CHAPTER 3

Mental Health in Magazines: Relatability and Critique in *Cosmopolitan* and *Teen Vogue*

As instructive texts for how to live, women’s magazines have been of interest to feminist scholars as reproducers of social norms and structures. The emergence of digital media has significantly weakened the hold of magazines on popular women’s discourse, leading to declining revenues as advertisers and readers move to free online platforms. But as publications with large corporations behind them, they are still worthy of study as representatives of traditional advice media that espouse scripts for how to approach mental health. This chapter thus looks at conversations around depression and anxiety in the online archives of *Cosmopolitan* (US) and *Teen Vogue*, based primarily on material published from 2008–2018. I examine the different orientations of these magazines when it comes to mental health by discussing their respective styles, tone, narratives, mode of address, and types of pedagogy and support around these issues.

Angela McRobbie’s study of the girls’ magazine *Jackie* was one of the first and most influential feminist analyses of this media genre. McRobbie argues that publications in this genre “define and shape the woman’s world, spanning every stage from early childhood to old age [where] the exact nature of the woman’s role is spelt out in detail, according to her age and status.” One aspect of this guidance was the supportive function provided by these magazines, often in the form of advice columns where experts answered questions about everything from relationships to medical problems.
McRobbie describes how *Jackie* presents an ideal teenage girl whose interests and priorities go hand in hand with contemporary patriarchal and capitalist values. Other scholars have also identified magazines as key sites of cultural constructions of women, men, and gender relations. Much of this research has contended that magazines convey damaging messages that propagate gender inequality and present a narrow feminine ideal centered on beauty, fashion, and romance. They have been read as promoting negative body ideals and leading to destructive dieting and plastic surgery, as well as reproducing power hierarchies along the lines of class, race, and sexuality.

As a postfeminist sensibility permeated media culture in the late 1990s and early 2000s, so magazines became important sites for postfeminist messaging. In simplified terms, at first this was expressed in the sense that feminist goals were seen as having already been achieved, so any larger social transformation along gender lines was unnecessary. More recently a postfeminist sensibility has transformed into something more subtle, where feminism is acknowledged as important but reconceptualized in individual terms that emphasize choice, empowerment, and competition (see Chap. 1 for a more elaborate discussion of this). This message is seen clearly in the world of magazines, where several outlets have declared their support of gender equality and incite their readers to become empowered and independent subjects.

Additionally, there is now a focus on “positive” images alongside the incitements to self-improvement. In her analysis of sex and relationship advice in *Glamour*, Rosalind Gill points out that women’s magazines have always portrayed femininity as “contingent – requiring constant anxious attention, work and vigilance.” The advice of the current moment, however, is marked by an intensified self-surveillance that reaches into “entirely new spheres of life and intimate conduct,” and focuses significantly on the psychological. The postfeminist subject is urged to change her attitude toward herself and become positive, rather than only change her physical appearance. For Gill, this is another way in which the psychic life of postfeminism expresses itself by restructuring its subject at the level of her subjectivity.

One aspect that repeatedly comes up in the scholarly work on women’s magazines is their contradictions, how they tend to present messages about being confident about your body alongside pages and pages of advertisements for how to diet and shape your body into submission. Gill notes that rather than seeing these contradictions as “the ‘endpoint’ of
analysis of magazines,” one might see it as “the contradictions doing ideological work.” As an example Gill gives the “language of empowerment, equality and taking charge” which infuses the conversations around intimate entrepreneurship in Glamour magazine, but does so to promote traditional rather than feminist ideals. In this way the magazine avoids presenting a clearly traditional ideological message, and the presence of both feminist and anti-feminist ideas marks the outlet as distinctly postfeminist.

To examine the state of magazine discourse around mental health I chose Cosmopolitan because it is one of the oldest and most established women’s magazines in the Anglophone world. It was also the most visited magazine website during the start of this project. Teen Vogue was then chosen as a second site because of its positioning as one of the strongest brands in contemporary girls’ magazine culture in the mid-2010s. Even if it has not published print issues since December 2017, it lives on as a digital magazine publisher and has branched out to “consumer experiences” like a biannual summit and a brand clothing line at Urban Outfitters. The digital-only focus, the clothing line, and the summit makes Teen Vogue representative of how magazines respond to a “new media” landscape where readers are consuming their content on digital rather than print platforms.

In terms of methodology, I used the search functions on the publications’ websites as well as their own tagging system. Overall, Teen Vogue had published more than twice the amount of articles on the topic of mental health and illness than Cosmopolitan. The significantly higher number of pieces in Teen Vogue might suggest that mental health awareness is at the forefront of their brand, something I will discuss more below.

Cosmopolitan and Teen Vogue’s online editions contained few traditional advice columns of the kind where experts answer readers’ questions related to mental health. In fact, there was only one in each outlet throughout the primary decade studied here. Even if there were barely any traditional advice columns, I consider the entire discourses of the magazines as discourses of advice, in the vein of “lifestyle media” which provide scripts for how to live.

Next, I will discuss each publication and their dominant themes—their tone, mode of address, critical stance (and lack of one), and their approach to support—before doing a direct comparison of how both magazines covered the same celebrity events and science report.
When Helen Gurly Brown rebranded Cosmopolitan to focus on sex and pleasure in 1965, the message stood in stark contrast to the women’s magazines of the day that tended to focus on family and home economics. Brown successfully cemented the publication’s “sex-centric brand of female empowerment”\(^{18}\) and established its “fun, fearless female” ethos during her 32-year tenure.\(^{19}\) According to David Machin and Joanna Thornborrow, who conducted a discourse analysis of 44 different national versions of Cosmopolitan from around the globe, the main discourse of the publication fosters the values of “independence, power and fun.”\(^{20}\) Machin and Thornborrow look at Cosmopolitan’s coverage of sex and work, two topics that frequently take center stage in the magazine. They identify the contradictory ethos characteristic of women’s magazines in this coverage, showing how Cosmo presents serious information about both sex and work, but then undercuts it by using a “tongue-in-cheek” tone which distances the article from both real sex and real work. The same light-hearted tone that marks the decades-old Cosmopolitan pieces about sex and careers can be found in the articles about mental health.

In this section I will discuss a few examples from the Cosmo archive that illustrates the dominant approach of the magazine to issues of mental health.

A Lighthearted and Distanced Tone

The lighthearted and tongue-in-cheek tone of Cosmopolitan’s mental health coverage is on clear display in the outlet’s many listicles. A listicle is an article where the majority of the content appears in the form of a list. The listicle became a popular type of internet “journalism,” as it became an effective way to draw readers in by promising to condense almost any subject into easily digestible list form.\(^{21}\) In this sense, the genre almost by default takes away the seriousness of a topic. The headline is an important part of this form, and looking at the titles of Cosmo’s listicles reveals what kind of issues the magazine promises its readers to quickly deal with as well as who the assumed reader is. The earlier articles tend to adopt a mode of address that assumes you are interacting with someone else who is depressed or anxious, like “10 Things You Should Never Say To Someone With Depression” and its follow up “10 Things You Should Never Say to Someone With Anxiety.”\(^{22}\) Included in this category are also “13 Things
Not to Say to Someone Who Is Stressed Out,” “17 Things to Never Say to a Girl With Borderline Personality Disorder,” and “10 Things You Should Absolutely Not Say to a Woman With an Eating Disorder.” And even though the titles of these articles imply that the reader is the friend of someone who is suffering rather than the one suffering themselves, the content of the pieces is as much for someone with their own experience of mental illness as someone encountering it second hand, in that they traffic in a language of recognition. What these pieces have in common is the negative rhetorical approach of each list item, which states what NOT to say, before explaining why. For example, the first item on the list in “10 Things You Should Never Say To Someone With Depression” is simply “Everyone's depressed.” The author, Anna Breslaw, explains “No, everyone gets depressed sometimes. It's normal to feel the repercussion of a bad day .... But diagnosed depression is like any other physical illness that requires medication. Like, you wouldn't say "Everyone has a thyroid problem." The later Cosmo listicles instead tend to appeal outright for identification in the headline, revealing a mode of address that assumes that the reader herself is suffering from these issues rather than asking for a friend. Examples include “16 Things Only Girls On Antidepressants Will Understand,” “14 Struggles Only Girls With Anxiety Will Understand” and “12 Struggles Only Girls With Depression Will Understand.” Related to these are also “17 Dating Struggles Girls With Anxiety Understand” and “12 Dating Struggles Only Girls With ADHD Will Understand.” The first three, about antidepressants, anxiety, and depression, are all written by the same author and published a few days apart in May of 2016. As the headlines imply, these pieces invite the reader to join in recognition and agreement. These pieces were published during 2016 and 2017, later than most of the ones about what not to say to someone with a particular diagnosis, which might be a sign that the perception of the average Cosmopolitan reader has changed over time. Earlier in the decade, the editors at Cosmopolitan might have assumed that their readers did not themselves identify as having a particular diagnosis, but might be interested in reading about it if it was framed in terms of what to do if you encounter someone with a mental health issue. But later on, during 2016 and 2017, the average reader is assumed to herself be identifying as depressed, anxious, and on antidepressants.

In addition, the Cosmopolitan listicles tend to make full use of the layout to further set a lighthearted and tongue-in-cheek tone. Often each
item on the list is accompanied by a GIF or an image to illustrate the point (this kind of illustration is present in 50% of the Cosmo listicles and only in one of the Teen Vogue ones). In “16 Things Only Girls On Antidepressants Will Understand,” for example, a GIF of media personality Kimora Lee Simmons disapprovingly shaking her head accompanies item number four, “People asking you why you’re on antidepressants is rude as hell,” and a GIF of actress Molly Ringwald giving the middle finger in the film The Breakfast Club is displayed next to item number nine, “People who ask you if you’ve tried a “natural” solution, as if they’re being really helpful.”

The use of humorous visuals here serves to distance the reader from the seriousness of the topic discussed and presents a highly relatable self with which the reader can identify without feeling too much despair. This is similar to what Machin and Thornborrow describe in relation to the outlet’s coverage of sex and work, where the tongue-in-cheek tone serves to create distance to real sex and real work.

**Common but Exceptional**

One recurring angle presented in Cosmopolitan is that mental illness is both exceptional and common, as seen in the above quote about not telling someone who is depressed that “everyone’s depressed.” On the one hand, there is a strong focus on how having a certain diagnosis is NOT the same as being “a little sad” (which is articulated in several different ways, but with the purpose of differentiating the legitimate illness/diagnosis from a less serious and colloquial experience) and how it in this sense is exceptional (you are different than your friends who are just bummed out about a bad exam). Another example of this is “13 Things I Wish I Knew About Depression When I Was a Teenager” where number two on the list reads “Your friends might use the same words to describe how they feel, but they also might have no idea what you’re going through.” In the accompanying bullet point the author laments clueless teenage friends who say they are depressed because of a bad grade, something that is not the same as suffering from clinical depression. Similarly, in “12 Struggles Only Girls With Depression Will Understand,” item number three is simply “How loosely people use the word ‘depressed.’” The author explains that there is a definitive difference between depression and sadness, stating that “Depression is chronic, while sadness is fleeting. Often times, depression isn’t triggered by anything, while sadness usually is. So no, you’re not sooo ‘depressed’ this season of Game of Thrones is over.”

Here the
hyperbolic tone ("you're not sooo 'depressed'”) and the reference to popular culture also does the work of distancing the reader from the potential despair of depression by the use of humor.

On the other hand in this equation, depression is a common experience because it is just “like any other physical illness that requires medication” and also you are not alone in having it, because the writer of the article shares your experience and so do all of the readers who clicked on it in recognition. This is also expressed in “13 Things I Wish I Knew About Depression When I Was a Teenager,” where numbers three and four on the list are “That needing mental health help is the same as needing physical health help” and “There is no way you’re the only kid at your school struggling with depression.”

In this framing, psychology and psychiatry are generally forces of good that are helping people while acknowledging a host of diseases that have just not previously been properly treated. Item number three on the list of what NOT to say to someone with depression exemplifies this. The statement that you are not supposed to say is “You don’t need to be on medication—it’s so overprescribed. Everyone’s on drugs these days,” which the author explains with:

Yeah, because the medical health world is realizing that mental illnesses are just as serious as physical ones. It’s easy to pass judgment on these kinds of medications because of a few college friends who managed to score recreational Adderall, but for every one of those, there are hundreds of people who have been pulled out of deep emotional and mental holes with the help of medication prescribed by good psychiatrists. You probably know some of them—you just don’t know you do.

Here the author first equates mental illness with physical illness, and in so doing reinforces a biomedical paradigm in which what is physiological is more important than “flimsy” psychological stuff. She then ascribes large potential and hope to medication and psychiatry by naming “hundreds of people who have been pulled out of deep emotional and mental holes.” Within this framework, psychopharmaceuticals appear as a technology of hope which does the work of rescuing the subject from the despair of diagnosis. The notion that “the medical health world is realizing that mental illnesses are just as serious as physical ones” also reinforces a positivist notion that mental illness diagnoses are out there in the world to be discovered, rather than discursive-material constructions bound up in particular socio-historical contexts.
Another theme that runs throughout the Cosmo pieces is the relatable self. In her study of a set of meme-based Tumblr blogs which portray everyday "girl" experiences, Akane Kanai identifies the production of "affectively relatable" online selves that touch upon difficult subjects but do so with self-deprecating humor that serves to defuse the seriousness of the problems. The result is the production of a "relatable self" that never expresses too much vulnerability nor confidence. I contend that much of Cosmopolitan’s mental illness articles follow in this vein, and that their tongue-in-cheek tone serves the same purpose as the humor in Kanai’s analysis—to produce a "relatable" self that is not too sad or too anxious. By packaging potentially heavy topics such as depression and anxiety in easy-to-digest listicles, illustrated by funny GIFs and packed with Internet slang such as OMG and STFU, one is disarming the topics of their seriousness and weight. This serves a double function—on the one hand, it lets Cosmopolitan cover serious topics without losing its “fun fearless female” voice, and in this sense, their writing on mental illness fits into the overall style and “feel” of its other pieces about things like sex and work. Like this, depression and anxiety also become tangible on the same level as these other topics (sex, beauty, work), where recognizing your own feelings in a funny listicle might make those feelings appear less overwhelming and more manageable. On the other hand, the comedic style in these pieces risks downplaying the seriousness of living with depression and anxiety.

Gill and Kanai identify the relatable self as one out of three “new modalities of feeling in neoliberalism,” alongside “the imperative to confidence” and “the promotion of ‘boldness’ as a value in itself.” They describe an interesting interplay between negotiating incitements to confidence and the discussion of problems faced in the everyday of late capitalism in the blogs Kanai analyzes. They write:

In directing lighthearted humor against the self, the blogs attempt to walk the line between traditional affective regulations that mandate girls and women apologize for their presence, please others, and take up less emotional space; and contemporary demands to singlehandedly demonstrate confident, positive selfhood in relation to the degrading conditions of contemporary capitalism.
The role of humor here is to defuse the notion that one is overly impacted by “the degrading conditions of contemporary capitalism.” A similar negotiation is happening in the *Cosmopolitan* listicles about mental illness, where the pains of living with an issue becomes intelligible as a common, and thus manageable, feature of contemporary life. One specific way this is being done is in the use of the word “basically” in the listicle “16 Things Only Girls On Antidepressants Will Understand.” Number 2 on the list reads:

> Your body is basically a science experiment until you find the right meds. It’s so rare to initially be prescribed the medication that’s right for you, so you have to try lots of different meds out. But when you find that perfect combination of meds, you realize it was probably worth it.³₈

The phrase “your body is basically a science experiment” manages to describe an unpleasant situation in a slightly detached way, primarily by adding “basically” to the sentence, which disarms it of its seriousness. By emphasizing how common it is to have to try out several different medications before finding the right one, the listicle manages to normalize the potentially terrifying experience of being a “science experiment” and assure the reader who might be in the middle of that process to keep at it because it will be worth it in the end.

Comparing this to Kanai’s blogs, where an expression and acknowledgment of problems is done in a humorous way so as to appear relatable and not “too much” to other bloggers and to third parties who might encounter them, the *Cosmopolitan* listicle here performs this relatability primarily to readers who are themselves going through the experience and might need reassurance that it is not as bad as it seems. By folding a distressing experience (trying out different drugs) into a medical framework in which it is just business as usual, *Cosmopolitan* here assures the reader that this potentially scary phase of managing a depression is common and reasonable. This approach might minimize the unpleasantness and difficulty of the process by providing some reassurance to readers for whom trivializing what they are going through can be a way of making it more manageable. By managing one’s mental health issues like this, one might gain temporary personal relief, but any discussion of broader systems and possibilities is left untouched.
Firsthand Narratives of Suffering, Diagnosis, and Redemption

There are some *Cosmo* pieces that take a more serious tone, primarily those that present firsthand accounts of a certain illness that often include a narrative arc of suffering, diagnosis, and redemption. These are similar to what Lisa Blackman calls the victim-to-victor narrative found in anti-stigma campaigns, where the protagonist starts out by suffering, then receives a diagnosis, and is finally salvaged by the help of medication and therapy. These kinds of narratives tend to construct psychiatry as a technology of hope, whereby the subject enters into successful recovery after having agreed to the diagnosis and treatment provided by professional experts. The personal stories in *Cosmopolitan* largely follow this script, although it is not always psychiatry that appears as the savior. In a piece titled “Why I Turn to YouTube When My Anxiety Gets Out of Control,” author Kerry Justich shares her ways of coping with generalized anxiety disorder. Describing a recent panic attack caused by a cancellation of subway trains, after unsuccessfully having tried to reach her mother on the phone, Justich went home and opened up YouTube, where her “favorite family of vloggers” soothed her anxiety. Like in most personal stories published by *Cosmo*, Justich gives the reader the back story of her diagnosis—her parents divorced when she was 14, and since then she has tried to keep strict routines in her life, if these are not followed or something goes awry, she experiences severe anxiety. Justich describes the severity of it as follows: “My anxiety paralyzes me. It overwhelms my brain and body, forcing me to shut down. Everything I do, I second-guess. Everything I say, I quickly question. And everyone I know I fear might someday disappear from my life.” She then recounts how this anxiety came to a head during her senior year of high school, which is when she saw a therapist and psychologist and was diagnosed with generalized anxiety disorder. Interestingly, this professional did not suggest medication, only “meditation, counting, working out, writing, and using an ocean waves sound app,” which goes against critical narratives that assume medication is always the first route suggested by psychological professionals. For Justich, however, none of the suggested methods were successfully able to quiet her mind. She explains that:

In those moments, I crave human interaction, but when I am in an unsteady state of mind, I feel like I can’t rely on my friends or family to fulfill those needs. YouTube is the one thing that could turn off my over-processing mind.
In her analysis of the cultural production of female psychopathology in women’s magazines, Lisa Blackman draws on Arlie Russell Hochschild’s study of women’s advice books published from the 1970s up through the early 1990s. Hochschild compares earlier books which adopt a patriarchal view of the family, in which the woman is assumed to be unequal to her husband, with later books that adopt a (somewhat) feminist conception of family and intimate relationships, where husband and wife are seen to be equals. For Hochschild, the earlier, patriarchal pieces reflect more “warmth” than the more modern publications, which “call for more open and more equal communication, but … propose ‘cooler’ emotional strategies with which to engage those equal bonds.” This reflects a “cultural cooling” in which the gains of second-wave feminism have mixed with the goals of capitalism, resulting in “a commercial spirit of intimate life,” where “part of the content of the spirit of capitalism is being displaced onto intimate life.” Part of this commercialization of intimate life is the idealization of a self that is “well defended against getting hurt.” Hochschild explains:

The heroic acts a self can perform, in this view, are to detach, to leave and to depend and need less. The emotion work that matters is control of the feelings of fear, vulnerability and the desire to be comforted. The ideal self doesn’t need much, and what it does need it can get for itself.

Blackman picks up on Hochschild’s “no-needs modern woman” and identifies her in the women’s magazines of the early 21st century, where she appears as someone who “is the primary force in her own life and who is able to work on herself, through particular techniques of self-production, such that she can get by with relatively little support from others – particularly men.” Here, traditionally masculine “feeling rules” have been displaced on feminine intimate relationships, and women are urged to be more cool and detached in close relations.

The emotion the no-needs woman fears the most is “the desire to be taken care of, to be safe and warm, which is embodied in a fear of being dependent on another, even one’s therapist.” For Blackman and Hochschild, the emotional needs that this feminine subject inevitably has, despite not wanting to have them, then become relegated to discourses of self-help (such as advice books or magazines) and professionalized discourses of therapy and counseling. Most importantly, they are shifted away from the intimate relationship or close family and friends to professionalized discourses. Turning back to the *Cosmopolitan* article from 2015,
when Justich describes the worst moments of her anxiety, she says that she craves human interaction, but “when I am in an unsteady state of mind, I feel like I can’t rely on my friends or family to fulfill those needs” and instead she turns to YouTube which is “the one thing that could turn off my over-processing mind.” So here Justich goes against the “no needs modern woman” in the sense that she acknowledges that she longs for human interaction, but she then immediately disavows that real human interaction will be able to give her what she actually needs. In so doing she seems to construct human interaction as too messy and complicated (and perhaps requiring too much of reciprocated action), whereas watching human interaction on YouTube via her favorite vlogger family (Justich links to the SACCONEJOLYs, an Irish family with four small children who posts new videos about their life every day) provides her with the simpler, detached, and mediated experience of human interaction.49

In the last paragraph of the article Justich elaborates on her current relation to therapy and psychological professionals, saying that she has been able to depend on her therapist less now that she has YouTube. She says that she could use the therapist’s help sometimes, but:

\[
\text{I feel empowered to know I’ve made it so long on my own. Anxiety is something that I’ll never live without, but knowing that relief is a literal click away provides me a little bit of peace in my otherwise chaotic mind.}^{50}
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Here Justich exemplifies a hyper independence from not only family and friends, but also the professionals that should supposedly be there to help her. So instead of displacing the care from family and friends to a professional discourse, like Blackman and Hochschild describe in their analyses, here we have someone who has gone a step further and has managed to make it also without those professionals. And although this might be seen as resistance to the dominance of the psy-sciences and psychology professionals in managing mental health, it can also be read as a response to a nonfunctioning support system, say the failure of the mental health care system in the United States. And instead of requiring reforms to a broken system, or turning to one’s family, *Cosmopolitan* is here encouraging you to self-medicate with digital media.

Additionally, by saying that she feels “empowered” for having survived without anyone else for so long she also invokes the language of popular feminism,[^51] suggesting that she has gained something on a political level, although what she seems to have overcome here is only the dependence on others.
Definitions and Diagnoses

One last thing to note about Cosmo’s coverage is the presence of specific definitions of what it means to be depressed, anxious, or in other mental distress. I ask about these with Blackman’s discussion of the production of female psychopathology in women’s magazines in mind. Here she urges scholars to examine “how the arena of relationships is made intelligible and what concepts allow the distinctions between the normal and the pathological to be thought.”

One way to ask that question in relation to my empirical material is to ask if and how definitions of particular ailments are given. Is it assumed that the reader already knows what it entails to suffer from depression? What definitional work is happening and what stakes and boundaries are being laid out?

The early Cosmo articles tend to describe depression and anxiety more in general terms of “feeling bad” rather than mention specific diagnoses by name (even if they have been tagged with them), and the solutions presented tend to be focused on self-help techniques instead of psychiatric medications and therapy. The first and only article from 2009, for example, is titled “How to Beat the Winter Blues” and does mention the existence of the diagnosis Seasonal Affective Disorder (SAD) but suggests getting active physically and socially, watching your carbs, going on a mini-vacation, having sex, and “consider light therapy” as solutions without bringing up therapists or drugs. This goes on until 2013, when depression as clinical illness starts popping up in the Cosmo pieces. From 2014 and onward the majority of the articles in Cosmo feature discussion of specific diagnoses and mental health and illness appear as obvious aspects of contemporary life. For example, an article from 2015 titled “This Mom’s Powerful Selfie Proves There’s No Shame in Taking Anxiety Medication” features a viral Facebook post of a woman holding up prescriptions for antidepressant and anxiety medications in a selfie and stating in the caption that she was unashamed to be taking them. The post led to multiple other women responding with their own stories of taking psychiatric medications under the hashtag #MedicatedAndMighty, something the Cosmo writer comments as follows: “I am a very anxious lady and I am loving this. Cheers to Jones, all these other women, and to reminding the world that needing medication isn’t anything other than taking a step toward being healthy.”

Next I will discuss the dominant themes in Teen Vogue and their generally serious approach to issues of mental health before providing a direct comparison of how the two outlets covered the same events.
Teen Vogue emerged in 2003 as an offshoot of the fashion magazine Vogue at the same time as other large magazines aimed at adults published their own teen versions, like Elle Girl (2001-2006), CosmoGirl! (1999-2008), and Teen People (1998-2006). During the first 13 years of its existence it published pieces typical for publications aimed at teenage girls, but it was significantly rebranded in 2016 when 29-year old, African-American, Elaine Welteroth took over as editor in chief. Under Welteroth’s leadership the magazine began publishing “more overtly political, and often feminist, articles” alongside traditional teen magazine fare like fashion and relationships. One piece in particular put Teen Vogue on the map as serious in its political critique. In December 2016, shortly after the general election that made Donald Trump president, Lauren Duca published an article titled “Donald Trump Is Gaslighting America,” which suggested that the president-elect was engaging in psychological manipulation of the American people. The article spread quickly online and in the mainstream press, leading to much commentary about the surprising critical sharpness of the teen magazine. Teen Vogue has continued in this spirit since, publishing stories about political issues ranging from reproductive rights to Black Lives Matter. At the time of writing, the footer on their website reads: “The young person’s guide to conquering (and saving) the world. Teen Vogue covers the latest in celebrity news, politics, fashion, beauty, wellness, lifestyle, and entertainment.” In this way, attention to politics and critical thinking is folded into the Teen Vogue brand alongside more “shallow” topics like celebrities, fashion, and makeup. The publication was even hailed as a “rallying point of resistance” in Trump-era America, presumably succeeding in their mission.

Feminist media scholars Natalie Coulter and Kristine Moruzi have analyzed Teen Vogue’s position as a political outlet for girls by positioning it in relation to the Victorian girls’ magazine Girl’s Realm (1898–1914), which was known for its engagement with contemporary issues related to women’s rights, such as women’s suffrage. By making this historical comparison Coulter and Moruzi show that Teen Vogue does not exist in a presentist vacuum, but is part of a longer history of conceptualizing “the female reader as engaged with the social and cultural politics of their respective eras.” They argue that the ideal girl defined by Teen Vogue is someone who “has a political conscious that is explicitly labelled as ‘woke.’” “Woke” or “wokeness” has its recent legacy in the Black Lives Matter
movement which popularized the term. It often indicates a “critical consciousness of intersecting systems of oppression” that acknowledges the “oppression that exists in individual and collective experiences.” Coulter and Moruzi point out that the term changes in different circumstances and that *Teen Vogue* does not explicitly define what it means by “wokeness,” but that Welteroth’s use of the concept “implies that the magazine is articulating an awareness of social issues and the ways that systematic oppressions intersect.” They go on to state that part of the magazine’s “wokeness” is that it “resists much of the familiar postfeminist narratives of empowerment and the aspirational fantasies of personal improvement … that have been endemic in girls’ print culture in the early twenty-first century.”

This ethos of “wokeness” is reflected also in the publication’s coverage of mental illness when connections between mental health and systemic oppression are made (seen for example in a piece that connects depression and suicide rates among transgender kids with stigma and hostility against them or in an article about how racial discrimination causes stress in those who experience it). This happens in 6% of all *Teen Vogue*’s articles, which is not an overwhelming amount of times, but far more often than *Cosmopolitan* which only connects mental distress with structural inequalities in 1.5% of their pieces.

What stands out with *Teen Vogue*’s mental health coverage is that it significantly increases in 2016, from having been in the single digits up until 2014, it increases to 23 pieces during 2015 but then significantly jumps to 137 articles during 2016. This increase in coverage might be a sign that articles relating to mental health fit well into the publication’s updated and “woke” brand.

*Providing Critical Context*

The overall tone in *Teen Vogue* tended to be straightforward, earnest, and serious. One way this was expressed was in the kind of topics covered in their general interest category, which featured both more expected subjects like a story about how telepsychiatry lets therapists treat you via digital tools like Skype and FaceTime and more politically inflected stories like a hospital getting sued for discrimination after a transgender teen died by suicide after having been treated there.

Taking a closer look at one of the stories in this category reveals the serious tone and critical stance adopted by the publication. In January
2017 *Teen Vogue* wrote about the fate of a black teenager, Bresha Meadows, who was accused of killing her father after she and her family endured years of abuse by him. The outlet reports that Meadows was transferred from the juvenile jail she had been staying in for 175 days to a mental health treatment facility to receive an evaluation. The author of the piece points out that “despite the change, Bresha will not be free to come and go from the treatment facility.” The support group that had formed around the hashtag #FreeBresha is then mentioned, as is the day of action taken to urge the judge to release Meadows from juvenile detention. Here *Teen Vogue* cites research that shows the inefficiency of such confinement not only by referring to the activist group, but also citing and linking to a report from the Justice Policy Institute that shows how “incarcerating young people does little to help them in the long run, instead increasing their chances of returning to jail or prison in the future.” The *Teen Vogue* writer, Brittany McNamara, then points out that the #FreeBresha group called attention to another important issue: “survivors of domestic abuse being punished.” She cites research from the “Women in Prison Project of the Correctional Association of New York” which shows that “67% of women accused of killing someone close to them had been abused by that person” and that “of all the state’s inmates in for any charge, 75% had experienced severe physical domestic violence.” This leads McNamara to state that “all too often, survivors of domestic violence are punished for their survival,” before citing the official statement from the #FreeBresha group about why the teenager should be freed while awaiting trial. In many ways this is traditional reporting of a story like this—giving the reader the backstory of what had previously happened to Meadows in addition to describing the latest developments in the case. But McNamara adds a critical perspective to the story by referring to research both about the inefficiency of the juvenile jail system and the high levels of domestic violence victims among incarcerated women, making it not only a story about a singular teenage girl’s tragic fate, but also about the larger problem of women who stand up to their abusers being punished by the legal system. In this way the outlet lives up to its ethos of wokeness. Additionally, by tagging this and similar stories with “mental health” and other relevant tags, it shows up among other, more personal and individual-focused pieces, and the reader learns to include also such structural issues in the scope of mental health.
Seriousness in Favor of Distanced Relatability

While *Cosmo* tends to have a tongue-in-cheek tone that presents issues in relatable ways without getting too threatening or uncomfortable, the tone in the *Teen Vogue* pieces is instead marked by a seriousness that treats mental illness in a straightforward and earnest way. This is seen in how different the listicles look in each outlet. *Teen Vogue* had fewer articles in this genre on the whole than *Cosmo* (8% versus 15%) and their listicles tended to maintain the somber tone of the outlet at large. This is seen in a few key differences in the layout of the listicles in the two outlets. The first of these is the introductory paragraph that *Teen Vogue* includes in all of their listicles, which presents the issue at hand and gives some context. An example of this kind of introduction is the following, which accompanies the piece “26 Date Ideas for Your Anxious Partner”:

> Anxiety can often make dating a challenge—unfamiliar people and environments might heighten the mental and physical symptoms someone with anxiety faces. This can make it difficult to plan a first date, or even an outing with a long-term significant other.⁷³

This gives the reader a framework for why folks with anxiety might need specific dating ideas, and what those ideas might look like. 100% of the *Teen Vogue* listicles include an introduction in this vein, compared to only 34% of the *Cosmo* listicles, which often jump straight into the list of relatable points. Another marked difference between the layout of listicles in the two outlets is the use of GIFs or humorous illustrations to accompany items on the list. Only 1 of *Teen Vogue*’s listicles contained GIFs and comedic images, whereas 50% of *Cosmo*’s listicles did the same. This contributes to an overall more serious tone in *Teen Vogue* and underscores the more relatable and easygoing approach taken by *Cosmo*. The presence of illustrations like these in *Cosmo* contributes to the more lighthearted tone of that publication and the lack of them in *Teen Vogue* in comparison contributes to its more earnest tone.

The above article is also an example of *Teen Vogue* collaborating with the website *The Mighty*, which is a media platform and digital community focused on connecting people facing health challenges and disabilities.⁷⁴ The 26 date ideas presented in the listicle at hand are pooled from *The Mighty* community members who themselves suffer from anxiety and have contributed what an ideal date looks like for them. *Teen Vogue* has a few
similar pieces that are collaborations with the online therapy service Talkspace, while Cosmo does not have any similar collaborations.

This seriousness is also reflected in the topics of the listicles themselves. Within this category on the site one can, for example, find one titled “11 Things You Can Do To Help Black Lives Matter End Police Violence,” which manages to both explain the importance of mental health in the Black Lives Matter movement (number eight on the list is “Advocate for mental health intervention” and explains how victims of police brutality often have mental health issues) and situate political causes like these in the context of mental health by tagging the article mental health and thus showing it to readers who are browsing those topics. This is again a way in which the magazine lives up to its “wokeness.”

Another example is the piece “11 Things You Can Do to Avoid Self-Harm” which is written by Vijayta Szpitalak, who is introduced as a “Columbia University trained licensed mental health counselor with a practice in New York since 2010.” This is an example of Teen Vogue employing experts in their mental health coverage, something they do in 14% of their articles (compared to 9% of Cosmo’s pieces). Taking a closer look at how this piece is structured reveals how Teen Vogue tends to address its readers.

The article starts with a trigger warning stating that it “contains detailed information about self-harm in the form of cutting and may be disturbing for some readers.” The text then begins by addressing the reader directly, stating “chances are you or someone you know cuts themselves” before mentioning two celebrities who have been open about their cutting (Angelina Jolie and Demi Lovato). Szpitalak then introduces self-harm and cutting by stating first how common it is (citing research that shows 46% of high school students in the US having engaged with it at some point) and then explaining what self-harm actually is. This bare-bones definition reads: “a maladaptive method of coping that involves non-suicidal self-infliction of pain in the form of cutting, using anything from fingernails to razor blades, burning themselves, or preventing previous wounds from healing.” This is an example of Teen Vogue not only mentioning clinical diagnoses but also providing definitions from experts or professional sources of how certain mental illness issues are medically defined, which I discuss more below.

Szpitalak then describes how there are a number of reasons why people might engage in self-harming behavior before including a quote from a (child and adolescent) psychiatrist about possible reasons for cutting. And
then she addresses the reader directly again: “It’s important to first realize that cutting doesn’t actually solve any problems, and isn’t an effective method of coping for the long-term,” before referencing research that has found a connection between self-harm and suicide attempts. It is not until after five opening paragraphs that the listicle itself is introduced with the following statement: “If you cut, it is possible to stop. The key is replacing the behavior with a healthy coping mechanism. It takes effort, love, and patience, but it can be done. As a starter, you can do the following.” The list then reads as follows: “Identify triggers; Identify emotions; Tell someone; Seek professional help; Try a less severe form; Write your future self letters; Delay cutting; Consider Dialectical Behavior Therapy; Cultivate mindfulness; Feel a release; Stay positive.”

There is a seriousness and weight given to the issue of self-harm here, which is treated like an (almost) life and death matter. With this piece Teen Vogue shows that it takes the issue of self-harm and its high prevalence among high school students very seriously, and in so doing it also encourages its readers to take their own and their peers’ mental health seriously.

Compare this to Cosmo, who only mentions self-harm in three of their articles and when the issue appears it is only indirectly: It is mentioned briefly in relation to Demi Lovato; in a study about the antidepressant drug Paxil; and in one personal story/firsthand account where a writer describes writing publicly about her mental illness on social media as a form of self-harm. In other words, Cosmo does not give the same weight to the issue of self-harm as Teen Vogue does. Perhaps this is because self-harm is an issue often associated with a demographic that is younger than Cosmopolitan’s target audience, or because it is hard to write about an issue like this while maintaining a distanced and lighthearted tone. Nevertheless, the coverage of self-harm in Teen Vogue and its absence in Cosmo is another example of the different orientations of each magazine.

Definitions and Diagnoses

When it comes to the presence of definitions of depression, anxiety, and other mental states, the changes over time in Teen Vogue are similar to Cosmopolitan, but more in the sense that there are few pieces published at all related to depression and anxiety up until 2015. From the second half of that year and onwards, almost all of the Teen Vogue pieces mention clinical diagnoses and biomedical treatments. Again, this seems to suggest
that the medical discourses around mental health became more mainstream and were assumed to be widely known from 2015 onward.

In *Teen Vogue* the definitional work is at times very explicit, in that they not only mention a clinical diagnosis but also provide lists of symptoms and other facts about the diagnosis at hand. An example of this, in addition to the one above about self-harm, is an article about pop group One Direction canceling a concert because one of their members had an anxiety attack. Here the magazine explains that “anxiety disorders affect millions of people, and panic attack symptoms can range from shortness of breath, elevated heart rate, and even a choking feeling.” In the sentence, the phrase “millions of people” links to a page on the Anxiety and Depression Association of America’s (ADAA) website with facts and statistics about anxiety and depression, which also includes links to information sites about various specific diagnoses, such as Generalized Anxiety Disorder, Social Anxiety Disorder, and Major Depressive Disorder. By providing their readers with the symptoms of a panic attack and by linking to a website aligned with the medical establishment, *Teen Vogue* adopts a sort of pedagogical approach that assumes the reader might not know exactly what constitutes a panic attack, but might benefit from medical definitions that also include information on how to treat one.

**Providing Support**

What also marked *Teen Vogue’s* approach to mental health was a dedication to providing support to its readers, which is shown clearly in their coverage of the Netflix series *13 Reasons Why*. The show, based on the 2007 young adult novel by Jay Asher, premiered on the streaming service March 31, 2017 and received widespread attention due to its handling of teenage suicide and mental illness. The story follows the aftermath of 17-year-old Hannah Baker’s suicide, and the unraveling of the box of cassette tapes she recorded leading up to her death, in which she reveals why she choose to end her life. Baker recorded 13 tapes for 13 different people who she claims are responsible for her suicide, and throughout the first season, the viewer gets to follow her surviving friend Clay Baker as he goes through the tapes, featuring some tough scenes of sexual assault and bullying. The series quickly became popular among teenagers and young adults, but received criticism for glorifying suicide and risked spreading copycat behavior and self-harm among vulnerable groups.
Teen Vogue published an op-ed on the day of the show’s release, in which a suicide prevention advocate explains what is missing from the show. In the piece, MollyKate Cline says that “the audience is shown what not to do without examples of what they actually should do.” She points specifically to how Baker is never seen successfully reaching out for help to her peers or the adults in her life and that the show fails to mention depression or other mental health issues, which are common backdrops to suicide. Cline also points to the high numbers of suicide among teenagers in the US (it is the “second leading cause of death for ages 10–24, with 5,240 attempts per day from kids grades 7–12”), stating that the best way you can get help if you are being bullied or feeling suicidal is to tell someone, something she had hoped the show “would focus on instead of a dramatic story line over getting revenge for those 13 people.”

In 2017 Teen Vogue published 16 articles about 13 Reasons Why and the controversy surrounding it (Cosmo did not cover the show at all). Looking at the content of these pieces, the publication appears concerned to provide its readers with nuanced and responsible coverage of a life and death topic. Among the articles is a set of quotes from teenagers themselves about the show (motivated by the fact that “dozens of articles have been written by adults, but fewer have shown the opinions of actual high school students”) that also features input from a psychiatry professor; a collection of resources for getting help if you have been experiencing depression or suicidal ideation after watching the show; and an interview with suicide attempt survivors about the suicide scene in the series (which was heavily criticized as overly graphic and was deleted from the first season by Netflix in July 2019). All of the articles contain some version of the following phrase at the end: “If you or someone you know is contemplating suicide, call the National Suicide Prevention Hotline at 1-800-273-8255 or text Crisis Text Line at 741-741.” Teen Vogue seems to think about their readers’ needs for support in relation to the show, and positions itself as a provider of that support.

The frequency with which Teen Vogue includes numbers to hotlines or links to other resources for those in distress is significant because it contributes to the overall serious tone of the publication when it comes to issues of mental health. In Teen Vogue 22% of articles include the phone number for the National Suicide Prevention Hotline (or equivalents like the Crisis Text Line and the National Eating Disorders Association Helpline) or links to sites with further resources (like the website of the phone hotlines or organizations like the Trevor Project, which is focused
on helping LGBTQ-youth). This is compared to 10% of *Cosmo* articles featuring similar resources.

Interesting to note in *Teen Vogue*’s coverage of *13 Reasons Why* and of suicide in general, is their use of the phrase “died by suicide” instead of the commonly used “committed suicide.” The former phrase is preferred by mental health advocates, as it removes culpability from the person who has lost their life and opens up for discussions of the disease or disorder they were suffering. By employing the language of mental health advocates, the magazine consciously aligns itself with an anti-stigma/awareness discourse and acknowledges their own role as participants in the public discourse around mental health, including a recognition of the role of language in shaping this discourse.

This is seen clearly in their repeated mention of fighting stigma and on the value of speaking out about mental illness as an important step toward normalizing mental health issues. In their reporting about celebrities speaking out about mental health issues, for example, they tend to point out the inherent good of talking about it. In an article about an open letter written by Lady Gaga for the Born This Way Foundation’s website (a foundation that seeks to “support the mental and emotional wellness of young people by putting their needs, ideas, and voices first”) about living with PTSD, the writer recounts how Gaga shares that she is going to therapy and is taking medication, but feels that “the most inexpensive and perhaps the best medicine in the world is words” which is why she is speaking up. The *Teen Vogue* writer, Brittney McNamara, agrees and ends the article with the following statement:

> Lady Gaga is right. Keeping mental illness a secret gives power to the stigma that surrounds it and prevents so many people from accessing treatment. The more we talk about these things, the more people will realize they can—and should—get help. We’re so glad she’s been able to seek therapy, and we hope she inspires anyone in a similar position to do the same.

The tone here is straightforward and earnest. McNamara seems happy for Lady Gaga and confirms the artist’s belief in the power of words for fighting stigma and shame surrounding mental illness, confirming a logic underlying most celebrity confessions of mental illness, something I discuss further in Chap. 4.

*Teen Vogue* kept the trend of providing support to its readers during the COVID-19 pandemic, with a dedicated hub on their website titled “Days
Derailed: The Coronavirus Crisis.” Here readers could find a collection of articles about COVID-19 and the global health crisis that has emerged in the wake of the virus. The topics covered include what we know about the virus, advice for dating during a pandemic, how to overcome coronavirus anxiety, and what to do if you are quarantined with an abuser. Alongside these pieces about the private and the personal was also an op-ed titled “The Coronavirus Pandemic Demonstrates the Failures of Capitalism” and a piece detailing the disproportionate impact of COVID-19 on the Black community. Like this the readers who go to Teen Vogue for support in a time of crisis cannot avoid getting informed also about how the unequal distribution of wealth and institutionalized racism exacerbates the problems of the pandemic.

For the remaining part of this chapter, I will discuss how the two magazines covered the same celebrity events and the same study of a popular antidepressant. This comparison reveals the different orientations of the two publications.

**Different Approaches to Celebrity Reporting**

When it comes to celebrity reporting, Cosmopolitan tends to present news about celebrities suffering from mental illness more as traditional gossip concerned mostly with what a particular celebrity has been up to, whereas Teen Vogue often provides critical context and uses it as a pedagogic tool to talk about everyone who is afflicted by a specific diagnosis. For example, both outlets reported on a series of tweets made by model and actress Cara Delevingne in April 2016 where she wrote about her experience of depression. In the tweets in question, Delevingne clarifies rumors about her quitting modeling, that followed after she had previously spoken out about being depressed while modeling and having shifted to do more acting work. She wrote “I do not blame the fashion industry for anything” and “I suffer from depression and was a model during a particularly rough patch of self hatred.” This was followed by two more tweets elaborating on her experience: “I am so lucky for the work I get to do but I used to work to try and escape and just ended up completely exhausting myself” and then “I am focusing on filming and trying to learn how to not pick apart my every flaw. I am really good at that.” Cosmopolitan’s reporting about Delevingne’s Twitter activity focuses primarily on what she has to say about the modeling industry. Their article starts with a brief summary of the acting work Delevingne has done recently and the rumors
about her quitting modeling. Next it features all of Delevingne’s relevant
tweets (six in total) embedded into the article, before including a previous
quote from the model/actress about suffering from depression. It then
concludes by stating that Delevingne is back to modeling again, referenc-
ing an announcement that she would be the “new face” of fashion brand
Saint Laurent and including two Instagram posts from the model/actress
with photos from the campaign.

In contrast, the Teen Vogue article about the same tweets starts off by
mentioning Delevingne’s history of speaking about depression, stating in
the first paragraph that “Being skinny and pretty, Cara has said, doesn’t
mean you can’t be depressed, nor does having a successful career you
love.” After embedding four of the tweets and quoting the one specifically
about depression in the text, the Teen Vogue writer cites research that
“shows that depression is a disorder of the brain,” before elaborating:

Some research suggests that depression is caused by an imbalance of neu-
rotransmitters, the chemicals nerve cells use to talk to each other, while
other research puts some of the blame on genetics. This means that depres-
sion can affect anyone, no matter how seemingly lucky, successful, or beau-
tiful they are.\(^{97}\)

The paragraph includes hyperlinks to one article from Psych Central
and one from Nature: International weekly journal of science to back up
the claims.\(^{98}\) What McNamara does here is validate Delevingne’s experi-
ence by evoking science and biomedicine to explain why someone who
seemingly “has it all” can develop depression. It also becomes a pedagogi-
cal moment about the causes of the diagnosis.

McNamara then quotes Delevingne when she previously spoke about
her depression, before embedding Delevingne’s tweet about turning to
work as an escape. She then ends the piece with the model/actress’ last
tweet, which states “I am focusing on filming and trying to learn how to
not pick apart my every flaw. I am really good at that” and comments
“That’s an important lesson to learn. Self-love is a journey, and so is
depression. The good news is, neither is a journey you have to take
alone.”\(^{99}\) The Teen Vogue piece adopts a caring tone that assumes that the
reader is not only interested in the fact that a famous model and actress has
been depressed, but also in what it means to be depressed and how one
might get out of it.
Another instance of celebrity reporting that reveals the different orientations of the magazines is the coverage of artist Mariah Carey’s revelation of living with bipolar II disorder in April 2018. The singer opened up in an interview with the celebrity magazine *People* and both *Cosmo* and *Teen Vogue* published their own articles recapping what she had revealed to the other magazine (a common form of celebrity reporting). The two outlets use several of the same quotes from Carey and provide the same general background facts: the singer was first diagnosed in 2001 but did not seek treatment until recently, after having experienced “the hardest couple of years” she had ever been through. *Teen Vogue*’s piece, however, is almost twice the length of *Cosmo*’s and provides context to both mental health stigma and the bipolar II diagnosis. The *Teen Vogue* article starts with a three-sentence paragraph about the stigma surrounding mental health. Here the author describes how stigma might make the one suffering “feel isolated, ashamed, and even terrified that no one else can understand your internal struggles” and clarifies that mental illnesses “don’t discriminate, and truly can affect anyone and everyone, including celebrities who might seem to have ‘perfect’ lives.” Carey and her newly revealed diagnosis are not named until the second paragraph, where the facts of her case are stated. The *Cosmo* article, on the other hand, gets straight to the point as it starts with a two-sentence paragraph that states when Carey first got her diagnosis and that she did not get treatment at the time. In *Cosmo* stigma is only mentioned indirectly when the singer is quoted as having said “I’m hopeful we can get to a place where the stigma is lifted from people going through anything alone,” but the magazine does not provide its own commentary on the issue of mental health stigma, like *Teen Vogue* does.

The two publications differ also in how they write about Carey’s specific diagnosis. *Teen Vogue* introduces the issue as follows:

She specifically struggles with bipolar II disorder, which involves periods of depression and hypomania, and is different than bipolar I. According to the National Institute of Mental Health (NIMH), bipolar II is ‘defined by a pattern of depressive episodes and hypomanic episodes, but not full-blown manic episodes.’

In this paragraph the phrase “bipolar II disorder” links to the WebMD site for this specific diagnosis and the title “National Institute of Mental Health” links to that organization’s information page for the broader
spectrum of bipolar disorder. In the *Cosmo* article, the only definition of bipolar II that is given is that it “involves depression and hypomania.”

*Teen Vogue* here seems concerned to give its readers direct information about what bipolar II disorder entails, including differentiating it from other bipolar diagnoses, as well as directing them to sites with more medical facts about the issue, including treatment options. *Cosmo*, on the other hand, is not as concerned about such details, assuming the reader knows or does not care about the difference between bipolar I and II, or what depression and hypomania entail.

This speaks to the difference between the two publications when it comes to providing definitions of the ailments that are discussed. As mentioned above, clinical diagnoses are mentioned in the majority of pieces in both outlets from 2015 and onwards, which seems to suggest that the medical discourses around mental health became more mainstream and were assumed to be widely known from then on. In *Teen Vogue* the mention of clinical diagnoses is repeatedly accompanied by direct definitions of diagnoses, like the ones above, with links to medical sites like WebMD or featuring a quote from an expert (such as a doctor or counselor). This happens in 9% of the *Teen Vogue* articles, which is not an overwhelming amount, but compares to zero such instances in *Cosmopolitan*. In the latter outlet the definitional work is instead happening indirectly in the various ways the issues are being presented. As in the listicles discussed above, for example, the reader gets an idea of what it entails to be depressed or anxious by reading each item on the list. This is also pedagogical in that it provides symptoms and definitions, but these come primarily from the *Cosmo* writers’ personal experiences and not from experts or textbook definitions as in *Teen Vogue*.

**A Critical and a Not-So-Critical Stance Toward the Pharmaceutical Industry**

Another example that highlights the differences between the magazines is found in both of their coverage of a research report about the antidepressant drug Paroxetine, which is sold under the brand name Paxil. Comparing how the two outlets choose to write about it shows *Teen Vogue*’s critical stance and *Cosmo*’s lack of one.

The study in question was a reevaluation of a study about the efficacy and harms of Paxil in the treatment of major depression in teens that was conducted in North America from 1994 to 1998 and published as an
article in the *Journal of the American Academy of Child and Adolescent Psychiatry* (JAACAP) in 2001. This study, named study 329, was funded by the pharmaceutical company that produced the drug, GlaxoSmithKline (GSK), and concluded that Paxil was safe and efficient for use by children and teenagers (despite the drug only having received FDA-approval for adult use). Study 329 was then used by GSK from 1998-2003 to market the “off-label” use of Paxil in the treatment of children and adolescents, resulting in more than two million prescriptions being made out to teens in 2002 alone. The study became controversial early on, with a FDA officer writing in a formal review of the trial that “on balance, this trial should be considered as a failed trial, in that neither active treatment group showed superiority over placebo by a statistically significant margin.”

It was then revealed that the paper published in JAACAP under the name of 22 academics, with Brown University’s then chief of psychiatry Martin Keller as the lead author, was in fact written by a PR firm hired by GSK and had been composed so as to downplay the negative effects of the drug. In 2004 the FDA even added an explicit warning against prescribing Paxil to children and teens due to the risk of suicidal ideation and self-harm. And in 2012 the US Department of Justice settled a lawsuit against GSK where they pleaded guilty to fraud in their off-label marketing of Paxil and other drugs, paying a record breaking $3 billion in fines.

The study that was being covered by *Cosmopolitan* and *Teen Vogue* was published in 2015 and looks at the raw data behind the original study 329, definitely concluding that Paxil is no more efficient at treating depression in teens and kids than a placebo and that it can potentially lead to suicide and self-harm. What is interesting for the purposes of this discussion is the way the different magazines write about this research. *Cosmopolitan*’s piece is titled “This Really Common Antidepressant Could Cause Life-Threatening Side Effects” and starts by stating “Chances are you know someone who takes some sort of medication to treat depression” before briefly accounting for the results of the study. In the fourth paragraph the article addresses the reader directly and states “if you’re currently taking Paxil, you probably don’t give AF [a fuck] about how or why the original analysis went wrong—you’re wondering whether you should trash your prescription.” The question is answered firmly in the following paragraph: “The definitive answer is ‘no’” followed by an explanation of how sudden withdrawal can increase risk of suicide, and a clarification that Paxil and other SSRIs are not being banned but that more research is called for. And if that was not enough, the piece ends with a clear injunction to only change your medications if there is a problem:
So if you’ve been taking Paxil for more than a few weeks and you’re feeling perfectly fine, there’s no reason to freak out—it’s unlikely you’ll have any problems on your current dose. But if your antidepressant medication is making you feel way worse, talk to the doctor who prescribed it ASAP.112

Interestingly, the Cosmopolitan writer only mentions that the study had to do with teenage consumers of Paxil briefly when explaining that the new research “re-examined the medical records of 275 adolescent patients with major depression who were involved in the original study.” This leaves the impression that the research applies to all takers of the drug, even though the dangers being laid out in the reevaluation of the original Study 329 only applies to teenagers, and not to adult consumers.

The Teen Vogue article about the study instead puts the adolescent aspect front and center with the headline “A Popular Antidepressant Is Actually Deadly for Teens.” The writer of the piece, Julie Pennell, also highlights the malpractice of the drug company behind Paxil, starting the article with the following statement:

When you aren’t feeling well and need to get better, you look to your doctor to make sure you get the right medicine. Your doctor looks at research to make sure he or she gives you the right prescription, but what if the research they’re presented with is sneakily flawed?113

Pennell then attempts to account for the troubled history of study 329 and the marketing of Paxil to children and teens. She does this by mentioning pharmaceutical company GSK by name, that they were the ones funding the research, and then presented it to downplay the risks and used it to push for the off-label use of the drug. The article also refers to the $3 billion fine paid by the company and the FDA warnings about the potential suicide risk for teens and children taking Paxil. Cosmopolitan did not mention any of these specific factors and only vaguely criticized how the pharmaceutical company acted by including a quote from one of the researchers behind the new study saying the findings reveal “how industry hypes drug benefits that might not exist and goes about hiding harms.”114

In the Teen Vogue article Pennell explains that the drug is still available for adults to use and then states:

drug companies are trying to change the law around marketing their medications for off-label uses. Seeing how dangerous Paxil could be for teens however, this can be a very slippery slope. Make sure that you research the medication your doctor prescribes to you, and even get a second opinion.115
And after citing the *New York Times* on links between psychiatric drugs and violent acts including suicide (but also mentioning that experts say that there is not enough correlation to draw a straight line between drugs and action), she ends the article stating that “this is scary, and incredibly disheartening to hear that a major drug company would gamble with the lives of teens just for profits.” Not only is the tone in this piece serious in *Teen Vogue*’s typical way, but it is also pointedly critical of this particular drug company and the pharmaceutical industry in general.

While the *Cosmopolitan* article focused primarily on the individual aspects of taking the drug, directly encouraging their readers to question Paxil only if they had had problems while taking it, the *Teen Vogue* piece highlights the role of the pharmaceutical company in a much clearer way. Like this, the latter outlet gives the reader a more comprehensive picture of all of the actors involved in developing and prescribing psychiatric medication.

This is also an example of *Teen Vogue* reporting on new research and not taking the findings at hand solely at their face value, but adding critique that puts them in perspective. In a similar vein, the outlet reported on new research that showed depression can cause physical pain in March 2016, and here the author points out that “while people with depression have known for a long time that the disorder affects the whole body, this is the first study to prove that depression is actually a systemic disease rather than just a mental one.”

Here *Teen Vogue* points to the discrepancies between the firsthand knowledge of many folks living with depression (about the physical effects of depression) and scientific research about the diagnosis. This becomes an indirect critique of the sometimes-narrow frame of health research and foregrounds the lived experience of depression in favor of a blind trust in scientific institutions.

Another example comes from *Teen Vogue*’s reporting on research about depression and suicide rates among transgender kids, rates which the study at hand suggests can be lowered if trans kids are given support and shown acceptance. The *Teen Vogue* writer importantly points out that this disproves “theories that being transgender is inherently bad for mental health” and adds “though many didn’t need research to tell them to accept their family members, neighbors, friends, or community members who are transgender, we now have the numbers to tell those who do.”

Here McNamara manages to bring attention to the connection between mental health and structural discrimination, implicitly showing how transphobia directly affects the psychic wellbeing of transgender persons. In this way *Teen Vogue* might be seen as modeling a way of responsibly reporting on mental illness and its correlation with structural discrimination.
CONCLUSION

In this chapter I have discussed the differences in style, tone, narrative, mode of address, and types of pedagogy and support around depression, anxiety, and general mental health in *Cosmopolitan* and *Teen Vogue*. The general increase in coverage in both outlets and the mention of specific diagnoses from 2015 and onwards suggests that mental illnesses were considered to be obvious aspects of contemporary life from that point on. This is significant because in previous eras mental health and illness have been stigmatized subjects that have not been acknowledged as parts of everyday life, and women’s magazines have tended to focus on the positive and upbeat, rather than the negative aspects of life.

In *Cosmopolitan*, the tone tended to be lighthearted, distanced, and relatable, following the magazine’s brand of a tongue-in-cheek approach to all aspects of life. Here the relatable self that acknowledges the difficulties of contemporary life in a nonthreatening way is clearly present, especially in the outlet’s listicles that frequently use humor to disarm the seriousness of the topics covered. The approach here was often one that presented mental illness as both exceptional and common, clearly marked as different than “just being sad” but also as common as any physical illness. The *Cosmo* pieces that did take a more serious tone were the personal stories that tended to follow the victim-to-victor narrative found in anti-stigma campaigns, where the protagonist starts out by suffering, then receives a diagnosis, and is finally salvaged by the help of medication and therapy. In addition to constructing psychiatry and psychology as the saviors, as traditional anti-stigma narratives, *Cosmo* offered examples that instead constructed mediated technologies like YouTube as the primary mode of support from suffering.

The overall tone in *Teen Vogue* was more serious, shown in the prevalence of general interest stories, a recurring critical perspective, the focus on support, and the direct alignment with mental health awareness and advocacy discourses. By placing general interest stories, such as the one about incarcerated teen Bresha Meadows, alongside more personal and individual-focused pieces the reader learns to include also structural issues in the scope of mental health. The *Teen Vogue* pieces also tend to include critical commentary in addition to the straightforward reporting, which becomes a pedagogical moment about not only the prevalence and causes of various mental illnesses but also their connections to structural issues such as mass incarceration and racial oppression.
A comparison of how the two outlets covered the same celebrity events and science report further showed their differences in tone. Here it became clear that *Teen Vogue* tended to provide readers with more context to the issues affecting the celebrities discussed, whereas *Cosmo* treated them more as traditional celebrity reporting about the specific events that passed. In their coverage of the Paxil study, *Cosmopolitan* wrote about the report in general terms that briefly accounted for the new research findings before advising their readers to only switch medications if they were having issues. *Teen Vogue* on the other hand took a critical stance toward the pharmaceutical company responsible for the deceptive marketing of the drug and accounted for several of the details about the legislative challenges to the company and the study, as well as the general practice of pharmaceutical companies prioritizing profits over individuals’ health matters. Like this, the latter outlet gives their readers a comprehensive picture of all of the actors involved in developing and prescribing psychiatric medication and encourages them to adopt a critical and “woke” mindset toward “big pharma.”

The examination of these publications’ mental health coverage shows that while *Cosmopolitan* tended to follow a script for postfeminist media—full of contradictions, covering serious topics in a tongue-in-cheek way that undermined any gravity, *Teen Vogue* did offer a more nuanced portrayal of mental illness that incited its readers to a more critical and engaged interpretation of dominant mental health paradigms. In this sense *Cosmo* provides an example of profitable vulnerability in that it aligns itself with the trendy themes of depression, anxiety, and other diagnoses, while maintaining a comfortable distance that avoids striking a too somber or heavy tone. The vulnerability acknowledged here is one that largely has already been dealt with or is one step on the road toward becoming confident and resilient again. *Teen Vogue*, on the other hand, does offer more spacious definitions of mental illness that does not shy away from difficult conversations. With their focus on support and their providing of resources (such as hotline numbers), they instead can be seen as giving their readers lifesaving information to assist in bettering their mental health. They are then more aligned with the critical sad girl culture found on social media and discussed in Chap. 5.

The study of *Cosmopolitan’s* and *Teen Vogue’s* approach to mental health during this time further underscores the increase in conversations around mental health from 2015 and onwards. As I will discuss further in the following chapter in relation to celebrities, this can be tied to changes in
branding strategies when it comes to relatability. In a changing media landscape, where social media is dominating more and more of people’s media consumption, traditional media outlets like the ones discussed here also turn to more intimate themes and topics, of which mental illness is the latest addition.

NOTES

1. Duffy, Remake, Remodel, 3.
3. Ibid, 69.
4. Duffy, Remake, Remodel.
5. Ballaster et al., Women’s Worlds; Currie, Girl Talk; Ferguson, Forever Feminine; Gough-Yates, Understanding Women’s Magazines; McCracken, Decoding Women’s Magazines.
7. Bhattacharyya, Sexuality and Society; Jeffreys, Beauty and Misogyny; Onwurah, “Sexist, Racist and Above All Capitalist.”
11. Ibid.
15. My analysis involved categorizing the articles in each outlet according to the form they took, and I refer to percentages throughout this chapter which largely refers back to this analytical work.
17. Barker, Gill, and Harvey, Mediated Intimacy; Ouellette and Hay, Better Living Through Reality TV.
20. Ibid, 454.
21. Poole, “Top nine things you need to know about ’listicles.’”
28. Machin and Thornborrow, “Branding and Discourse: The Case of Cosmopolitan.” I return to the function of humor in relation to mental health in Chap. 5, where I discuss how humor is used among social media users writing about their sadness and various mental illnesses diagnoses online.
34. Blackman, “Psychiatric culture and bodies of resistance.”
35. Kanai, “Girlfriendship and sameness;” Kanai, “The best friend, the boyfriend, other girls, hot guys, and creeps;” Kanai, *Gender and Relatability in Digital Culture*.
37. Ibid, 322.
39. Blackman, “Psychiatric culture and bodies of resistance.”
40. Justich, “Why I Turn to YouTube When My Anxiety Gets Out of Control.”
41. Ibid.
44. Ibid, 13, italicization in original.
45. Ibid, 13.
46. Ibid, 14.
49. SACCONejolyS, Youtube channel, accessed June 27, 2022, https://www.youtube.com/c/sacconejolyS.
50. Justich, “Why I Turn to YouTube When My Anxiety Gets Out of Control.”
51. Banet-Weiser, Empowered.
53. Epstein, “How to Beat the Winter Blues.”
54. That year 35% of their articles mention a clinical diagnosis, which goes up to 61% in 2014, 78% in 2015 and 2016, down to 77% in 2017, and then up to 81% in 2018.
55. Koman, “This Mom’s Powerful Selfie Proves There’s No Shame in Taking Anxiety Medication.”
57. Banet-Weiser, Empowered, 103.
59. Banet-Weiser, Empowered, 104.
61. Hinchliffe, “The dissonance between Vogue and Teen Vogue is finally too loud to ignore.”
63. Ibid, 7.
64. Pulliam-Moore, “How ‘woke’ went from black activist watchword to teen internet slang.”
65. Ashlee, Zamora, and Karikari, ”We are woke,” 90.
67. Ibid, 7.
68. McNamara, “Accepting Transgender Kids Will Lower Depression and Suicide Rates;” McNamara, “Majority of Americans Say Racial Discrimination Is the Cause of Their Rising Stress.”
69. Sinay, “Telepsychiatry’ Lets Therapists Treat Your Mental Health Over Skype, FaceTime;” McNamara, “Hospital Gets Sued for Discrimination After Transgender Teen Suicide.”
70. McNamara, “Bresha Meadows Will Be Transferred to a Mental Health Facility.”
71. Justice Policy Institute, “Incarcerating Youth can Aggravate Crime and Frustrate Education, Employment and Health for Young People.”
72. McNamara, “Bresha Meadows Will Be Transferred to a Mental Health Facility.”
73. Quinn, “26 Date Ideas for Your Anxious Partner.”
74. 6% of the Teen Vogue articles are collaborations with this site.
76. Szpitalak, “11 Things You Can Do to Avoid Self-Harm.”
77. Ibid.
78. Ibid.
80. In 2015 70% of their articles mention a clinical diagnosis, which goes up to 82% in 2016, 93% in 2017, and down to 91% in 2018.
81. This kind of explicit definitions appear in 9% of their pieces.
82. Ceron, “This Might Be Why Liam Payne Cancelled One Direction’s Concert On Tuesday.”
84. Saint Louis, “For Families of Teens at Suicide Risk.”
85. Cline, “This Is What’s Missing From '13 Reasons Why,'” italicization in original.
86. Ibid.
88. McNamara, “Mental Health Resources For People Triggered By '13 Reasons Why.'”
90. Spector, “Why mental health advocates use the words 'died by suicide.'”
91. McNamara, “Lady Gaga Penned a Letter About Living With PTSD.”
95. McNamara, “Cara Delevingne Takes to Twitter to Talk About Her Depression;” Storey, “Cara Delevingne Opens Up About Depression.”
96. Storey, “Cara Delevingne Opens Up About Depression.”
97. McNamara, “Cara Delevingne Takes to Twitter to Talk About Her Depression.”
98. Hyman, "Mental health: Depression needs large human-genetics studies;" Spielmans, "Research Updates: Depression."
99. McNamara, “Cara Delevingne Takes to Twitter to Talk About Her Depression.”
100. Baty, “Mariah Carey Opens up About Her Struggle With Bipolar Disorder;” Belle, “Mariah Carey Opened Up About Having Bipolar Disorder.”
102. Ibid.
103. Baty, “Mariah Carey Opens up About Her Struggle With Bipolar Disorder.”
105. Doshi, “No correction, no retraction, no apology, no comment.”
107. Doshi, “No correction, no retraction, no apology, no comment.”
108. Belluz, “Researchers said a popular antidepressant was safe for teens.”
111. Narins, “This Really Common Antidepressant Could Cause Life-Threatening Side Effects.”
112. Ibid.
114. Narins, “This Really Common Antidepressant Could Cause Life-Threatening Side Effects.”
117. McNamara, “Accepting Transgender Kids Will Lower Depression and Suicide Rates.”
118. Kanai, Gender and Relatability in Digital Culture; Gill and Kanai, “Mediating Neoliberal Capitalism.”
119. Orgad and Gill, Confidence Culture; McRobbie, Feminism and the Politics of Resilience.

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