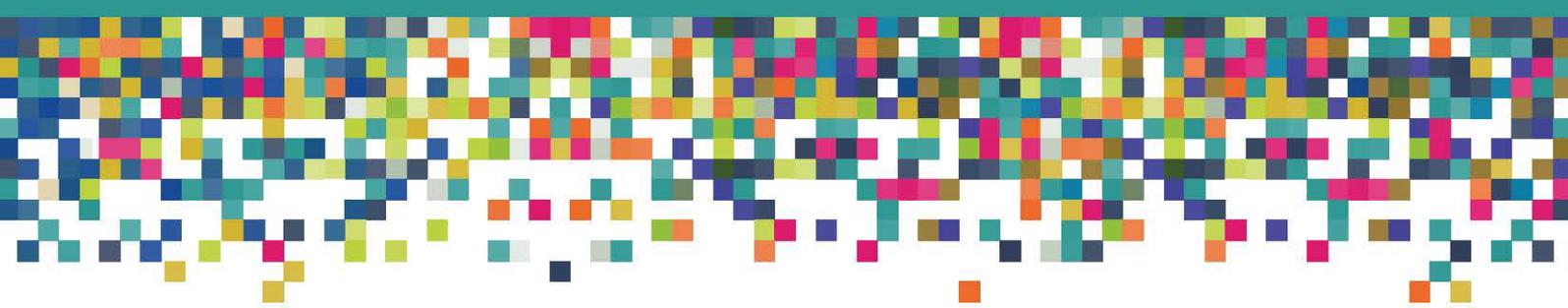




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‘WE’RE ALL GOING THROUGH IT’

How the Construction of ‘Mental Health’ in One Pandemic

HuffPost Series Positions Readers

CLARE LOMBARDO



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ABSTRACT

The onset of the COVID-19 pandemic led to increased mental health concerns in the United States and worldwide, along with a rise in mental health coverage in the English-speaking press (World Health Organization, 2022; Panchal et al. 2023; Goswami, 2023). Service journalism, which provides advice and guidance, emerged as a popular approach to covering mental health during this time (Flynn, 2020), and “Bent Not Broken,” a package of articles HuffPost published in March of 2021, is one example. The stories promised to guide readers through “how the coronavirus has disrupted our mental health, and how to manage our well-being moving forward.”¹ This dissertation locates these articles as part of three overlapping fields of study: a long history of critical approaches to mental illness and mental health, a related body of work examining self-help and therapeutic discourse, and journalism studies research exploring the future of news. Drawing on critical discursive psychology, it analyzes how the construction of mental health in “Bent Not Broken” articles positions readers. I argue that in these articles, mental health struggles are constructed as universal, yet simultaneously diagnosable with professional guidance. The texts leave readers with few answers, positioned on an indefinite journey of self-analysis to label their feelings and behaviors. This project adds to emerging research on pandemic-era mental health journalism, bringing ongoing scholarly dialogues about the “psychic” life of neoliberalism and postfeminism² into conversation with a journalism studies field increasingly embracing an uncritical view of emotionality.

¹ These words are part of an introductory paragraph that appears on most “Bent Not Broken” articles.

² See: Scharff, 2016; Gill, 2017; Gill and Orgad, 2022.

INTRODUCTION

In March of 2021, one year into the COVID-19 pandemic, the online news site *HuffPost* published a group of articles entitled “Bent Not Broken.” *HuffPost* described “Bent Not Broken” as “a comprehensive look back on the first year of the COVID-19 pandemic and how it has disrupted our mental health” (Appendix A). Articles like “7 Red Flags You’re Experiencing Trauma from the COVID-19 Pandemic” and “How to Process Grief Caused by COVID-19 (Even if You Didn’t Lose Someone)” followed, divided into categories including depression and grief.

The stories were timely. Just a month earlier, over a third of Americans reported symptoms of depression or anxiety (Panchal *et al.* 2023). The landscape for mental health care had also dramatically shifted during the pandemic: Funding and usage of apps offering mental health and wellbeing support had skyrocketed, and teletherapy was more widely offered and used, in part due to changes in healthcare regulations (Lo *et al.* 2022; Wallace and Pestaina, 2023).

Journalists stepped in to help. As the “Bent Not Broken” page explained, “We're all going through it to some degree: The loneliness, the burnout, the uncertainty, the trauma. In this series, you'll find advice and insight from experts on how to manage your emotional well-being as we move into year two” (Appendix A). Before the one-year anniversary of the pandemic arrived, readers could send in their questions about mental health, to be answered by a psychiatrist and a wellness editor from *HuffPost* (Article 13).

While it is steeped in contemporary buzzwords of pop psychology, with references to anxiety, trauma, and therapy, the “Bent Not Broken” package is also part of a long history — one that includes “mental health,” “mental illness,” and the ways in which journalism has played a part in popularizing therapeutic language through self-help.

Because it offers guidance and expert advice to readers, “Bent Not Broken” is also an example of *service journalism*, an approach that appeared prior to COVID-19. A focus on service journalism was central to *HuffPost*’s redesign in 2019, when the then-editor-in-chief characterized it this way in an interview with Yahoo Finance (2019):

People tend to think of service journalism as “Oh, help me figure out what shampoo I should use?” or “What dress should I wear?” or “What pair of boots is best for the winter?” But we like to take that approach of helping people live their lives and make better decisions to everything we do. So we bring it to politics, we bring it to coverage of the environment, and all kinds of different sectors and parts of people’s life.³

During the pandemic, journalists increasingly turned to service journalism to connect with readers, providing information about the virus and advice on how to navigate uncertainty (del Valle, 2020; Castellano, 2020; Miserocchi, 2021).

When *HuffPost* published its “Bent Not Broken” package, I too was editing service journalism; my team at NPR in Washington D.C. published podcast episodes and online articles to guide readers and listeners on everything from buying a house to curbing procrastination. On top of that, “therapy speak” infiltrated my Instagram feed (and social life) long ago, and though I’ve read countless critiques of this discourse of introspection, I’m still drawn in by videos of charismatic experts diagnosing my feelings.

These tensions, I have realized while writing this, are central to the modern experience (Hall, 1989), and they are inescapable in the dozens of articles in “Bent Not Broken.” In the following chapters, I will examine these articles, focusing on how “mental health” is constructed and how these texts position readers. I argue that, during a crisis in news and a crisis of mental health, service journalism has emerged as a way forward for both. This

³ Quoted in Benton (2019).

confluence of events is no coincidence, and the ways in which mental health is constructed in the press have crucial implications for both news organizations and readers.

LITERATURE REVIEW

The advice in the “Bent Not Broken” stories is part of a long history. In this section, I will locate *HuffPosts*'s articles within the history of mental illness and broad cultural shifts that brought psychology into the mainstream. I will track the rise of self-help connected with the spread of “therapeutic discourse” that people now use to make sense of emotions and experiences. Finally, I will review the existing research on mental health and mental illness in the press which this project supplements.

Mental illness through history

“How shall we decide who is mad and who is sane?”

Psychiatrists faced this question over the past century as they tried to determine how to standardize mental diagnoses (Scull, 2016: 387). As Scull shows, it's a central question throughout history: Madness has been explained at various times by demonic possession (Scull, 2016: 67), malfunctions of the uterus (Ehrenreich and English, 1973),⁴ and immorality. The lines between mental illness and mental health have been drawn and re-drawn repeatedly, and distinctions between diagnoses remain contested today.

Until recently, however, the language of introspection and self-improvement that now characterizes discourses of mental health was largely separate from the language of mental

⁴ Psychologists and psychiatrists loom large in histories of mental illness, wielding their power to pathologize and institutionalize women (Showalter, 1987; Appignanesi, 2009; Chesler [1972] 2005). For centuries, mental illness was seen as both inherently connected to femininity and simultaneously used to pathologize women whose wrongdoing may have merely included deviating from contemporary norms of femininity (Showalter, 1987: 3).

illness. What we now know as “mental health” — with its varying connotations as a state of wellbeing, a broad discipline and a political movement — has its roots in the mental hygiene movement, whose proponents advocated for improved patient care in mental hospitals in the early twentieth century (Bertolote, 2008). Before that, public asylums had taken the place of “madhouses” in much of Europe and the United States, in response to outcries over *their* abhorrent conditions (Scull, 2016: 190). The mental hygiene movement’s orientation toward more humane treatment gradually broadened to frame care as preventative, reflecting the rise of the “public health” movement at the time (Bertolote, 2008).

Simultaneously, in the early twentieth century, the introduction of psychotherapy and the spread of Freudian ideas brought mental illness “into the psychological space — the repository of biography and experience” (Rose, 2007: 194). Madness, once seen as “other,” was now part of the spectrum of human experience that could be deciphered by looking inward — a turn that has been characterized as a “key feature of modernity” (Scull, 2016: 289; see also: McGee, 2005). The horrors of World War I created an epidemic of “shell shock,” a reaction to mental and physical trauma, and a need for psychiatrists and psychologists, whose numbers skyrocketed after World War II (Scull, 2011; Showalter, 1987: 18; Illouz, 2008). In the postwar period, the “center of gravity” for treatment shifted from mental hospitals to outpatient clinics and private practice (Scull, 2011; Scull, 2016: 339). Over the course of the twentieth century, psychological language became part of everyday life, from career guidance to marketing (Rose, 2007: 188, Baudrillard ([1970] 2017: 184). Psychologists became both “experts and moral guides” across all realms of life (Illouz, 2008: 52).

In the latter half of the twentieth century, mental disorders came to be understood as neurochemical (Rose, 2007: 188; Scull, 2011). Many see the transformation of the Diagnostic and Statistical Manual of Mental Disorders as emblematic of this shift. The initial 1952 DSM described diagnoses as having myriad causes, including life experiences, and agreed-upon definitions. Using the DSM III, published in 1980, however, psychiatrists could reach a diagnosis if patients exhibited a range of symptoms on a checklist — making diagnostic

categories simultaneously broader and more quantifiable (Rose, 2007: 199; Scull, 2016: 389; Thelandersson, 2023). Though, as Rose (2019: 81) writes, the DSM III claimed to make no argument for the causes of such diagnoses, it came in the wake of a decade of research on the biological basis of mental disorder, funded largely by the pharmaceutical industry (Appignanessi, 2009: 528-529; Rose, 2007: 199). Diagnoses signaled not just specific *diseases* but, the implication was, conditions that were potentially treatable (Rose 2019, 81; Scull, 2016: 389). The number of categories and associated detail included in the DSM have only risen in the past 70 years (Horwitz, 2021b). Once largely provided in institutions, diagnoses are now *requested* by informed patients who are familiar with pharmaceutical options and the broad implications of specific diagnoses (Horwitz, 2021a: 9-10).

Self-help media and the history of therapeutic attitudes

An array of related work from sociologists, feminist scholars, and historians have tracked ways in which media give advice, often in the context of shifts in therapeutic discourses. As Illouz (2008: 53) writes, self-help and “advice literature” shape the “public vocabularies through which the self understands itself.”

This relationship between changing therapeutic language and media goes back centuries. Eva Moskowitz (2001) traces the rise of “therapeutic attitudes” in the U.S. back to the mid-1800s and the early 1900s. The New Thought movement, which centered positive thinking, published its own magazine with an advice column featuring guidance for personal fulfillment (24). Around the same time, a column in *Good Housekeeping* called “Happiness and Health” framed its role, notably, as a “mutual service” — readers would write in, and the magazine would provide tips (E. Moskowitz, 2001: 28).

The landscape for self-help changed, however, with broad shifts in understandings of the psyche and the rise of therapy. Women’s magazines — which can be seen as “instructive texts for how to live” (Thelandersson, 2023) — have been central to this history. Although early self-help was directed toward men (McGee, 2005; Illouz, 2007: 40), today, “self-help is

disproportionately addressed to women” (Orgad and Gill, 2022: 13; see also: Riley *et al.* 2019). Moskowitz (2001) argues that an increase in therapeutic language used in magazines after World War II paved the way for “psychological self-help” articles in women’s magazines in the 1950s. Contrary to a prevailing critique that women’s discontent was “neglected or censored” at that time, articles like “How To Recognize Suicidal Depression,” “How To Get Over Feeling Low,” and “What Do You Do When Worries Get You Down?” demonstrate ways in which women’s magazines urged readers to look inward (E. Moskowitz, 2001: 165). Much like the modern *HuffPost* wellness section, which describes its content as “actionable, relatable advice,” (How to Pitch HuffPost, n.d.) women’s magazines featured “simple, straightforward instructions that could be followed in the home” (E. Moskowitz, 2001: 167).

The market for self-help literature in the U.S. began rising in the 1970s (McGee 2005). Stagnant wages, beleaguered welfare programs, and widespread uncertainty helped to accelerate this shift: With tips for navigating every facet of life, self-help stepped in to guide Americans in navigating this new terrain (McGee, 2005: 12). A new wave of “experts” emerged to provide diet coaching, wellness coaching, career coaching, and life coaching (Ehrenreich and English, [1978] 2005: 330; McGee, 2005: 17; Cabanas and Illouz, 2019: 24). Self-help literature identified this expert knowledge as essential in the quest to know oneself (Rimke, 2000; Binkley, 2007), a process that included a “continuous and never-ending process of self-monitoring” (McGee, 2005: 143). While self-help literature increased starting in the 1970s, it skyrocketed in the 1990s (McGee, 2005: 11). A number of scholars connect this spread of therapeutic discourse framed as “self-help” to popular TV programs like *Oprah!* and *The Ricki Lake Show* in the 1980s and 1990s (Illouz, 2003; E. Moskowitz, 2001: 259-261).

The rise of positive psychology distilled this mindset of self-improvement at the turn of the century, focusing on happiness not only as a measure of a good life but as a commodity (Cabanas and Illouz, 2019: 112-114, 142). While mental illness had historically been associated with irrationality and immorality, positive psychology equated happiness with functionality and goodness (Cabanas and Illouz, 2019: 151). Cabanas and Illouz argue that

the rise of positive psychology both fed the market of self-improvement “experts” and joined these coaches together with academics and therapists in “speaking the same language” (24), making their messaging all the more potent.

Just as references to self-help grew in the 1970s an environment of economic precarity, the 2008 financial crisis may have contributed to a more recent rise in self-care tips and advice for mental wellbeing in the media (Cabanas and Illouz, 2019; Thelandersson, 2023). Cabanas and Illouz (2019: 62) cite a 2008 *Huffington Post* article entitled “How To Take Care of Yourself In Times of Crisis” as an example. The spread of such messages encourages people to believe that “the way out of their problems is chiefly a matter of personal effort and resilience,” not one of structural change (64). Modern self-help has become simultaneously a genre, an ethos and a “global multimillion-dollar industrial complex” (Orgad and Gill, 2022: 15) constitutive of neoliberalism.

Alongside the widely-held conception of happiness as a “supreme, self-evident good” (Cabanas and Illouz, 2019: 178), discussions about mental health — and representations of mental illness — have grown on social media, in TV and movies, and in the press over the past ten years (Thelandersson, 2023). Social media has provided a space for users to voice their sadness and chronicle their struggles, consistent with a new cultural emphasis on identifying with one’s vulnerability (Orgad and Gill, 2022). In combination with this increase in emotional disclosure online, the “therapeutic turn” involving “the mainstreaming of psychological discourse for making sense of ourselves and others” (Orgad and Gill, 2022: 12) has given rise to a widespread and often controversial discourse of mental health and diagnosis online, or, as one writer put it, the “Buzzfeedification of Mental Health” (P. Moskowitz, 2021). The COVID-19 pandemic only magnified these messages (Thelandersson, 2023; Rose, 2020). Writers, influencers, and social media-savvy mental health professionals admonish readers and viewers to “draw boundaries,” address their traumas, and “go to therapy” (Waldman, 2021, Jennings, 2021; Smith, 2022; Fisher-Quann, 2023).

The popular press has recently issued a call for skepticism around this use of “therapy-speak” (Smith, 2022). In 2023, both *The New Yorker* and *The New York Times* published entire issues dedicated to therapy as a topic.⁵ Two separate articles published within a week of each other in the summer of 2023 explored the ubiquity of “trauma” today (Carr, 2023; Martin, 2023).

Mental illness (and mental health) in journalism

Interdisciplinary research on self-help and therapeutic discourse has grown largely separately from the field of journalism studies, where research has historically focused on ways journalism perpetuates a stigma around mental illness, especially by emphasizing violence (Wahl, 1992; McGinty *et al.*, 2016). Few of the studies about mental illness clarify whether researchers have limited their field of review to stories about news events or included “self-help”-influenced approaches like service journalism. Stout, Villegas, and Jennings asserted 20 years ago that “*more precise* research is needed” (2004: 558), a sentiment that remains true today. The limitations in the field mirror what Briggs and Hallin have observed more widely: research about health news tends to “fact-check” the news or identify bias, the scholars thereby “reproducing biomedical and public health agendas” (2016: 6-7).

The subset of research that examines the rhetorical construction of mental illness shows that the widespread shift toward understanding mental illness as “biochemical” is also clear in press coverage. For example, in recent decades, depression has largely been framed in the American press as a personal problem, caused by genetics or “chemical imbalances” that can be solved by individuals, often through the application of pharmaceuticals (Zhang *et al.*, 2016; Clarke and Gawley, 2009).

Despite the prevailing focus on stigma around mental illness, researchers globally have begun to turn their attention toward mental *health* as an object of study, as Atanasova *et al.* (2019) point out. Van Beveren *et al.* (2020) offer an example: their study of newspaper and

⁵ Links to these issues are included in references. See: *The New York Times* 2023; *The New Yorker* 2023.

magazine coverage in six European countries in 2018 identified a cluster of articles that characterized mental health as a “lifestyle issue” and provided “tips” and “advice” for addressing mental wellbeing.

Given the widespread public conversations on the topic, the COVID-19 pandemic provided a perfect opportunity to build on such research. In 2023, a fellow at the Reuters Institute for the Study of Journalism shared findings of his recent research project, which showed that coverage of “mental health” in English language media doubled globally following the onset of the pandemic. “The media has been complicit,” he argued, in perpetuating an individualistic, biomedical Western model of mental illness, ignoring structural factors (Goswami, 2023). Echoing these critiques, Horwood *et al.* (2023) showed that Australian news media in 2020 conflated mental health with being “happy” and feeling good, framing mental health as both a personal resource and an individual responsibility.

THEORETICAL AND CONCEPTUAL FRAMEWORK

This analysis of “Bent Not Broken” joins a growing body of work about mental health and the press, bringing it into dialogue with research on self-help and therapeutic attitudes.

A constructionist approach to mental health

Specifically, this project is rooted in *social constructionism*, an approach distilled by Berger and Luckmann (1966) that questions ideas that people share the same objective experiences of the world. Of course, this critical perspective is not new. In the past half-century, however, it has gained particular significance within the field of psychology — a natural resonance, given that how one defines reality or knowledge shapes what one sees as “normal” or “pathological” (Berger and Luckmann, 1966: 176). This relevance became especially clear during a cognitive revolution during the mid-twentieth century, as researchers shifted focus toward mental processing. As Gergen (1985: 269) puts it, in attempting to reach conclusions about how the mind “really” works, “the cognitive researcher thus denigrates the

importance of the very processes he or she seeks to elucidate." A social constructionist approach to psychology grew to question notions that ideas about the psyche are universal or fixed reflections of reality and instead sought to examine how their meanings have evolved across space and time. Gergen argued that with a constructionist approach, "all psychological theorizing and the full range of concepts that form the grounds for research become problematic as potential reflectors of an internal reality and become themselves matters of analytic interest" (1985: 271).

As part of a broader "turn to language" that challenged visions of cognitive psychology as "objective knowledge," a new analytical approach called *discursive psychology* emerged (Gergen, 1985). Potter and Wetherell (1987) proposed foundational ideas for the methodology grounded in social constructionism: Discursive psychologists would analyze language about the psyche "however fragmented or contradictory" without making claims about whatever idea "seems to be intended" (168). In their vision, variability and contradictions between texts are seen as *productive* (137).

Discursive psychology now encompasses various "tributaries" in dialogue with one another and, at times, rife with tensions (Wetherell, 2015: 316).⁶ Many discursive psychologists have approached their work from the "bottom up," or with what has been called more "micro" or "fine-grained" analysis, focusing on textual patterns or utterances in naturally-occurring conversation. Others have taken the post-structuralist, Foucauldian approach, situating discursive patterns within broader questions of power and ideology (Wetherell, 2015: 319; Locke and Budds, 2020).

Himself a constructionist, Foucault was interested in an understanding of discourse much broader than language. For Foucault, discourse is not simply language or text, but also how language is used: discourse "governs the way a topic can be meaningfully talked about and reasoned about" (Hall, 1997: 44). What we encounter as reality is shaped by power, which

⁶ For more on the evolution of discursive psychology, see: Wetherell, 2007: 663.

legitimizes and reproduces knowledge through discourse within disciplines (Foucault, [1977] 2003c). Discourses also *produce* subjects, which Foucault discussed in two ways: “subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge” (Foucault, [1982] 2003b: 130).⁷

Not all agree that discursive research should stray too far from Foucault. Hook (2007: 117), for example, warns against textual readings “which focus on power as a function of the text alone” arguing that limiting analysis to language dilutes the role of broader systems of power and knowledge. Of course, Foucault did not dismiss words outright, especially in the context of the psyche. After all, in his view, “Language is the first and last structure of madness” (Foucault, ([1961] 1997): 100).

Since their original conception of discursive psychology, Potter and Wetherell (1987) have diverged in their approaches, and Wetherell has advocated for a more “synthetic” or “eclectic” approach, often called *critical discursive psychology*, emphasizing the role of broader power structures in detailed textual analysis (1998: 385; 2015: 319). This is the analytical approach I have employed here and will discuss further in the following chapters.

In other words, the theoretical and conceptual ideas at play here are inherently connected: In order to analyze how “mental health” is constructed in these articles, I am drawing on a constructionist methodology specifically developed to study taken-for-granted notions of the psyche. In taking this approach, I am not, however, making an argument that mental illness — or mental health — are simply “imagined” or entirely social constructions, even though some, including Thomas Szasz ([1961] 1974), have made such an argument. In their analysis of news media about health, Briggs and Hallin (2016: 13) distance themselves from

⁷ Among sociologists, the value and role Michel Foucault’s *Madness and Civilization* is the topic of debate: For Scull (2019: 27-37), Foucault’s genealogy has not aged well as a historical account, relying on dubious sourcing and hyperbolic claims about institutionalization in Europe. For Rose (1990; 2007; 2019) Foucault offers an account of how power can be wielded through expertise, and in the case of madness, through medicine.

this conception of social constructionism, instead emphasizing that what we think of as “epidemics” and diseases are “simultaneously co-produced by health and media professionals.” Given that it is far beyond the scope of this research to make claims about the mechanisms of mental illness or *how* and *why* people feel things, I aim to join a wide-ranging body of work that explores the role of the press in mediating ideas about the self.

An interdisciplinary turn to affect

The recent rise of service journalism — and specifically journalism *about* mental health — can also be studied in the context of an interdisciplinary affective turn in recent decades. Affect has been an object of study, including for many sociologists and feminist scholars focusing on self-help and therapeutic attitudes. It has also served as a methodological tool which “(re)opens avenues of thought for those forms of social science that had become bogged down in the linguistic or semiotic turn” (Brown and Tucker, 2010: 237).

As part of this affective turn, “journalism is increasingly dominated by the thought that emotionality is a way to bring journalism into this uncertain and digital age” (Lecheler 2020).⁸ The newfound focus on affect and emotions has prompted research into journalists’ mental health, studies into the dance between objectivity and emotions in the newsroom, and a newfound emphasis on the audience (Wahl-Jorgensen, 2019a). Recent studies on why readers might avoid the news have focused, for example, on how articles make people feel (Villi *et al.*, 2022).

Service journalism about mental health resonates in this news environment, where a publication’s emotional relationship with its readers is seen as crucial to its survival. The approach was singled out in the pandemic: “You Need to Calm Down. News Publishers are Here to Help,” one *CNN Business* article proclaimed, quoting media C.E.O.s optimistic about

⁸ Some theorists, like Massumi, argue that affect is embodied “intensity,” limited by language, and fundamentally different than emotions (2002: 25-28). These distinctions are less clear within much of the journalism studies literature.

the advertising prospects of "self-care content" (Flynn, 2020). The wellness section of *HuffPost*, which published "Bent Not Broken," defines its work as service journalism (How to Pitch HuffPost, n.d.).

Among others, *The Philadelphia Inquirer*, *The Washington Post*, *Vox*, *Bloomberg*, *The Los Angeles Times*, and *NPR* have created service journalism teams or established dedicated service journalism roles in recent years (*Vox Communications*, 2022; *NPR Extra*, 2018; Dudley, 2023; Healey, 2022; Flaherty, 2022; Guaglione, 2022). While these teams often cover mental health and wellness, not all service journalism is about wellbeing: These teams also provide advice about an array of topics, including money, relationships, and civic life (see: Castellano, 2020; Lai, 2020). Service journalism has been positioned as a way forward for struggling newsrooms, crafted to answer reader questions and therefore show up in search results (Reynolds Journalism Institute, 2020).

Service journalism

The approach is not necessarily new,⁹ though it has received relatively little critical examination (Usher, 2012; Hanusch, 2012). Eide (2017) and Eide and Knight (1999) are among the few in-depth critical analyses of service journalism; while their work primarily addresses the Nordic context, it is applicable and enlightening given that American newsrooms have recently invested in the approach. They grant that service journalism has roots in self-help and self-improvement literature, where guidance functions as "a morality tale about the everyday life world" (Eide and Knight, 1999: 533). Service journalism addresses grievances, which need solving, and risks, which "conduce to a view of life as an ongoing, incomplete project that opens itself up to new and better forms of positivation (enhancement, refinement, improvement, growth, etc)" (528-533). Thus service journalism, Giddens (1991: 3-4) might argue, is emblematic of high modernity, which "introduces risks

⁹ See Herrera, 2016 for a Nieman Lab prediction that service journalism would blossom the following year.

previous generations have not had to face” around which people “organize the social world.” Eide and Knight (1999) propose that the “self-governing subjects” service journalism addresses are “part citizen, part consumer and part client” — mirroring, they argue, some of the roles people play in everyday life, for better or for worse.¹⁰

After interviewing journalists in the personal finance and personal technology sections of *The New York Times*, Usher (2012) built on this critical literature, arguing that service journalism “espouses a new ethic of community participation.” This participatory potential, they wrote then, mirrored the back-and-forth nature of advice columns but also brought readers into conversation with one another.

Guided by a constructionist epistemology and given that distinctions between forms of news are increasingly irrelevant (From and Nørgaard Kristensen, 2018), my research starts from the presumption that modern service journalism about mental health is less of a distinct genre and more of an *approach* with a long history. That is not only to say that the rise in service journalism is a change in labels, but that this label is an act of boundary work.¹¹ Publications calling their work *service journalism* — and specifically writing about mental health — are effectively carving a space out for self-help in modern gender-neutral newsrooms, distinguishing their practice from the gendered forms of media that have served in that role: TV talk shows, advice columns and self-help literature largely neglected within journalism studies. Service journalism published during the COVID-19 pandemic is worth studying not for its name but for its role in mediating ideas about mental health and offering solutions for readers.

¹⁰ In this way, they push back against critiques of the re-feudalization of the press that presume quality journalism addresses readers solely in their capacity as citizens (Eide and Knight, 1999: 534; Eide, 2017: 198). Certainly Habermas did not condone the rise of service journalism, condemning the press’s growing role as “authorities for advice on the problems of life” (Habermas, 1989: 172; cited in Eide and Knight, 1999: 534).

¹¹ For more on boundary work within journalism studies, see Carlson 2016.

Research Objective

To study service journalism about mental health, bringing constructionist work on mental health and therapeutic discourse into conversation with journalism studies, I posed the following research question:

One year into the COVID-19 pandemic, how does the discursive construction of mental health in HuffPost's "Bent Not Broken" series position the reader?

This question is shaped by the research it builds on, engaging with ideas of construction and positionality that are foundational to critical discursive psychology, which I will explore in the next section.

RESEARCH DESIGN AND METHODOLOGY

Despite critiques, discursive research has continued thriving and evolving, in part because "a discursive focus does not discount the natural world, including bodies, but investigates its meaning, generally but not exclusively as these are carried out and negotiated in language" (Taylor, 2015). My analysis draws on *critical discursive psychology*, an approach that has grown out of the tenets of constructionism to analyze texts about the psyche and contextualize them, going beyond the "micro" analysis that some conversation analysts advocate for (Wetherell, 2015: 319). To do so, this research focuses on two aspects of the texts: *interpretive repertoires* and *subject positions*, drawing on approaches Wetherell (1998; 2007; 2015), Edley (2001) and Wetherell and Edley (2014) developed.

Interpretive repertoires

Gilbert and Mulkey (1984) first used the concept of *interpretive repertoires* in their analysis of how biochemists presented their findings. They wrote that, while previous sociological research about science attempted to identify consistency within texts, settling on a "definitive version" of how scientists reached their conclusions, scientists' accounts of their

work were, in fact, variable, contradictory, and context-dependent (3). They identified two contrasting patterns of speech, or interpretive repertoires, which biochemists depended on to describe how they reached their findings: one in which the scientific process was described as empirical, and another “contingent” repertoire within which personalities molded science (56-57). Potter and Wetherell (1987: 139) subsequently defined an interpretive repertoire as “a lexicon or register of terms and metaphors drawn upon to characterize and evaluate actions and events.” The roots of interpretive repertoires are instructive insofar as they demonstrate that the concept has never been used to simply describe themes in texts. Texts “do not just describe things; they *do* things” (Potter and Wetherell, 1987: 6) and analysts lean on tools like interpretive repertoires to identify the “action orientation” of language (Edley, 2001: 190).

Subject positions

One thing texts can do is open particular *subject positions* for speakers, readers, and others implicated (Davies and Harré, 1990; Edley, 2001: 201).¹² Building on Taylor and Littleton (2006), Taylor (2015) proposes a “always incomplete subject in the making,” a formation I have employed below. While some approaches consider the subject positions which participants “take up” in conversation or narrative speech about themselves (Taylor and Littleton, 2006) the research presented here examines how *HuffPost* articles position *readers*, not how the journalists themselves are positioned.

¹² As Wetherell (2015: 318) notes, even though “discourses” in the Foucauldian sense are much broader than interpretive repertoires (Edley, 2001: 202), Foucault’s theories of subjection and governmentality inevitably reverberate here, as does Althusser’s (2006) proposition that individuals are subjected through interpellation. That said, various theories of the subject, including of subject positions within discursive research, have blossomed to add more complexity to modern methodology.

Data sample

The current environment for news has shaped the research sample. Instead of focusing on a publication that was thriving during the pandemic — like the *New York Times*, already the subject of extensive journalism studies analysis (Hamilton and Tworek, 2023) — my analysis hones in on *HuffPost*. Like its readers in March of 2021, *HuffPost* was in crisis. The company had just been bought by *BuzzFeed*, which laid off dozens of *HuffPost* journalists the week that the “Bent Not Broken” package came out (Gabbatt, 2021). The publication lost almost half of its audience in the three years prior to the pandemic, so by March 2021, *HuffPost* was looking for ways to both trim costs and increase readers and revenue (Tobitt, 2020; Gabbatt, 2021). While this research is by no means representative of the wider landscape of service journalism about mental health or of articles published during the pandemic, the “Bent Not Broken” series *can* be seen in the context of a struggling online news industry, a mental health crisis, and the rise in service journalism all during the COVID-19 pandemic.

The analysis was limited to an online-only publication for two reasons: First, the affordances of the internet, including search engine optimization, have contributed to the growth of service journalism and shaped stories (Reynolds Journalism Institute, 2020). Second, the internet has opened popular avenues for users to search for health information and self-diagnose (Giles and Newbold, 2011; Fox and Duggan, 2013; Gowen, 2013; Cao and Goldberg, 2020). The internet is thus central to how news organizations today are framing their advice and how people are finding mental health information.

A total of 48 unique articles were linked from the “Bent Not Broken” series page and were therefore included in analysis.¹³

- Four articles were published in late 2019 or early 2020, prior to the onset of the pandemic, and updated for “Bent Not Broken” in March 2021.

¹³ See Appendix D for the titles and links to all articles in the sample.

- Thirty articles had been published earlier on in the pandemic, starting in April 2020, and all of those were last updated in March 2021, presumably for the “Bent Not Broken” feature. Three were updated again later in 2021 and 2022.
- One of those articles was published on March 2nd, 2021, inviting readers to write in with their questions about mental health and check back for answers in the coming weeks.
- Nine articles were published for the first time on March 8, 2021.
- Four others have unclear original publication dates, though three of these have seemingly been updated in 2022 or 2023.¹⁴

This cycle of updating and republishing is hardly surprising, given that news outlets increasingly rely on “evergreen” content that can be updated and distributed when relevant (Liao *et al.*, 2020). Though readership data for these articles is beyond the scope of this project, their updates suggest that they were re-shared online and likely attracted readers over a sustained period. I analyzed articles as they appeared online in April 2023.

The articles in “Bent Not Broken” are accessible beyond the U.S.; the series itself also appears on some *HuffPost* sites internationally. Because “Bent Not Broken” was published by *HuffPost* U.S., this discussion is limited to the context of U.S.-based service journalism and therapeutic discourse. Given the different ways mental health and mental illness are understood internationally, future research into “advice-giving” media about mental health would be welcome in exploring how outlets construct these concepts and position readers in different cultural contexts.

¹⁴ Though *HuffPost* most often notes an article’s original publication date and most recent update, archival versions are available online through the Internet Archive. I consulted these archives to ensure that each article was updated and republished in March of 2021 as part of the “Bent Not Broken” package.

Additional objects of study were beyond the scope of this project and may be examined in the future. The visuals in “Bent Not Broken” are ripe for analysis, for example. While “Bent Not Broken” provided a cohesive body of text for analysis, future research may focus further on *local* service journalism, outlets explicitly targeting specific demographics, or articles about specific conditions.

Analytical procedure and reflexivity

In order to grasp how “mental health” was constructed within these articles and what the texts were doing, I had to get a sense of the patterns. I first printed all the articles and began analysis by hand, annotating the texts and highlighting concepts and phrases that reappeared. As I read, I asked: Who are cited as experts? What characteristics do imagined readers share? What sorts of solutions do articles provide?

It quickly became clear that the articles are generally structured in similar ways: many are what I would call “diagnostic,” inviting readers to discern whether their feelings are normal or, to borrow a phrase from the series, “a bigger issue.” The headlines below are emblematic of this group:

- “10 Signs You've Developed Depression, Even If You Don't Feel Sad”
- “The Difference Between Stress And Burnout (And How To Tell Which You Have)”
- “Signs Your Anxiety Over Avoiding People Is Turning Into Something Worse”

Another set of articles are what I called “how to cope” pieces, which, though largely focused on the readers themselves, sometimes gave guidance about how to help *others* cope. For example:

- “How To Cope With Loneliness During Social Distancing If You Live Alone”

'WE'RE ALL GOING THROUGH IT'

- "Why You Should Start A Journal Right Now (And How To Stick With It)"
- "What Not To Say To Someone Grieving During the Coronavirus Crisis"

Often these approaches were blended, and occasionally an "explanatory" angle, as in "The Most Common Ways The COVID-19 Pandemic Has Affected Mental Health," emerged. Though occasionally members of the public described their own experiences during the pandemic, the articles almost exclusively quote psychologists, psychiatrists, social workers and other professionals.

Multiple lexical patterns emerged: A repeated use of "we" and "us" to characterize shared struggles; advice for readers to "acknowledge" and "accept" their feelings; a refrain to seek help from a mental health professional. After multiple rounds of reading through the texts, I noted of all of the patterns I could identify, and more importantly, what they accomplished in the articles. Here, the tools of critical discursive psychology became useful: Repeated pieces of advice could be seen as building blocks for interpretive repertoires that constructed mental health as a concept and positioned readers in particular ways.

In my analysis, I expected to identify distinct ideological dilemmas, which Edley (2001) describes as a third building block of critical discursive psychology. Billig *et al.* (1988: 143) proposed that ideological dilemmas appear in everyday thought, conversation, and action, especially within the conflicts between intellectual and "lived" ideologies of the self. While the articles are certainly rife with "productive tensions" (Edley, 2001: 204) I found that identifying ideological dilemmas entailed attempting to read into journalists' thought processes, and decided to abandon the analytical tool in favor of discussing more fluid and foundational conflicts which characterize these articles.

After completing initial analysis by hand, I uploaded a lengthy file with all articles to the qualitative research software NVivo in order to efficiently identify words and phrases and how they worked together in the texts. The search function also helped me confirm where I *hadn't* encountered some phrases.

From the outset, I was attuned to what went unsaid, or as Potter and Wetherell (1987: 3) put it, “the ever-present possibility of alternative descriptions or categorizations.” This was not an attempt to discern “some general idea that seems to be intended” (Potter and Wetherell, 1987: 168) but to engage with the “problematic of silence” as Mazzei (2007) calls it. In references to work, for example, assumptions about readers’ jobs went unsaid, yet still shaped the construction of “mental health” for an implied audience. This inevitably became a reflexive exercise, a fundamental aspect of any discursive analysis (Mazzei 2007; Potter and Wetherell, 1987: 168).

Having previously worked on a service journalism team that produced similar articles, I remained aware that what journalists have written in these pieces hardly represents what they “really” think, but instead is shaped by job status, editor, deadline, their own relationship to mental health and mental illness, and any number of factors that a discursive analysis cannot account for. Journalists are positioned “within prevailing relations of power” in the same way that any speaker is (Taylor, 2015). Similarly, my analysis makes no claims or assumptions about how readers use these articles.

In the following section, as in this entire project, I use “mental health,” “mental health struggles” and related phrases including “mental illness” even while dissecting the ways they are constructed. The available “public vocabularies” (Illouz, 2008: 53) limit not only how *HuffPost* journalists can describe feelings, but also how analysts can.

DISCUSSION

In the course of analysis, three interpretive repertoires emerged, opening three distinct subject positions for readers.

Interpretive repertoire: Mental health struggles as universal.

As an introductory paragraph on many “Bent Not Broken” articles reads, “It's been one year since the World Health Organization declared COVID-19 a pandemic. Explore *HuffPost's* Bent Not Broken project to learn how the coronavirus has disrupted our mental health, and how to manage our well-being moving forward.”¹⁵ The series is premised on universality: Articles often begin with a sweeping gesture to the pandemic’s widespread impact — the death toll, job loss, and most importantly, how the circumstances are making “us” feel (Article 15; 39). “It’s perfectly normal and understandable to experience low moods, especially amid the challenges of 2020,” one text summarizes (Article 7).

Interpretive repertoire: Mental health as subconscious.

In “Bent Not Broken” articles, feelings and behaviors are constructed as clues for readers to decipher the true state of their mental health. “Think about what your loneliness might be telling you,” one article urges readers (Article 1). The line between being alone and being *lonely* isn’t always clear for people, a therapist advises: “Some people may not be consciously aware of this shift, but their bodies and minds will still show the negative effects of being alone” (Article 8). An article about the ties between anger and depression quotes a psychologist who explains, “With just anger, it’s never just anger. It’s always symbolic of something not working” (Article 36). Conditions like depression, these articles convey, are just below the surface.

¹⁵ This introduction appears on 35 of the “Bent Not Broken” articles. See Appendix D for a list of all articles in the series.

Physical symptoms can also provide insight into one’s mental health. For example, “headaches, dizziness, heart palpitations, ulcers, insomnia, rashes, hand tremors, general restlessness and gastrointestinal issues” could all be “sneaky” signs of anxiety (Article 3). Similar issues, along with muscle tension and teeth-grinding, might give clues about possible trauma or post-traumatic stress (Article 11). One article provides guidance to curb teeth-grinding, while another links to video demonstrations of stretches that “relieve stress and anxiety” (Article 28; 35). These articles seem to reflect the evolution of the DSM, listing grab-bags of symptoms and emphasizing ultimately that while COVID-19 is impacting everyone, the pandemic is also impacting everyone *differently*.

Internal chemical processes are described as one mechanism through which the pandemic has shaped mental health, complicating existing biochemical models in which genetics or chemical imbalances are framed as responsible for causing specific conditions (Zhang *et al.*, 2016). In one “Bent Not Broken” article, for example, reading negative news initiates a “fight, flight or freeze stress response,” which releases chemicals like cortisol and adrenaline. This process happens “whether we’re aware of it or not” and can cause people to be irritable, moody, and more — trauma responses, one therapist explains, that readers might feel upon doomscrolling (Article 32). Biochemical processes are framed as both origins and possible indicators of mental health conditions.

Interpretive repertoire: Mental health is diagnosable.

Though struggling with one’s mental health was constructed as normal and in fact universal, many articles in “Bent Not Broken” were premised on the idea that some red flags do exist, and by keeping tabs on feelings and behaviors, readers can better tell if they are dealing with “normal” feelings — or a “bigger issue” (Article 8). That said, the phrase “mental illness” was rarely invoked as a possible “bigger issue.” It appears only three times — once in a reference to NAMI (the National Alliance on Mental Illness) and twice used interchangeably with “mental health conditions,” including depression (Article 3; 36). This silence echoes

Horwood *et al.*'s (2023) findings that although the phrase “mental health” has increased in Australian newspapers in recent years, “mental illness” has been rising more slowly, and in 2020 it decreased. This shift is telling considering the context: “Those who suffer from serious psychoses make up one of the few segments of our societies whose life expectancy has declined over the past quarter of a century — one telling measure of the gap between psychiatry’s pretensions and its performance” (Scull 2016, 14).

In one passage that does not mention mental illness, a young woman shares her experience during the pandemic:

“I was working in hospitality marketing, facing some really tough challenges during the lockdown. I was overworked, tired and dealing with a lot of personal pressures,” said Chloe Tomalin, 25, a marketing and branding consultant. She left her job and sought acute treatment for her mental health.

“I’ve been journaling throughout my mental health breakdown and my recovery, which has allowed me to gain more clarity and focus,” Tomalin said. “The pandemic has also allowed me to have time to reflect on my personal and professional development without the pressure of FOMO.” (Article 6)

What exactly her mental health breakdown entailed or what acute treatment included may have understandably been details she didn’t want to share publicly. Yet it feels notable all the same, that the only reference to “acute” treatment in these articles glosses over any details and instead focuses on the benefits of journaling and how the pandemic ultimately proved clarifying. In some ways, this turn mirrors postfeminist “positivity” discourse elsewhere during the pandemic, which Gill and Orgad (2022) have argued frames pain as “a means to re-emerging defiant, empowered and confident.”

Though the phrase “mental illness” is rare, mental health conditions are not all reduced to “feeling sad” or “being worried,” though those ideas *are* certainly repeated throughout the articles. One piece provides guidance for “What You Should Do If You Recently Started

Having Thoughts of Self-Harm” (Article 45) while a handful of articles end with blurbs directing readers to a Crisis Text Line and National Suicide Prevention Hotline (Article 5; 29; 39). These inclusions make it clear that, despite the broader normalization of “mental health,” there is a distinction to be made between what is “normal” and what isn’t.

So, too, do the repeated articles I began to call “diagnostic,” premised entirely on helping readers discern whether their experiences were normal. Too much social media use, for example, is repeatedly constructed as source of anxiety and depression, a symptom of a bigger issue, and a potential lifeline to social connections to ease loneliness and cope with grief (Article 8; 12; 32; 40). Working too much *or* being unable to work are both possible red flags for underlying issues (Article 2; 37). Both “channeling lots of energy into hobbies or activities” and “a loss of interest in some of your favorite activities” are red flags (Article 3).

Contradictions between pieces of advice are resolved by urging readers to seek balance: Like Goldilocks, readers are encouraged to find “just right” — the perfect amount of social media use, the right amount of work, the ideal number of hobbies to fill free time. In many ways, there is nothing wrong with this advice: it is hard to question ideas that moderation is healthy or that everyone is different. Yet, as Cabanas and Illouz (2019) argue of positive psychology, it is also arguably “common sense, reformulated in a solemn, psychological jargon” (180).

At various points throughout “Bent Not Broken,” professionals go beyond describing “red flag” feelings and behaviors and make broader arguments for how readers and experts should talk about mental health, emphasizing the discursive aspect of diagnosis. The first step toward recovering from the mental toll of COVID-19, for example, is acknowledging that the pandemic itself “can be classified as a trauma,” according to one article: “This is a trauma, we are impacted, and we have to acknowledge that,” says Amy Cirbus, who is identified as “a New York licensed mental health counselor and the director of clinical content at Talkspace” (Article 17). The sole article in the series authored by a doctor and

researcher makes this argument too (Article 41). Yet a separate piece on trauma in children takes the opposite stance:

"COVID in itself isn't a trauma," explained Melissa Brymer, of the UCLA-Duke University National Center for Child Traumatic Stress. "It's causing a lot of stress and disappointment for many of us, but not all children are experiencing a trauma. (Article 27)

As the historian Ruth Leys might note, "There is no consensus regarding the science of emotions most basic assumptions" (2017: 10).

Contradictions between what "counts" or doesn't as a condition are only exacerbated by a broader tension between shared experiences and diagnosable conditions, as in this excerpt:

"The pandemic has made it so everyone has experienced some degree of what it feels like to have worries or sadness. They might not all have a mental health disorder but this pandemic has been hard and everyone has experienced or is experiencing something," said Jessica Gold, an assistant professor of psychiatry at Washington University in St. Louis. "To me, that has made it easier for people to open up and talk about mental health and has cracked the door for conversations that normalize mental health experiences." (Article 16)

The slippage from "disorders" to "experiences" is emblematic of the strains between two concurrent interpretive repertoires: the universality of struggle and the idea that conditions are diagnosable. This tension renders experiences of mental illness vague, contradictory, and sometimes invisible. Ultimately, readers are poised to keep searching — within themselves, in therapy and online — for answers.

Subject position: Readers are positioned on an endless journey of introspection and coping.

The "Bent Not Broken" articles give readers repeated reminders to "check in" on their emotions, so that they might notice the feelings they've been avoiding, "acknowledge" them,

and “accept” them. Ultimately, the texts advise that readers cope by finding and addressing sources of despair that are under their control. No matter what, each person’s route is valid, the texts make clear: “There is no right way to cope” (Article 10).

The refrain in “Bent Not Broken” to probe one’s feelings exemplifies the ways in which service journalism, like much other self-help and lifestyle media, “systematically refigures individuals as self-governing subjects” (Orgad and Gill, 2022: 15). “Taking a pause every now and then to examine your emotional state and everyday routine can help you understand and meet your needs,” readers are advised (Article 19). As one writer, yoga teacher and therapy student shares, “I can’t afford therapy every day, but I can check in on my mental health every day by doing some stream-of-consciousness journaling” (Article 48).

For Foucault, *governmentality* then extends beyond the state and instead shapes behavior when *technologies of domination* meet *technologies of the self* (Foucault, [1982] 2003a: 147). Rose (2007) argues that modern “technologies for the government” including pharmaceuticals and psychotherapy not only facilitate but “oblige the individual to engage in constant risk management, to monitor and evaluate mood, emotion and cognition according to a finer and more continuous process of self-scrutiny” (223). From this angle, self-help can be seen as promulgating a discourse that renders readers subjects who internalize “technologies of the self” (Rimke, 2000), and *HuffPost* articles remind readers to mobilize these technologies.

Coping through control

A central aspect of coping in many articles is identifying things one *can* control, starting with acknowledging and accepting your feelings: “Once you accept reality for what it is, only then can you focus on the changes you need to make, which are within your control” (Article 43, see also: Article 17). One article goes further, teaching readers about *radical* acceptance, a problem-solving strategy and treatment for anxiety and depression (Article 43). The practice is described in the piece as “letting go of your attachment to your desired outcome and accepting life just as it is in this moment.” Importantly, like the practice of “checking in” on

oneself, acceptance is “a constant journey, not a permanent residence.” The article gets ahead of potential critiques:

Like anything, there are limitations to the practice. Sometimes it can be difficult to distinguish the difference between true reality and an alternative version of it you may be telling yourself. For example, if someone’s life and well-being was at stake, as in an abusive relationship, you wouldn’t want them to radically accept their situation and stay, Pieracci said.

In that case, the reality that may need to be accepted is that the abuser won’t change — and that you deserve to get out of the situation immediately. (Article 43)

A similar linguistic self-awareness emerges a handful of times throughout the articles: one article entitled “Common Mental Health Advice We Should Actually Ignore Right Now” provides various approaches for coping that might not make sense during the pandemic, including “focusing on the positive.”

Sometimes you simply can’t muster up gratitude and optimism, and that’s perfectly valid. In fact, pushing for a heavy focus on the bright side can be what experts call “toxic positivity,” which does more harm for your mental health than good. (Article 15)

This nod toward a more critical perspective, however, contrasts with other articles espousing gratitude as a route toward feeling better. With a similar anticipatory tone, another article recommends that readers keep a gratitude journal: “‘Focus on the positive’ may seem like trite advice right now, but there is power in gratitude” (Article 5). In another, a therapist shares that practicing gratitude has been her way of coping during the pandemic (Article 19).

These contradictions, along with the self-aware tone, are similar to a trend Gill and Orgad (2022: 53-54) notice in a pandemic-era issue of a U.K. women’s magazine. They argue that a tendency to “take potential criticisms into account and preempt them” can be seen as “a particularly striking development and mutation of positivity discourses in such a way as to

make them appear more ‘radical.’” In “Bent Not Broken,” the tendency to anticipate critiques like this underscores the inherent connections between language, knowledge, and the psyche that underpin this project. The idea that radical acceptance depends on a distinction between “true reality and an alternative version of it you may be telling yourself,” (Article 43) makes the concept applicable to any scenario and seemingly immune to critique. If practicing gratitude helps someone cope, and every method of coping is valid, any piece of advice, it seems, goes.

Incessant introspection, neoliberalism, and postfeminism

The notion that individuals can take responsibility for their own mental health by taking control for themselves is central to prevailing critiques of self-help, therapeutic discourse, and service journalism. Just as self-help has been seen as a site producing “self-governing subjects” (Rimke 2000), Eide and Knight (1999) see the individualizing, responsabilizing, and privatizing logics of service journalism as constitutive of liberal governmentality (542). Happiness, Cabanas and Illouz (2019: 52) argued, “has proven to be a very useful concept for re-kindling, legitimizing and re-institutionalizing individualism in seemingly non-ideological terms through science’s neutral and authoritative discourse.” Under neoliberal governmentality, Binkley (2007) argues, the very experts that lend authority to self-help media preach the tenants of neoliberalism as gospel. In “Bent Not Broken,” the logics of neoliberalism are thus mediated through the press as expert advice.

These critiques are intertwined with critiques of postfeminism and the ways it has shaped self-help. The idea that readers should endlessly examine their inner world is not just characteristic of self-help under neoliberal governmentality but of postfeminism more broadly, which itself “suffuses contemporary cultural life” and even has a “psychic life”¹⁶ (Gill 2017). Within self-help culture, a “postfeminist sensibility” that increasingly “requires

¹⁶ See: Scharff, 2016.

ongoing vigilance and self-scrutiny" (Gill, 2017) has given rise to the "neoliberal feminist subject," constantly negotiating the possibilities for "work-life balance" (Rottenberg, 2018; Banet-Weiser, Gill, and Rottenberg, 2019).

Riley *et al.* (2019) draw a distinction between "self-help aimed specifically at women" and "self-help with a more 'gender-neutral' tone but with the expectation of a largely female audience." "Bent Not Broken" articles fall in the latter camp, advising readers in one article that they can feel more in control by "stabilizing" their routines and taking on any number of domestic pursuits, including "potting a plant or cleaning out your junk drawer," "cooking a new recipe, organizing your pantry, hanging a shelf or doing a craft," and "meditating, listening to a podcast or coloring" (Article 10). Another suggests readers combat burnout by having "a conversation with your boss about tackling a project that actually excites you and delegating some of your other responsibilities" (Article 37). A postfeminist sensibility emerges in the "Bent Not Broken" articles even though they are never explicitly aimed at women.

Subject position: Readers are positioned as therapeutic subjects.

In their study of scientific discourse, Gilbert and Mulkey (1984) observed a pattern they called "the truth will out device" or "TWOD." As they saw it, biochemists drew on repertoires that emphasized the empirical nature of their work but also the subjective, personality-driven side of science. Despite the variability and even the contradictions within these repertoires, biochemists often concluded that over time, the truth about the science would emerge, or "time will tell" (94). Invoking the idea that the "truth will out device," or TWOD, ultimately "re-establishes the importance of the empiricist repertoire" over the "contingent repertoire" (Potter and Wetherell, 1987: 155).

Similarly, almost all of the articles in "Bent Not Broken" include a suggestion: a mental health professional, often a therapist, can help you figure it all out. Or, as the article about spotting trauma in children advises:

'WE'RE ALL GOING THROUGH IT'

Ultimately, it's up to mental health professionals to make these important distinctions.

The role of parents and caregivers is to be on the lookout for signs that children are having a hard time coping, so they can lend support and help connect them with outside resources as needed. (Article 27)

This advice dovetails with the quotes in the articles, most of which come from therapists or psychiatrists. Building on the Foucauldian concept of *biopower*, Briggs and Hallin (2016: 8) propose that news stories model *biocommunicability*, demonstrating “how knowledge about [a] phenomenon emerges and circulates and who should attend to it and how.”¹⁷ The “Bent Not Broken” articles exemplify their “biomedical authority model” of *biocommunicability*, which relies on “objective” expert knowledge — in this case, by positioning therapists as the ultimate arbiters of mental health knowledge, even when they give confusing advice or use conflicting language. This reliance on professional opinions reconciles the persistent conflicts in the articles between mental health conditions as universal and disorders as diagnosable.

Importantly, the suggestion to seek professional mental health support is directly tied to the notion that everyone is different. One particular passage spells this out: “If you can acknowledge that there is no right way to grieve, that means also acknowledging that you might need professional guidance to figure out what your individual needs are when you are experiencing loss” (Article 33).

The exact role of a therapist is conveyed in various ways. The articles advise that, if readers probe their feelings and notice an underlying “bigger issue” — possibly because loneliness is persistent, or they’re too invested in their hobbies, or social media is stressing them out — a therapist could provide support (Article 7; 10; 11). According to the texts, therapists were also available to help readers work through struggles portrayed as normal, and provide

¹⁷ Health news stories, Briggs and Hallin argue, address readers as passive patients who defer to medical expertise, patient-consumers responsible for navigating medical choice within neoliberalism, or citizens confronted with decisions about policy and social values (2016: 23-50).

resources when readers don’t need support. As one therapist advises: “We should be looking to upgrade our mental health at all times.” (Article 23). Cabanas and Illouz (2019: 28) link this mindset of constant coping to the rise of positive psychology, arguing that the field of academic psychology is now positioned for “not only correcting suffering but maximizing selfhood.”

In “Bent Not Broken,” therapists are constructed as unwaveringly trustworthy and effective, as in this article about “What To Do If You Recently Started Having Thoughts of Self Harm”:

Once you start your sessions, it’s important to be completely honest with your therapist. No level of detail is off-limits. The more you tell them, the more they’ll be able to help you.
(Article 45)

The admonition to seek professional support is another way readers are called to take responsibility for their mental health. The same individualizing and responsabilizing logics that position readers as “self-governing subjects” construct therapy as a response to racism, as in one article entitled “How To Find a Therapist Who Focuses on Black Mental Health”:

As the non-Black world continues to open its eyes to the racism that Black people have faced for generations, the Black community is dealing with increased pressure, fatigue and anxiety as racial trauma and buried pain surface. And as a community that already receives less mental health support and is more likely to suffer from psychological distress, mental health needs to become a priority for Black people. (Article 23)

This is just one of two articles in which race is meaningfully invoked beyond broad gestures to stress and anxiety caused by political turmoil and protests during 2020 (Article 32). This premise that “mental health needs to become a priority for Black people” runs parallel to entire fields of research on race and mental health, which explore, for example, whether disorders are more or less prevalent across races or how access to professional support differs between groups. Like this article, “many studies are based on the presumption that

the medical model is the best one and that resistant or neglected subjects need to be brought more fully to mental health services and research projects” (Cvetkovich, 2012: 118).

To the extent that structural problems are addressed in the “Bent Not Broken” articles, it is in the hurdles to accessing therapy: a handful of articles reference the price of therapy itself and a lack of available mental health professionals to meet the growing need. Meanwhile, structural factors including income inequality and financial insecurity have been consistently linked with suicide risk. Recent research from Brazil, for example, has shown that simple cash transfers dramatically reduced suicide risk for poor families (Machado *et al.*, 2022). The focus on a singular set of solutions, or what Goswami (2023) calls the “exclusive valorisation of one kind of expertise,” neglects other ways that readers might find mental health support.

Subject position: Readers are positioned as data subjects.

To offer alternatives to pricey in-person therapy sessions, various articles direct readers to virtual therapy apps like BetterHelp and Talkspace, meditation apps including Headspace and Calm, and Instagram accounts and podcasts about mental health (Article 5; 20). Such suggestions invoke consumer subjectivities, as previous analyses have argued of health journalism, service journalism, and self-help more broadly (Briggs and Hallin, 2007; 2016; Eide and Knight, 1999). Certainly, apps, social media, and podcasts often require a fee and provide an array of opportunities for commerce beyond that. Yet it would be more precise in this case to argue that “Bent Not Broken” positions readers as *data subjects* — a phrase used in both legal regulations and academic literature to describe individuals from whom data is collected (European Parliament and the Council for the European Union, 2016) or “parties to regular data relations” (Couldry and Mejias, 2019: 345).

Assessing the implications of these suggestions does, of course, go far beyond the parameters of a textual analysis accounting for language alone. This is one reason, I would argue, a *critical* approach to discourse is essential in this analysis: By accounting for broader

power dynamics, one can analyze this advice in light of the opaque and largely unregulated industry of “mental health apps” and associated data brokers that grew quickly during the pandemic. BetterHelp alone, suggested by *HuffPost* in a number of articles, shares user information with social media sites including Facebook and Snapchat for advertising (Mozilla Foundation, 2023). A recent report from Duke University showed data brokers were more than willing to sell identifiable mental health data, putting users at risk of discrimination and scams (Kim, 2023).

Yet readers need not download an app to expose themselves to data collection. Simply reading an article in the “Bent Not Broken” series has serious implications for their mental health information. As Tim Libert (2019) has observed, “news sites often expose users to the same surveillance programs and data-collection companies they criticize.” As of early March, 2021, when many of the “Bent Not Broken” pieces were published or updated, the *HuffPost* site collected and shared cookies, including information about which stories readers viewed, and *when and where* readers read them, with social media sites including Facebook, Instagram, Twitter, TikTok, Twitch, and more (Privacy and Cookie Policy, 2021). Even doing academic research could trigger this kind of data collection: It was not altogether surprising to see a number of ads for “Seasons in Malibu,” a mental health treatment facility, appear on various *HuffPost* articles during my study.

The propositions that happiness can be seen as a commodity (Cabanas and Illouz, 2019: 114) and data as a currency (Van Dijck, 2014: 197) are especially salient given that these suggestions are offered as *cheaper* alternatives for readers for whom therapy is out of reach. “Bent Not Broken” can be seen as part of a broader system of dataveillance (Van Dijck, 2014: 205) in part due to the discursive construction of “mental health” in these articles, which position readers on a continuous search for answers.

CONCLUSION

News organizations are increasingly aligning themselves with broad ideas of mental health and wellness. Early in 2023, for example, *The Washington Post* announced a “bundle subscription” with the meditation and mindfulness app Headspace, writing in an announcement, “Since the pandemic, our readers have been seeking out more advice and tools to live a well-balanced life. We can’t think of a brand that aligns more with our commitment to wellness and wellbeing than Headspace” (WashPostPR, 2023). A growing body of service journalism about mental health can be seen as part of this trend.

The articles in “Bent Not Broken” provide a compelling case study of how the concept of mental health is constructed within this news landscape, and how this positions readers. Like Cabanas and Illouz (2019), who see happiness “not as an emotion so much as a specific and normative model of selfhood,” I argue that these *HuffPost* articles construct mental health not as a feature of human experience or even a state, but as a way of thinking about oneself in the world: oriented inward to identify how universal challenges uniquely impact *them*, guided by expert advice to identify how to cope through control. Under this model of mental health, readers are warned that they may not truly know themselves. Only professionals can sort through the all-encompassing, contradictory and “red flags” of human experience that add up to a diagnosis. Just as the tensions and confusion inherent to postfeminism “[fuel] the market for self-help literature” (Riley *et al.*, 2019), the contradictions in “Bent Not Broken” leave readers with few definitive answers, positioned as self-monitoring, therapeutic subjects, and ultimately as data subjects.

I began this project having just worked in journalism, and I was interested not only in how mental health was constructed, but in bringing research on the history of mental health and therapeutic discourse into dialogue with journalism studies, where scholars interrogate ideas about what role journalism should play in the world. Future research can further explore these connections: How, for example, do readers use (or not use) the information in

these sorts of articles? Are they among the growing number of online tools for self-diagnosis? How do journalists see their own roles in disseminating “expert” mental health knowledge or therapeutic language?

Within a recent turn toward emotionality and audience in journalism studies, a growing body of academic work calls for a “positive psychology” for the press (McIntyre and Gyldensted, 2018). Just as the fields of psychology and psychiatry were historically preoccupied with mental illness instead of mental health, some scholars argue, journalists today focus too much on the negative. During the COVID-19 pandemic, a wave of studies pointed toward positivity as the way forward for the news industry (Jain, 2021; Overgaard, 2021; Zhao, Jackson, and Nguyen, 2022). These findings about “Bent Not Broken,” however, may offer a warning. In the articles from “Bent Not Broken,” as in research from the field of emotion sciences itself, ideas about how and why people feel what they feel remain contested. That readers of the “Bent Not Broken” articles are left with few answers may introduce caution for journalism studies scholars who hope to chart a course for the industry based on emotionality.

This isn’t to say that service journalism itself is more harmful than helpful. In calling work service journalism, however, news organizations make a powerful promise. How might the press better serve readers when it comes to mental health? This, I think, is a question journalists must contend with.

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APPENDIX

Appendix A: Screenshot from “Bent Not Broken” landing page



Bent Not Broken is a comprehensive look back on the first year of the COVID-19 pandemic and how it has disrupted our mental health. We're all going through it to some degree: The loneliness, the burnout, the uncertainty, the trauma. In this series, you'll find advice and insight from experts on how to manage your emotional well-being as we move into year two. We've been so vigilant about protecting our physical health, but we can't forget our mental health, too.

Source: Bent Not Broken. (2021) *HuffPost* Wellness. <https://www.huffpost.com/life/topic/bent-not-broken>

Appendix B: Screenshot from “Bent Not Broken” landing page, “Ask Our Experts” (Article 13)

ASK OUR EXPERTS

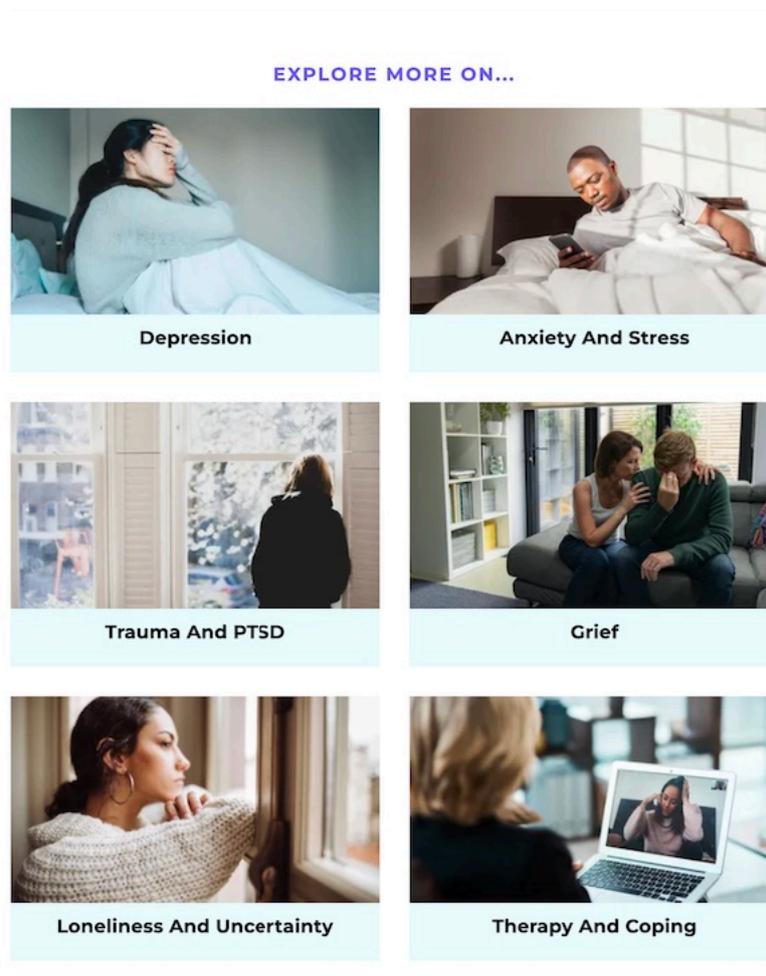


Are You Feeling Anxiety Or Depression From The COVID-19 Pandemic?

It's been a long year. Let us answer your mental health questions about uncertainty, PTSD, loneliness, grief and more.

Source: Bent Not Broken. (2021) *HuffPost* Wellness. <https://www.huffpost.com/life/topic/bent-not-broken>

Appendix C: Screenshot from “Bent Not Broken” landing page



Source: Bent Not Broken. (2021) *HuffPost* Wellness. <https://www.huffpost.com/life/topic/bent-not-broken>

Appendix D: All “Bent Not Broken” articles

Reference	Title/URL
Article 1	10 Little Things To Do When You're Feeling Lonely
Article 2	10 Signs You've Developed Depression, Even If You Don't Feel Sad
Article 3	10 Sneaky Ways Your Coronavirus Anxiety Is Coming Out
Article 4	10 Ways You Can Support Someone Grieving During The Coronavirus Crisis
Article 5	11 Mental Health Resources To Help You Through The COVID-19 Pandemic
Article 6	12 People On How Their Mental Health Has Changed During The Pandemic
Article 7	5 Red Flags You're Dealing With 'Situational' Depression

Article 8	<u>6 Signs Feeling Lonely Has Become A Bigger Issue (And How To Fix It)</u>
Article 9	<u>6 Useful Tips For Anyone Grieving Their Pre-Pandemic Life</u>
Article 10	<u>6 Ways You Can Feel More In Control During The Coronavirus Pandemic</u>
Article 11	<u>7 Red Flags You're Experiencing Trauma From The COVID-19 Pandemic</u>
Article 12	<u>9 Ways Therapists Personally Deal With Grief</u>
Article 13	<u>Are You Feeling Anxiety or Depression from the COVID 19 Pandemic?</u>
Article 14	<u>A Majority Of Americans Struggled In 2020. Here's How To Talk About It.</u>
Article 15	<u>Common Mental Health Advice We Should Actually Ignore Right Now</u>
Article 16	<u>How COVID-19 Will Change Mental Health Care In The Future</u>
Article 17	<u>How Long It Might Take To Mentally Recover From The COVID-19 Pandemic</u>
Article 18	<u>How Memorial Tattoos Can Help With The Grieving Process</u>
Article 19	<u>How Therapists Have Been Coping With The COVID-19 Pandemic</u>
Article 20	<u>How To Cope With Loneliness During Social Distancing If You Live Alone</u>
Article 21	<u>How To Create A Morning Routine That Reduces Anxiety And Stress</u>
Article 22	<u>How To Deal With The Anger You Feel Over People Ignoring COVID-19</u>
Article 23	<u>How To Find A Therapist Who Focuses On Black Mental Health</u>
Article 24	<u>How To Grieve Loved Ones When Funerals Aren't An Option</u>
Article 25	<u>How To Practice Gratitude When Everything Sucks</u>
Article 26	<u>How To Process Grief Caused By COVID-19 (Even If You Didn't Lose Someone)</u>
Article 27	<u>How To Spot Signs Of Trauma In Children During COVID-19</u>
Article 28	<u>How To Stop Grinding Your Teeth Because Of Stress And Anxiety</u>
Article 29	<u>How To Tell If You Need To Start Doing Online Therapy</u>
Article 30	<u>It's Not Just You. A Lot Of Us Are Hitting A Pandemic Wall Right Now.</u>
Article 31	<u>Signs Your Anxiety Over Avoiding People Is Turning Into Something Worse</u>
Article 32	<u>Social Media Is Traumatizing Us More Than We Realize</u>
Article 33	<u>The Best Advice About Grief People Learned During The COVID-19 Pandemic</u>
Article 34	<u>The Best Places On The Internet For People Of Color To Talk About Therapy</u>
Article 35	<u>The Best Type Of Stretching To Relieve Stress And Anxiety</u>
Article 36	<u>The Depression Symptom We Rarely Talk About</u>

Article 37	<u>The Difference Between Stress And Burnout (And How To Tell Which You Have)</u>
Article 38	<u>The Long-Term Effects Social Distancing May Have On Mental Health</u>
Article 39	<u>The Most Common Ways The COVID-19 Pandemic Has Affected Mental Health</u>
Article 40	<u>This Is Your Body And Brain On Coronavirus News</u>
Article 41	<u>We Are Doctors Who Study Trauma. Here's How To Cope With The COVID-19 Crisis.</u>
Article 42	<u>We're Used To Being Spontaneous. Here's How To Cope Now That We Can't Be.</u>
Article 43	<u>What Is Radical Acceptance And How Can It Help During The Pandemic?</u>
Article 44	<u>What Not To Say To Someone Grieving During The Coronavirus Crisis</u>
Article 45	<u>What To Do If You Recently Started Having Thoughts Of Self-Harm</u>
Article 46	<u>When Being Tired Is Actually Depression</u>
Article 47	<u>Why Uncertainty Feels So Terrifying, And How To Cope With It</u>
Article 48	<u>Why You Should Start A Journal Right Now (And How To Stick With It)</u>

Note: Some articles have been titled slightly differently for social media and “homepage” viewing; for example, the article entitled “13 Golden Pieces of Advice on Grief People Learned During the Pandemic” on one list of articles is titled “The Best Advice about Grief People Learned During the COVID-19 Pandemic” when opened. The titles in this table reflect the headlines on each story once opened. For more on how newsrooms test different headlines, see Hagar and Diakopoulos, 2021.