space of everyday, socially recognisable, and collectively shared experience. Memes perform a key function of reducing stigma by undermining the perception of psychological difficulties as a deviation from the norm, an individual "malfunction" or a socially undesirable state. In the analytical dimension, normalisation is manifested through the use of descriptive strategies that do not appeal to the pathologisation of internal states and allow representing psychological distress outside the discourse of normative deviation. Memes avoid clinical or expert vocabulary and use everyday language that allows articulating a problem without labelling it as extreme. Thus, in the meme "people are afraid that I might tell someone their secrets... I try to remember why I opened the refrigerator", cognitive distraction and reduced concentration are presented as a universal and socially recognisable experience. In the context of destigmatisation, this means shifting attention from assessing the condition to its social prevalence. It is important to emphasise that such normalisation is not limited to trivialising mental health problems. On the contrary, memes record the presence of trouble, but change the framework of its interpretation: experiences of fatigue, apathy, or cognitive overload appear as acceptable reactions to everyday and crisis conditions, instead of signs of personal failure. This shift in the interpretation framework reduces the pressure of social evaluation and, accordingly, reduces the risk of self-stigmatisation. An additional mechanism of normalisation is the collectivisation of experience, in which individual experiences are presented as typical for many. Memes involve the audience's recognition of the described states, and therefore their rejection as grounds for social distancing. This contributes to the formation of a symbolic "we", within which mental health problems cease to perform an isolating function. In the context of destigmatisation, this effect is particularly significant, since stigma is largely based on feelings of loneliness and social exclusion. From a methodological standpoint, normalisation in memes should be considered as the first and necessary stage of destigmatisation. It creates prerequisites for further forms of rethinking, providing for public, albeit indirect, statements about psychological distress. In the context of the war in Ukraine, where the experience of chronic stress is widespread, normalisation through memes contributes to the formation of a more tolerant and empathic social perception of psychological difficulties as a component of collective experience.

If normalisation makes psychological distress socially acceptable, then ironic reflection of subjective States takes destigmatisation to the next level – the level of symbolic control and active rethinking. In the analysed corpus of memes, anxiety, emotional instability, obsessive thoughts, and internal tension are understood through self-mockery, absurdity, and hyperbole, enabling their articulation publicly without accepting a stigmatised identity. A typical example is the meme "Four out of five voices in my head want to sleep. The last wants to know if penguins have knees". In this case, anxiety appears not as a dominant and threatening state, but as one of the elements of internal experience included in the ironic dialogue. In terms of destigmatisation, this means deirarchisation of the symptom: it ceases to be the central marker of "abnormality" and turns into an object of reflection. It is analytically important that the irony in memes is not aimed at denying or devaluing the experience. On the contrary, it captures their presence, but changes the way they are symbolically represented. Memes help distance oneself from the symptom, take it beyond the identity of the subject, and thus weaken self-stigmatisation. In contrast to discourse, in which psychological distress is understood according to the "I am" model, ironic reflection offers an "it happens to me" model. A comparison of memes from this group shows that irony also performs an important communicative function. It implies a common cultural code and a collective understanding, so that statements about psychological difficulties become socially safe. The audience does not expect confession or justification, but is involved in the recognition game. In this way, memes form a space where discussing mental health issues is possible without fear of judgment. From the point of view of the destigmatisation process, ironic reflection enhances the normalisation effect, translating it from passive recognition to active rethinking. While normalisation reduces social distance, irony reduces the symbolic threat associated with the very fact of recognising the problem. In the context of the war in Ukraine, where direct expression of vulnerability can be perceived as socially risky, irony appears as an adaptive cultural tool that allows addressing anxiety, fatigue, and internal tension indirectly, but publicly.

The third thematic group of memes presents a critical rethinking of social norms of productivity, self-regulation, and functionality as an important tool for destigmatising mental health problems. In the analysed body of memes, these norms appear not as something neutral, but as an active source of self-stigmatisation since they form the expectation of constant activity, emotional stability, and the ability to "overcome difficulties" regardless of circumstances. Memetic discourse systematically undermines these expectations, thereby weakening the link between psychological distress and negative moral assessment of the individual. From the standpoint of destigmatisation processes, it is fundamentally important that the memes of this group shift the explanation of the problem from the individual level to the social one. In the meme, "Work on myself is now at this stage: everything has been unearthed, half the area is without water, a couple of hard workers are smoking and looking thoughtfully into the pit, but in general, it is clear that by spring they will not do much", irony is directed at the discourse of "constant work on yourself" instead of the subject. Psychological difficulties are symbolically legitimised here as a supposed consequence of chaotic, prolonged, and unstructured demands, rather than as a sign of personal inefficiency. An analytical comparison of the memes of this group shows that

performance criticism serves the function of disarming stigma. While stigmatising discourse links a person's value to their performance, memes consistently break that connection. Fatigue, decreased activity, and emotional exhaustion no longer need to be justified through achievement and begin to be understood as socially acceptable states. Thus, memes not only record problems but also rethink the criteria for social "normality". An important element of destigmatisation is also the undermining of the imperative of duty, which often underlies self-stigmatisation. In the analysed memes (at the level of repeated meanings, without direct citation), there is a stable motif of conflict between the internal state and the external demand "it is necessary". Ironic distancing from this imperative allows the subject to abandon the internalisation of guilt for not meeting expectations, which reduces the level of self-stigmatisation and emotional pressure. Comparing this strategy with previous thematic groups, it can be noted that criticism of performance standards enhances their destigmatising effect. Normalisation of psychological distress gets a social explanation, and ironic reflection of symptoms gets a structural support. Memes cease to be just a form of individual expression and begin to function as a collective discourse of resistance to the stigma embedded in everyday social expectations. This mechanism of destigmatisation becomes particularly important in the context of the war in Ukraine. Chronic stress, instability, and the need for constant adaptation make regulatory requirements for effectiveness and emotional stability virtually unattainable. Memes that contradict the cult of resilience legitimise the right to reduced activity, psychological vulnerability, and temporary dysfunctionality. Thus, they contribute to the formation of a more flexible and empathic social perception of mental health problems, lowering the risk of both external stigmatisation and self-stigmatisation in a prolonged crisis.

The fourth thematic group reflects the process of destigmatisation associated with rethinking the request for psychological assistance as a socially acceptable and discussed practice. In the analysed corpus of text memes, the psychologist, psychotherapy, psychiatric care and medical support are transferred from the space of taboo and marginal in the sphere of everyday humorous utterance. This helps to reduce the symbolic burden that traditionally accompanies the topic of professional psychological assistance. It is analytically important that in the material of this thematic group, the request for help is not presented either as an absolute norm or as an object of imposition. Instead, memes capture the ambivalence, doubt, and resistance that accompany the very idea of contacting a specialist, thus socially legitimising these experiences. As such, in the statement "I'm not going to a psychiatrist, lest it turn out that now I have to buy pills as well", the request for help is problematised out of fear of consequences, and not out of denial of the very possibility of help. In the logic of destigmatisation, this reduces the pressure of normative expectations of the "right" attitude to therapy. A number of memes ironically make sense of the institutional discourse of psychological assistance. In the example, "Hello, I need antidepressants! – Do you have a prescription? – Is the passport of a citizen of Ukraine no longer enough?", the object of irony is a bureaucratic procedure, while the need for support is presented as self-evident. Thus, there is a symbolic shift in focus: it is not the request for help itself that looks problematic, but the difficulty of accessing it. An important destigmatising mechanism is also the inclusion of psychological assistance in everyday narratives, rather than exclusively in crisis scenarios. In the meme "I went to the hairdresser's in the morning. I said that I wanted to get my head in order before the holidays. Psychological help is ironically equated with the practice of self-care, which reduces its symbolic distance from everyday life. Some of the memes demonstrate a critical attitude to the cultural expectation that seeking help should lead to a "change" of personality. In the meme, "I don't want to go to a psychotherapist because what if he cures me and I will lose my charisma", the irony is directed at the fear of losing one's identity. Within the framework of destigmatisation, this is fundamental since the meme does not deny help, but refuses to present it as a normalising or unifying mechanism. Notably, in memes of this thematic group, psychologists or psychotherapy often appear as elements of internal dialogue rather than external control. For example, in the meme "Psychologist: your sarcasm is an unconscious desire to offend people. – It is conscious..." therapeutic discourse is included in the game interaction, within which the subject retains agency and the right to ironic distance. This reduces the risk of self-stigmatisation associated with an apparent loss of autonomy. From the point of view of destigmatisation processes, this thematic group completes the logical chain started in the previous groups. Normalisation (thematic group 1) makes psychological distress socially acceptable, ironic reflection (thematic group 2) reduces the symbolic threat of symptoms, and discursive legitimation of assistance translates destigmatisation into the plane of potential action, without imposing it as mandatory. Memetic texts form a space in which seeking psychological support is possible without losing social status and without having to meet the normative expectations of the "right patient". In the context of the war in Ukraine, memetic discourse allows speaking of psychological assistance as an acceptable reaction to extreme conditions, and not as a sign of weakness.

The fifth thematic group of memes is associated with the formation of a collective identity, within which psychological distress is presented not as an individual deviation, but as a common, shared experience. The analysed corpus regularly uses generalised forms of utterance, dialogic constructions, and plural pronouns that create the effect of a symbolic community. The destigmatising potential of this strategy is to reduce social isolation and destroy the idea of psychological difficulties as a private, hidden problem of the individual. The meme "Who are we? – Passive-aggressive! – What do we want? – "You could have guessed!" – "When do we want it?" – "We don't want anything anymore!" is indicative. The dialogical form and use of the

collective "we" transform individual emotional states into signs of group identity, removing personal responsibility for their "abnormality". It is important to note that collective identification in memes does not require direct self-identification as "a person with mental health problems", but is based on indirect recognition. In this manner, in the meme "Someone: surround yourself with people with a similar mental state. My friends: how much does your psychologist charge?", the psychological difficulties are presented as a group norm, not an exception. From an analytical point of view, the "we" effect performs a key anti-stigmatisation function, blurring the line between "normal" and "abnormal" and reducing the risk of self-stigmatisation.

The sixth thematic group of memes presents the use of humour as a form of symbolic protection in conditions of chronic stress and uncertainty. In the analysed corpus, humour does not serve as a denial or displacement of psychological problems, appearing as an alternative language for their expression, providing for addressing anxiety, depression, and emotional exhaustion without direct vulnerability. From the standpoint of destigmatisation, this strategy minimises the risk of social sanctions and makes statements about problems safer. Revealing is the meme "My mental state at the end of the year – I was talking to myself... A fight broke out", in which the absurdisation of internal conflict translates a potentially threatening topic into a comic register. The meme does not negate psychological stress, but emphasises its intensity, while ensuring that the subject is distanced from stigmatising identification. A similar function is performed by the meme "There are not two wolves inside me. There are about five to ten Chihuahuas, and they take turns screaming and pissing themselves", where hyperbole and zoometaphor reduce the symbolic threat of internal instability and replace the pathologising description with a figurative and ironic one. The humour in these memes is not aimed at making fun of mental disorders. On the contrary, it helps articulate experiences without requiring immediate empathy, explanation, or treatment. Analytically, humour as a symbolic defence does not directly eliminate stigma, but diminishes its impact on the level of everyday communication. Memetic texts create a space in which psychological difficulties can be voiced without the risk of moralisation or pathologisation, which is especially important in a war environment where open recognition of vulnerability is often perceived as socially undesirable. Thus, humour in memes functions as an adaptive cultural mechanism that provides psychological and symbolic stability. It complements other destigmatising strategies – normalisation, collectivisation, and ironic reflection – by forming a flexible and socially acceptable language for discussing mental health in a prolonged crisis.

The data obtained correlate with the conclusions of A.L. Stangl *et al.* (2019), who considered stigmatisation not only as a set of negative attitudes but as a complex social mechanism that forms barriers to access to support, recreates social inequality, and influences behavioural strategies in crises and armed conflicts, proposing a conceptual model of stigma as a dynamic interaction of cognitive representations, interpersonal practices, and structural conditions, and emphasising that its reduction to the individual level ignores the institutional dimension of this phenomenon. In the course of the study, it was confirmed that internet memes can perform a destigmatising function in relation to psychological distress, thereby specifying the mechanisms of this influence in a protracted war. In contrast to much of the previous research, which focused mainly on the entertaining or emotionally draining potential of memes, the analysis demonstrates their role as an everyday discursive tool for understanding mental vulnerability. M. Dynel & F.I.M. Poppi (2023) viewed memes as a form of digital humour that promotes the formation of temporary communities through shared recognition of ironic codes. The authors stressed the communicative function of humour, but do not analyse its impact on stigmatisation processes. The results obtained in this study extend these findings, showing that shared recognition of psychological states in memes both creates a sense of group affiliation and reduces the symbolic threat associated with recognising psychological difficulties. As a result, memes become not only a means of constructing intra-group identity but also an effective discursive tool for weakening self-stigmatisation. In the context of discussing memes as tools for forming and rethinking socially significant topics in digital public communication, the findings of M.-G. Mihăilescu (2024) are indicative, having considered the self-reflection of meme creators as new actors in public communication. Meme creators are aware of their ability to shape narratives, influence collective perceptions, and set the agenda, viewing memes as tools of social influence and symbolic mobilisation rather than just as humorous products. Although the paper of M.-G. Mihăilescu focuses on political communication in the Romanian socio-political context, and its results are methodologically and conceptually important for interpreting the data obtained in this study. In particular, meme creators' conscious ability to teach, interpret, and persuade memes correlates with the role of memetic texts identified in this study in creating a socially acceptable discourse on mental distress. In the analysed Ukrainian-speaking communities, memes also function as a means of rethinking sensitive topics through irony and strategic framing, but instead of political mobilisation, they are aimed at reducing the symbolic threat of psychological vulnerability. It is important that M.-G. Mihăilescu underscores the ethical reflexivity of meme creators and their awareness of the risks of manipulation and misinformation. This observation is consistent with the results of this study, where humour in memes does not serve as a devalue or propaganda function, but rather acts as a tool for responsible symbolic mediation between individual experience and collective understanding. S. Merrill *et al.* (2024) dedicated their study to analysing the role of taboos and breaking taboos in the internet memes of the r/DankLeft community, which is also valuable for interpreting the emotional and discursive potential of memes. Based on a combination of thematic analysis, multimodal critical discourse analysis,

and computerised analysis of the emotional response of comments, the authors show that taboo and taboo-destructive memes systematically elicit more intense affective responses and correlate with higher popularity scores. Although the study concentrates on a political memetic context, its results are of conceptual value for understanding the mechanisms of meme influence in a broader field of socially significant topics. In comparison with the data obtained, this clarifies that the emotional intensity of memes can be caused not just by the violation of political or cultural taboos but also by the delicate articulation of socially sensitive experiences. Unlike r/DankLeft, where taboo destruction is often used as a strategy of mobilisation and confrontation, the analysed Ukrainian-language memes about mental health show a different logic: they reduce emotional tension through irony and normalisation, without turning into a provocative violation of taboos. However, the results of S. Merrill *et al.* confirmed the more general conclusion that memes are affectively saturated discursive forms that can intensify collective emotional responses. This correlates with the function of humour identified in the study as a symbolic defence mechanism that activates the audience's emotional involvement without escalating conflict or stigmatisation. The results obtained in this study partially confirm the conclusions of the cognitive-anthropological analysis of E. Godwin *et al.* (2025), in which internet memes are interpreted as cultural representations that perform a stabilising function in online communities. An analysis of Ukrainian-language memes on Facebook showed that repeated memetic forms contribute to maintaining collective cohesion and reducing symbolic tension in conditions of prolonged social instability. The data obtained clarify these conclusions, demonstrating a different orientation of the stabilising function of memes. While in the conspiracy communities analysed by E. Godwin *et al.*, memes contribute to the consolidation of rigid worldview schemes and the internal border between "us" and "others", in the Ukrainian-speaking communities under study, memes about mental health perform the opposite function-they contribute to the normalisation of psychological vulnerability and the weakening of stigmatised ideas about mental distress. Thus, a comparison of the results showed that the stabilising potential of memes is confirmed in different social contexts, while its social consequences depend on what cultural meanings and norms are reproduced in memetic discourse.

✦ Conclusions

The stigmatisation of mental health in the conditions of war in Ukraine is a multi-level social process that covers external (social and structural) stigmatisation and self-stigmatisation and greatly limits the readiness of both military personnel and civilians to recognise psychological vulnerability and seek help. In the context of mass traumatic experiences, stigma becomes particularly acute, as expectations of psychological stability, self-control, and functionality are reinforced and transformed into a regulatory requirement. The results demonstrated that memes on the Facebook social network function as a substantial resource for destigmatising mental distress. They form an alternative communicative space in which psychological difficulties can be articulated outside of clinical, moralising, or pathologising discourse. This is especially important in a war situation where access to institutional forms of psychological assistance is limited, and public recognition of vulnerability remains socially sensitive. The identified thematic groups of memes demonstrated that destigmatisation is implemented through a set of interrelated strategies. Normalisation of psychological distress translates anxiety, fatigue, and emotional exhaustion into the category of socially acceptable and shared experiences. Ironic reflection of symptoms reduces their symbolic threat, allowing for distancing oneself from the experience without denying it. Criticism of the norms of productivity and self-regulation undermines the moral link between the value of the individual and its functionality, thereby weakening the mechanisms of self-stigmatisation. Of particular importance is the discursive legitimation of seeking psychological help, presented in memes as a possible, discussed, and ambiguous practice that does not require the rejection of autonomy or identity. Memetic discourse does not impose therapy as a normative solution, but reduces the symbolic barriers surrounding the very idea of help. The formation of collective identification through the pronoun "we" and dialogic constructions destroys the logic of isolation underlying stigma and promotes a sense of symbolic solidarity. Humour, in turn, serves as a symbolic defence, providing a socially safe language for expressing vulnerability in conditions of chronic stress. Thus, memes in social networks can be considered not only as a form of entertainment but also as an element of everyday cultural regulation of mental distress. They help reduce both external stigmatisation and self-stigmatisation, forming a more flexible, empathic, and inclusive perception of psychological difficulties. It was proved that in the context of the war in Ukraine, memetic practices acquire special social significance, acting as an accessible mechanism for destigmatisation of mental health in the digital public space. A promising area of further research is the expansion of the empirical base through the analysis of memes of other language segments and social platforms, in addition to the comparison of memetic discourse with institutional communications in the field of mental health. Special attention should be paid to the examination of the perception of memes by different social and age groups and the analysis of changes in their destigmatising potential at different stages of the war and in the post-war period.

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Від стигми до норми: репрезентація ментального здоров'я в Україні в умовах війни в мемах соціальної мережі Facebook

Тетяна Храбан
Кандидат філологічних наук, доцент
Державний університет «Київський авіаційний інститут»
03058, просп. Любомира Гузара, 1, м. Київ, Україна
https://orcid.org/0000-0001-5169-5170

Кароліна Козімано Корона
Викладач
Остінський коледж KIPP
TX 78754, дор. Кемерон, 8004, м. Остін, Сполучені Штати Америки
https://orcid.org/0009-0001-2407-5328

✦ **Анотація.** У статті представлено дослідження інтернет-мемів як форми цифрового дискурсу, що відіграє важливу роль у дестигматизації проблем ментального здоров'я в умовах затяжної війни в Україні. Актуальність роботи зумовлена зростанням психологічного навантаження на населення та необхідністю пошуку неформальних, соціально прийнятних способів осмислення й вербалізації психологічного неблагополуччя. Метою статті було виявлення дестигматизуючого потенціалу мемів українськомовного сегмента соціальної мережі Facebook та характеристика комунікативних стратегій, за допомогою яких вони сприяють прийняттю й осмисленню проблем ментального здоров'я в умовах війни. Емпіричний матеріал становив корпус із 114 текстових мемів, зібраних у двох загальнодоступних Facebook-спільнотах – Psychology in memes, Meme therapy – у 2025 р. Дослідження ґрунтувалося на застосуванні рефлексивного тематичного аналізу, який дозволив ідентифікувати повторювані семантичні патерни, дискурсивні стратегії та латентні смисли в репрезентації психологічного неблагополуччя. Аналіз зосереджувався виключно на вербальному компоненті мемів. Результати дослідження показали, що меми формують соціально безпечний дискурс обговорення проблем ментального здоров'я. У його межах виокремлено такі провідні стратегії: нормалізація психологічних труднощів як складника повсякденного досвіду; іронічна та самоіронічна рефлексія симптомів; критика соціальних норм продуктивності й емоційної саморегуляції; дискурсивна легітимація звернення по психологічну допомогу без її нормативного нав'язування; формування колективної ідентифікації через інклюзивні мовні конструкції; використання гумору як механізму захисту в умовах хронічного стресу. Встановлено, що гумор не знецінює психологічні проблеми та психічні розлади, а знижує їхню символічну загрозу, послаблює процеси самостигматизації та сприяє відчуттю соціальної солідарності. Отримані результати засвідчили, що інтернет-меми в соціальних мережах виконують не лише розважальну, а й соціокультурну регулятивну функцію, підтримуючи психологічну адаптацію та стійкість спільнот в умовах тривалої суспільної кризи й обмеженого доступу до формалізованих ресурсів психологічної допомоги

✦ **Ключові слова:** меметичні цифрові практики; соціальна маргіналізація; мережева комунікація; гумор; психологічне неблагополуччя