



A few years ago I stumbled upon a corner of the internet providing advice intended to guide new users through a nightmarish “trip” using the common antihistamine Diphenhydramine (DPH), more commonly known by the brand name Benadryl. The subreddit r/DPH has existed since April of 2014, currently boasts over 40k members and has risen in prominence in the public consciousness over the past two years. Content produced and shared on the subreddit has increasingly spread onto other social media platforms like Twitter. In 2020, a trend emerged on popular short-form video sharing platform Tiktok challenging individuals to intentionally take large doses of Benadryl and record their experiences, prompting Johnson & Johnson to issue warnings against recreational use (Minhaj and Leonard 20).

The posts on the subreddit itself are not enticing. Users report experiences like hallucinations of insects, cacophonous voices, and the “Hat Man,” a shadowy figure wearing a large, brimmed hat. Dry mouth, frequent and painful urination, and stomach upset accompany these visions. Stories of particularly bad experiences taking DPH are interspersed between memes making light of common hallucinations and posts questioning why anyone would choose to undertake such a trip. When asked, many users respond with a similar sentiment to u/Mousse\_Responsible, who replies simply “to escape.” The result is a uniquely strange community: existing on the fringes of legitimate medical knowledge, users “help” each other while declaiming the harm such help necessarily entails.

And yet, new posts continue to appear on the subreddit each day, often but not exclusively by the same set of users. It does not seem to be a lack of knowledge about the severity of DPH overdose that leads individuals to attempt recreational usage. Stating that overuse of DPH is potentially lethal or life-altering proves largely ineffective against the recruitment of new users.

Moderators for the subreddit have pinned a lengthy post at the top of the subreddit called the “DPH Guide 2.0”, which features numbers for suicide prevention services above tips about dosing, safety, and pharmacology, among other subtopics. As the knowledge base collected and compiled by this internet community grows, so too does the level of concern from medical professionals and cultural commentators.

This is occurring against a backdrop of reclassification and decriminalization of many drugs. Dissociatives like ketamine and psychedelics like psilocybin are showing promising results for the treatment of mood disorders in preliminary clinical trials, making individual experimentation more appealing. DPH itself is legally available at most drugstores and comparatively inexpensive to other drugs, making acquisition easy regardless of age or location. As u/SageTheKoolKid writes, “... dph is the only thing I can get where I live. And the only reason I do it is to get away from reality for a while.” DPH, however, is not a psychedelic. As a deliriant, high doses of DPH can induce delirium alongside hallucinations. It thus does not comfortably fit within discussions on the potential healing power of many drugs, representing more an act of self-injury than care. In *The Social Construction of What?*, Ian Hacking reminds us that “kinds” of people, particularly those that are pathologized, are interactive with their environments, and further that such interactions can have a looping effect that fundamentally alters the classification, the people captured by it, or both (31-34). In keeping with this, I felt compelled to consider the circumstances that might give rise to a figure like the recreational Benadryl user, and a forum like r/DPH.

Though missing from many discussions of DPH usage, my impulse was to consider how it functioned in contrast to dominant discourses around self-care. I found only one direct mention of the term in my searches, from a poem about Benadryl by u/StasConstantine that reads in part “just another distraction / from my goal of numbing a part of me, that’s aware / of all the insignificancies like the weave and the tear / that I put myself thru ignoring self-care.” As Robert Crawford explains, self-care initially was focused on empowering individuals to develop their own health knowledge and practices rather than relying on at times oppressive medical professionals and institutions (366). Audre Lorde’s vision of self-care, outlined in her essay collection *A Burst of Light*, is perhaps the most influential, informed by her experiences living with liver cancer. Lorde’s self-care was an act of political resistance against a world that would see Black and Brown women destroyed. As she writes in the eponymous essay, “Our battle is to define survival in ways that are acceptable and nourishing to us” (134).

Like so many movements before it, self-care in the 21st century has increasingly been co-opted by and subsumed into capitalism. Self-care videos and recommendations on the internet largely consist of shopping lists of items meant to provide a salve for modern existential dread, burnout, and illness. Candles and tea are expected to stand in for material and structural changes that could alter the conditions that give rise to much modern suffering. Even those strategies not aimed at encouraging consumerism still often lack the original radical underpinnings of self-care. Recommendations focus less on the ties between survival and

political resistance and more on individual self-betterment, often meant to maintain your ability to be productive, and therefore profitable.

While this critique of the modern politics of self-care is not new (see, for example, Fitzsimmons, Newman-Bremang), it seems a helpful addition to the conversation around r/DPH. The posts of the users on the subreddit exhibit a rationally irrational logic. There is no pretense towards mind expansion or healing amongst most posters. As one user u/Infinite\_Book7118 puts it, “I don’t find it enjoyable but I find the ability to completely leave behind my own life and escape from everything I mf hate better than sitting there and crying for hours. I’d rather stare at the wall spiders without blinking.” This statement is reminiscent of one made by novelist David Foster Wallace, whose public struggles with mental illness reached an equally public conclusion. Wallace felt dullness was often connected to “psychic pain because something that’s dull or opaque fails to provide enough stimulation to distract people from some other, deeper type of pain” (qtd in Snow 20). In this context, DPH may not provide an ideal release, but it provides a release nonetheless, something different than facing a reality that feels untenable. The nightmarish hallucinations induced by the deliriant offer an immediacy that distracts from the more mundane but equally harmful circumstances in which potential users might find themselves. DPH enables users a small and easily accessible way, however briefly, to opt out of cultural demands to maintain a façade of positivity, progress, and abundance amidst consistently declining living standards.

This is not to say that taking high doses of Benadryl is a well-thought out and organized political strategy or form of protest. The subreddit features no manifesto, and posts rarely include explicit, sustained political critiques. What this subreddit does seem to demonstrate at least implicitly is that resistance to self-care and wellness culture often stems from an inherent sense that you are not the type of person at whom strategies of self-care are aimed, or for whom they are attainable. When the dominant discourse around caring for oneself is felt to be incompatible with people’s lived circumstances, identities, and economic conditions, self-injury as an alternative may take on a greater appeal. It may even become a matter of survival, providing a distraction from more serious suicidal ideation. The motives behind self-injury are complex and diverse, yet it is too often dismissed as attention-seeking or purely nihilistic. Self-injury through DPH usage may not be a rational or sustainable resistance to the depoliticization of self-care. It may instead simply be a resistance that feels possible compared to many alternatives.

I am not attempting to glorify recreational dosing of DPH. Most posters discourage use in others even as they express their own reliance on DPH. One well-known figure, referred to colloquially as the “Heroic Dose guy” due to his propensity towards taking inadvisably large doses of DPH, reportedly died. None of this provides occasion for celebration. But dismissing these behaviors as pathological without considering the context in which they could emerge prevents greater understanding of how modern health and self-care discourses can alienate individuals. The result is often more harm than care amongst the estranged, individuals like r/DPH poet u/StasConstantine, who states “my place in the world ain’t right.” When niche spaces like the

r/DPH subreddit and unique figures like the recreational DPH user emerge, it is important to suspend judgment to consider how and why, and further, why now?

What I have written constitutes only the very early beginnings of an exploration of the r/DPH community. Much more could be written about, for example, its relationship to other online communities producing knowledge that interacts with and resists officially sanctioned medical or psychiatric discourses, such as online communities that have formed around dissociative identity disorder and multiplicity. What I hope to emphasize is that our explorations of these communities must not divorce them from the contexts and conditions that allow them to arise and to thrive.

## References

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