



**“You may very well feel like a small fish in a big pond”:
A linguistic analysis of the constructions of mental health
in two Internet advice columns**

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**“You may very well feel like a small fish in a big pond”:
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Internet advice columns**

Introduction

- Comparative study

Background

- Two advice-giving online resources

Research
questions

- UK and US-based, though access is global

Analysis /
Discussion

- Emotional health: depression

Conclusions

Background: CMC and health discourse

The Internet offers the following opportunities to health educators:

- reach a large number of people
- provide information rapidly
- provide up-to-date information
- provide the possibility of searching archives
- allow searchers to anonymously look for information on delicate topics

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Background to *Lucy Answers*

Internet advice column:

‘**Lucy Answers**’, since 1993 (part of a professional and institutional health program at a US university)

Declared mission:

provide quality healthcare, “by providing factual, in-depth, straight-forward, and nonjudgmental information to **assist readers’ decision-making** about their physical, sexual, emotional, and spiritual health.” (LA 2004)

Topics:

relationships, emotional health, sexuality, sexual health, drugs, general health, fitness and nutrition

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Background to *Lucy Answers*

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Format: exchanges of a problem and response ‘letter’

Readership: college students from the home university;
accessible to other people as well

Advisors: a group of professional health educators,
publishing under the pseudonym ‘**Lucy**’

Popularity: 2,000 inquiries a week, only 5 are answered
every week

Archive: updated content, search function

Data: sub-corpus of 50 response letters in the category
‘emotional health’

Background to *Dr. Ann*

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Format: Email of a query/problem and doctor's response

Readership: teenagers, school children

Advisors: 2 GPs who specialise in child and adolescent health, reporting under the pseudonym '**Dr Ann**'

Popularity: 560 emails weekly, only limited number answered

Archive: updated content, search function

Data: entire corpus: 1 million words

Background to *Dr. Ann*

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Internet advice column:

‘Teenage Health Freak’, online since 2001 (part
of a privately owned, GP-run website)

Same topics as *Lucy Answers*:

relationships, emotional health, sexuality, sexual
health, drugs, general health, fitness and nutrition

Background to *Ask Dr. Ann*

Declared mission:

“To provide web-based, accurate and reliable health information to teenagers in a contemporary, cringe-free, entertaining and informative way...in a format that **enables young people to take effective responsibility** for their health related actions within an appropriate moral framework.”

“To provide a database that can also be used by parents, teachers and health professionals.”

(THF 2001)

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Comparing the corpora

Differences:

Age of target group:

Ask Dr. Ann: aimed at school children (teens) in UK

Lucy Answers: aimed at college students in US

Similarities:

Educational aim of site

Means chosen to impart information (advice column)

Creation of a female advisor persona

Open access and archive function

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Research questions

- (1) Do we see evidence of the psychiatrization of emotional distress?
- (2) Do they use medico-technical jargon?
- (3) Do they draw on figurative language to describe their emotional state?
- (4) How do the questioners legitimize/foreground their emotional problem?

Caveats and foci

- (1) Focus on ‘depression’
- (2) Lay perceptions
- (3) Professional perceptions

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

RQ (1): Do we see evidence of the psychiatrization of emotional distress?

Psychiatrization

- Tendency to self-diagnose oneself with an emotional disorder
- Seeing everyday problems of living as becoming pathological and medicalized.
- The borders of psychiatric diagnosis have been widened (Rose 2006).

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

**RQ (1): Do we see evidence of the psychiatrization
of emotional distress?**

- Some advice-seekers self-diagnose

“I’m pretty sure that he is clinically depressed” (LA)

“I have severe clinical depression” (DA)

“I have Asperger syndrome, depression, migraines,
seasonal affective disorder” (DA)

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

RQ (1): Do we see evidence of the psychiatrization of emotional distress?

- Reaction the same in *Dr. Ann* and *Lucy Answers*:

- * empathy
- * normalization
- * pathological definition of ‘depression’
- * advice

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

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Introduction

Dear Lucy,

Background

I am actually asking for a friend of mine since this situation is getting worse, and I don't know how to help. The problem is that my friend is very depressed, and has very, very low self-esteem. While sometimes able to be cheerful and "happy," he claims to rarely feel that way and mostly just hates himself.

Research
questions

[...]

Analysis /
Discussion

Conclusions

I feel like being strong for him is just not enough, and I can't quite convince him that counseling may do some good. [...] Is there anything you can suggest for me to tell him or suggest to him? Any help will be greatly appreciated, because I just don't how to help him. Thank you so much.

-- A friend on-the-line

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**RQ (1): Do we see evidence of the psychiatrization of
emotional distress?**

Dear A friend on-the-line,

Everyone feels "blue" at certain times during his or her
life. In fact, transitory feelings of sadness or
discouragement are perfectly normal, especially during
particularly difficult times.

- * empathy**
- * normalization**

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**RQ (1): Do we see evidence of the psychiatrization of
emotional distress?**

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

But, a person who cannot "snap out of it," or get over these feelings within two weeks, may be suffering from the **illness** called depression. Depression comes in many kinds and degrees. Demoralization is usually part of depression, but it's not the whole story.

Pathological definition of ‘depression’

- Depression is an illness**
- Raising awareness of its complexity**

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Introduction

Some Symptoms of Depression

Background

- Feelings of sadness, hopelessness, and irritability that seem to have no cause

Research
questions

- Loss of interest or pleasure in usual activities, including sex

Analysis /
Discussion

[8 more points]

Not all of these features are present in every depressive episode.

Conclusions

Gently and directly talk with your friend about your concerns while setting limits for yourself because you are not a professional therapist. [more advice]

**Pathological definition of ‘depression’
Advice**

RQ (2): Do they use medico-technical jargon?

Advice-seekers in both advice columns: yes (see before)

Lucy Answers and Dr. Ann:

- General avoidance of medical jargon
- If unavoidable, jargon is explained
- If the advice-seeker initiates medico-technical questions, the advice-givers will take them up and explain

RQ (3): Do they draw on figurative language to describe their emotional state?

DEPRESSION IS DOWN

Advice-seeker:

“downhearted but hopeful” (pseudonym; LA)

Advice-giver:

“if you feel very down and depressed” (DA)

“You also appear to be experiencing some downtime at the moment, which can compound feelings of low self-esteem, low self-confidence, and low self-worth” LA)

“I’m so sorry you’re feeling so low” (DA)

RQ (3): Do they draw on figurative language to describe their emotional state?

DEPRESSION IS A JOURNEY

Advice-seeker:

“help me, just give me direction” (LA)

“I don’t want to be here” (DA)

Advice-giver:

“sinking into depression” (DA)

“break the cycle” (DA)

RQ (3): Do they draw on figurative language to describe their emotional state?

DEPRESSION IS VISION (COLOUR)

Advice-seeker:

“things seem much rosier at those times” (LA)

“Thanks, feeling blue” (pseudonym; LA)

“its making me blue” (DA)

Advice-giver:

“Everyone feels ‘blue’ at certain times during his or her life.” (LA)

“be patient because depression fades” (DA)

RQ (3): Do they draw on figurative language to describe their emotional state?

ILLNESS IS WAR

Advice-seeker:

“its [the depression] is hitting me hard” (DA)

Advice-giver:

there are many ways of fighting back” (DA)

“Lucy encourages you to follow through on your work in fighting this depression and your eating disorder.”
(LA)

RQ (3): Do they draw on figurative language to describe their emotional state?

DEPRESSION IS ISOLATION

Advice-seeker:

“I constantly feel paralyzed, trapped, as if there is ‘no way out’” (LA)

“I can’t help feeling trapped inside my mind” (DA)

Advice-giver:

If you and one of these friends are both interested in taking the next step toward romance, let the heat between you melt away the ice that now keeps you frozen in friendship. (LA)

RQ (3): Do they draw on figurative language to describe their emotional state?

DEPRESSION IS ‘this animate, ungovernable, unwieldy, uncontrollable force’

Advice-seeker:

“There is something bugging my brain, making me feel this way but I am not sure what” (DA)

Advice-giver:

“you have a huge load on you” (DA)

“Life feels out of control (DA)

**RQ (3): Do they draw on figurative language to
describe their emotional state?**

- Metaphors are a significant means of communication on emotional health between patients and health professionals
- Figurative language is not part of the discourse of diagnosis in the official statistical criteria (DSM)

**RQ (4): How do the questioners legitimize /
foreground their emotional problem?**

- Punctuation: HELP!
- Capitalization: HELP!
- Adverbials & syntax: I really do feel like shit.
- Adjective: I am so worried
- Descriptions: Please help me before it is too late

Since not all the questions are answered, the advice-seekers need to distinguish themselves from the crowd.

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

Conclusions

- computer-mediated advice columns have a great potential for health communication
- anonymity as an asset
- addition to face-to-face counselling
- text genre suitable for health communication
- concerns of teenagers and young adults

References of our work on this topic:

Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

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Introduction

Background

Research
questions

Analysis /
Discussion

Conclusions

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Thank you for your attention!

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