

FULL PAPER

Content, motives, ethics: How are psychologists and psychotherapists representing themselves on Instagram?

Themen, Motive, Ethik: Wie präsentieren sich Psycholog:innen und Psychotherapeut:innen auf Instagram?

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Content, motives, ethics: How are psychologists and psychotherapists representing themselves on Instagram?**Themen, Motive, Ethik: Wie präsentieren sich Psycholog:innen und Psychotherapeut:innen auf Instagram?***Laura-Maria Altendorfer*

Abstract: Psychological professionals are increasingly using social media for digital health promotion, disseminating psychoeducational content and correcting inaccurate and misleading information. In this context, psychologists and psychotherapists face various challenges. Research on their professional presence and communication on social media is still limited. This study examines how psychologists and psychotherapists present themselves on Instagram, what motives can be inferred from their profiles and content, which content types dominate and to what extent ethical and professional regulations are apparent. Using qualitative content analysis, 20 Instagram profile descriptions with 254 story highlights from German-based psychologists and psychotherapists were systematically analyzed. Results indicate that both professional groups present themselves differently and address different topics. Psychologists tend to focus more on self-promotion, positioning themselves as experts and advertising their services, with personal and professional content often overlapping. Their content is dominated by everyday topics like sleep problems, exam anxiety or relationships, primarily aimed at lay audiences. Psychotherapists also target professional peers and emphasize their professional role, providing information about psychotherapy, expert recommendations and support resources while offering fewer personal insights. Both groups are actively engaged in psychoeducational work and educational outreach. Overall, there is a strong emphasis on community engagement and interaction. Ethical and professional references are only sporadically found in analyzed Instagram profiles. Findings offer relevant implications for science and practice regarding psychologists' and psychotherapists' professional self-presentation on Instagram.

Keywords: Psychology, digital communication, social media communication, psychoeducation, professional ethics

Zusammenfassung: Psychologische Fachkräfte nutzen zunehmend soziale Medien zur digitalen Gesundheitsförderung, Vermittlung psychoedukativer Inhalte und Bekämpfung von Fehlinformationen. Psycholog:innen und Psychotherapeut:innen stehen in diesem Zusammenhang vor verschiedenen Herausforderungen. Forschung zu ihrer professionellen Präsenz und Kommunikation in sozialen Medien ist bislang begrenzt. Diese Studie untersucht, wie sich Psycholog:innen und Psychotherapeut:innen auf Instagram präsentieren, welche Motive sich aus ihren Profilen und Inhalten ableiten lassen, welche Inhalte dominieren und inwieweit ethische sowie berufsrechtliche Rahmenbedingungen erkennbar sind. Mittels einer qualitativen Inhaltsanalyse wurden 20 Instagram-Profilbeschreibungen mit insgesamt

254 Story-Highlights von Psycholog:innen und Psychotherapeut:innen aus Deutschland systematisch ausgewertet. Die Ergebnisse weisen darauf hin, dass sich die Berufsgruppen unterschiedlich präsentieren und ihre Themen differieren. Psycholog:innen legen den Fokus stärker auf Selbstvermarktung, Expertenpositionierung und Bewerbung eigener Angebote, wobei persönliche und berufliche Inhalte teilweise verschwimmen. Inhaltlich dominieren Alltagsthemen, die primär auf ein Laienpublikum ausgerichtet sind, wie z. B. Schlafprobleme, Prüfungsangst oder Beziehungen. Psychotherapeut:innen wenden sich auch an Fachkolleg:innen und betonen ihre berufliche Rolle. Sie bieten Informationen rund um Psychotherapie, Fachempfehlungen und Unterstützungsressourcen, während persönliche Einblicke seltener sind. Beide Gruppen engagieren sich für psychoedukative Inhalte und Aufklärungsarbeit. Insgesamt liegt ein Schwerpunkt auf dem Engagement und der Interaktion mit der Community. Ethische und berufsrechtliche Hinweise finden sich nur vereinzelt auf den untersuchten Instagram-Profilen. Die Ergebnisse bieten relevante Implikationen für Wissenschaft und Praxis hinsichtlich der professionellen Selbstdarstellung von Psycholog:innen und Psychotherapeut:innen auf Instagram.

Schlagwörter: Psychologie, digitale Kommunikation, Kommunikation in sozialen Medien, Psychoedukation, Berufsethik

1. Introduction

Psychological topics are highly popular on social media. On Instagram, #psychology has 15.8 million posts and #mentalhealth has 64.8 million posts (March 2, 2026). For young people in particular, these topics play an important role in various facets (Pretorius et al., 2019), but there is also a growing societal openness toward the destigmatization of mental illness and emphasizing the relevance of mental health (Schomerus et al., 2023).

While social media offers opportunities for health communication and sharing information about mental health (Pretorius et al., 2022; Salaschek & Bonfadelli, 2020), there are notable challenges, particularly regarding content quality. Heimes (2023) criticizes that many communicators dealing with mental health issues have little to no professional training in this area. Their content sometimes leads to dangerous self-diagnoses, especially for people looking for solutions (Gansner, 2022; Heimes, 2023; Monteith et al., 2024). Expert presence on these platforms is seen as crucial for ensuring the availability of evidence-based information (Peterson et al., 2019; Samuel et al., 2021).

Studies indicate a growing use of social media by qualified healthcare professionals (Basch et al., 2022; Chen & Wang, 2021), which is a positive development considering the circulation of misinformation (Bhargava et al., 2023; Heiss et al., 2024). In the psychological field, a growing number of psychologists and psychotherapists are actively engaging on social media and, intentionally or not, becoming influencers for mental health (White & Hanley, 2023). Their self-presentation and content may shape public understanding of mental health, psychotherapy or the role of mental health professionals (Greene et al., 2025). In the USA, the trend of “insta-therapists” has gained momentum, with accounts garnering vast amounts of followers (June 2019; McCarthy, 2019). The New York Times explains this in part by offering the right approach and free services for the “therapy generation” (June

2019). German media also report on so-called “therapy influencers” committed to destigmatizing, reducing fears or educating on social media (Pleiss, 2019; Windmüller, 2020).

Professionals’ social media presence does not automatically lead to reach or impact. Their social media activities must align with the demands and dynamics of each platform for content to become visible to users. A theoretical foundation for this is provided by the concept of affordances (Bucher & Helmond, 2017; Evans et al., 2017), which in communication-focused social media research refers to possibilities for action arising from interplay between platform architecture, usage practices, social contexts and individual perceptions. One example is (visual) self-presentation on Instagram, which can enhance visibility and interaction within the social media community. The strategies required on social media to generate visibility and attention can be problematic for psychologists and psychotherapists due to their professional integrity (Heimes, 2023).

Data on how psychologists and psychotherapists design their online presence is lacking (Strobl et al., 2023). Previous studies have focused on “mental health professionals” (e.g., Pretorius et al., 2022; Wardi-Zonna et al., 2020) and include various professional groups, e.g., social workers or counselors, under this umbrella term. Limited literature addresses psychological psychotherapists (Greene et al., 2025; Heimes, 2023; Strobl et al., 2023; Vaz & Mori, 2023). This study focuses on psychologists and psychotherapists, as these groups have clearly defined, distinguishable qualifications and roles in Germany. “Psychologist” requires a master’s or diploma degree in psychology (DGPs, 2022). “Psychotherapist” requires a certificate as a “psychological psychotherapist” to authorize diagnosing mental illnesses and carrying out therapies (PsychThG, 2019). Both differ from psychiatrists, who are medical doctors prescribing medication. These differences are not only reflected in their work but also in the respective professional legal frameworks, responsibilities and communication patterns. It seems sensible to consider psychologists and psychotherapists together, as they may pursue similar communication and self-presentation strategies on social media.

To date, no empirical studies have systematically examined how these two professional groups in Germany use Instagram and represent themselves. Considering the public interest in psychological topics and high user engagement on the platform, this study aims to address this gap.

1.1 Professional motives and self-presentation of mental health professionals on social media

Despite the growing presence of psychologists and psychotherapists on social media, systematic research on their professional motives for using these platforms remains limited. Existing findings point to various distinct motives and practices, with marketing as a central theme. A key concept is personal branding, describing targeted development and presentation of a personal, publicly visible identity, in which people shape their digital self-image to present themselves in a positive light (Jacobson, 2020). According to Danielsen et al. (2024, p. 2), self-presentation on

social media encompasses various forms of expression, including “presenting and sharing self-made content, posting personal opinions, sharing online content of interest and ‘selfies’ and pictures.” Social media affordances enable users to select and stage content in a controlled manner, enabling a self-presentation others observe, evaluate and interpret. Social media becomes a strategic self-marketing tool. Psychologists and psychotherapists can generate attention for their work, enhance their expertise and visibility and ensure the economic stability of their practice (Hynes et al., 2023; Smith et al., 2023; Triplett et al., 2022).

Another motive is expanding professional networks and participation in educational or policy-related discussions (Heimes, 2023). Psychologists and psychotherapists use social media to increase their profession’s visibility or specialty and connect with colleagues. In healthcare, social media is discussed as a beneficial tool for professional development, networking, mentoring and advocacy. Using social media for professional purposes can facilitate greater access to relevant information (Utz & Breuer, 2016), and strategic networking improves long-term information exchange. In an interview study (Stevens & Al-Abbadey, 2024), psychologists reported networking, exchange with practitioners or communities and obtaining diverse perspectives as advantages. Experience exchange proved helpful in assessing challenges encountered in their own daily practice. Some respondents stated they experienced social media as “poison” for their own mental health, citing distorted perspectives, reduced self-esteem, anxiety or helplessness as negative aspects.

Psychologists and psychotherapists also use social media to communicate psychological topics and promote mental health education. Pretorius et al. (2022) highlight variation of content format and focus across different platforms. They analyzed Mental Health Influencer (MHI) accounts on TikTok (28) and Instagram (22), mostly from the USA, defined as “mental health professionals”. Most content was classified as educational content related to psychoeducation, with TikTok focusing on specific health problems and Instagram on personal growth. On TikTok, mental health literacy was often promoted by discussing symptoms of disorders such as depression, helping audiences recognize these conditions. Instagram prioritized content providing knowledge about self-treatment and self-help strategies. Promotional posts comprised 28% of Instagram content vs. less than 3% of TikTok posts.

Based on initial empirical findings, the first research questions are formulated as follows:

RQ1: How do psychologists and psychotherapists present themselves on Instagram?

RQ2: What motives do psychologists and psychotherapists pursue with their presence on Instagram?

1.2 Professional frameworks for the social media use by psychologists and psychotherapists

It is important to clearly distinguish social media activities from the telepsychological work of psychologists and psychotherapists (Smith et al., 2023). Telepsychology includes psychological services provided via telecommunication technologies (APA, 2024) and has experienced a strong increase, especially during the COVID-19 pandemic, e.g., through video chats. While social media can be technologically categorized as telepsychology, it differs in purpose: Telepsychology is intended for therapeutic treatments, whereas social media is limited to conveying psychological content and should not include therapeutic interventions (Smith et al., 2023).

It can be postulated that professional attitudes should also be maintained in online settings, especially by therapists, as their social media presence can evoke similar expectations and projections as encountered in a real therapeutic relationship (Neumann et al., 2022). The regulation of psychological professions must also strike a balance between autonomy, protection of the public interest and individual professional judgment. Broad professional diversity, the ongoing evolution of social media and other social, geographical or political factors must also be considered (Drude & Messer-Engel, 2021). Various professional societies have published guidelines and recommendations on social media use addressing these complexities (APA, 2021; BDP, 2011; DGPs, 2022; VFP, n.d.). Despite such guidelines, disparities in professionalism of social media appearances persist (Heimes, 2023), leaving room for individual interpretations and entailing the risk of misinterpretation (White & Hanley, 2023; Yaqub, 2022). This primarily concerns questions of personal or professional boundaries and when these may be crossed. Social media profiles should contain disclaimers and information on the limits of interactions on these platforms (Triplett et al., 2022).

Yaqub (2022) highlights the lack of consensus among psychological experts regarding appropriate and safe social media use. There are shortcomings in training related to social media skills. Criticism centers on ethical concerns, e.g., awareness of a potential influencer role and the associated exertion of influence. Issues like conflicts of interest due to parasocial relationships, integrity, risk management or maintaining confidentiality are also critically discussed (Pretorius et al., 2022; Triplett et al., 2022; White & Hanley, 2023).

Wardi-Zonna et al. (2020) underline that mental health professionals must pay attention to the separation between private and professional areas. An online connection could promote access to personal information and lead to the loss of this boundary. In a survey of $n = 116$ therapists, the authors were able to determine that around 91% of respondents use social media for private or professional purposes and report (despite protecting their data) experiences with problematic situations, e.g., threats by clients or inadvertently publishing sensitive client information. Most respondents (60%) also expressed ethical concerns social media use could have unintended consequences for the therapeutic relationship, e.g., due to false impressions of the therapist by clients. For practitioners, self-presentation in social media may become a risk factor for influencing patients or affecting the therapeutic relationship (Baier, 2019; Heimes, 2023; Wardi-Zonna et al., 2020). It should be noted

that patients may do research on social media about the therapist as a person and their values out of curiosity, eliminating the need for direct questioning (Kaluzeviciute, 2020). Kolmes and Taube (2016) show that many patients search online for information about their psychotherapists beyond professional qualifications and experience, e.g., marital status. It appears that only around a third of patients ($n = 332$) disclose the discoveries to therapists. Although positive effects such as increased trust or identification with the therapist have been observed, patients report negative effects like guilt. Knox et al. (2020) point to stressful emotions in clients and discomfort in therapists and emphasize the need for therapists to openly discuss possible boundary transgressions and confidentiality issues on social media with their clients. Neumann et al. (2022) explain that clients interpret therapists' social media posts from their own perspective and ask themselves, e.g., whether the content refers to them personally or they should feel addressed. This can lead to perceiving a breach of trust and feeling reprimanded or, more positively, flattered, which might impact the therapy.

Such discussions are followed by requirements like anchoring the handling of online presences in therapeutic training or considering and updating the constant changes in and through social media in the corresponding guidelines (Strobl et al., 2023; White & Hanley, 2023).

Due to the described risks regarding data protection, role confusion and potential boundary violations, the question arises as to what extent professional and ethical guidelines are visibly followed by psychologists and psychotherapists on Instagram. Based on this, the third research question is formulated as follows:

RQ3: To what extent and in what ways are professional and ethical standards visible in psychologists' and psychotherapists' Instagram presence?

1.3 Effects of social media content of mental health professionals

Psychologists and psychotherapists can play important roles in enhancing mental health literacy (Pretorius et al., 2022). This includes knowledge about the development, maintenance and promotion of mental health as well as mental illness and treatment options or prevention. Higher health literacy is associated with higher life satisfaction, and a better mental health status is associated with positive health behaviors (König et al., 2023). A review of digital mental health interventions shows that they are most successful when evidence-based, interactive and tailored to specific population groups (Brijnath et al., 2016). Social media communication enables this target group-specific approach and interaction (Gust, 2024). The low barrier to accessing information through these platforms is a significant advantage. Educational work by therapists can help destigmatize and reduce fears about psychotherapy (Pleiss, 2019; Windmüller, 2020).

In psychoeducation, information about diagnoses, disorders and treatments, as well as knowledge transfer and information exchange for and with affected individuals are essential in many treatments and interventions (Mühlig & Jacobi, 2020). Nevertheless, any intervention may also entail undesirable side effects (Hayes & Za'ba, 2022). A professional statement by the German Psychological Association

(BDP) points out that a lack of comprehensive information on reactions, causes or symptoms can lead to misunderstandings, false self-diagnoses or fears on social media (BDP, 2023). Brief health information rarely provides a complete overview, which is not apparent to those seeking help. Foulkes and Andrews (2023) propose the so-called “prevalence inflation hypothesis”: Measures for awareness-raising, education and destigmatization of mental health or illness might increase mental health problems. While they help people recognize mental illness and seek help, mild or transient symptoms may be over-interpreted. Mild anxiety, a normal reaction, could be interpreted as an anxiety disorder and, in the worst case, lead to an actual anxiety disorder. Chandra (2019) discusses that psychological content may prompt affected individuals to spend more time on social media, potentially negatively impacting their health.

Green (2024) analyzed TikTok videos from therapists in mental health care and found that they provided direct and indirect support. Psychoeducation and offering validation or affirmations are classified as direct support. Indirect support occurs through normalization of therapy and humanization of the therapist. Green concludes that fears of therapy can be reduced in this way.

Avella (2023) shows that therapists on TikTok use platform-typical devices to strategically leverage the algorithm and achieve greater reach. Popularity and user interaction significantly influence which content is disseminated and how mental health and therapy are perceived through the algorithm’s influence. Kaluzeviciute (2020) notes that psychoanalytic psychotherapists have lower online presence than other therapeutic specialties, as different views on therapeutic anonymity are generally prevalent.

The tension between professional self-presentation, ethical requirements and content orientation raises the question of what content psychologists and psychotherapists provide on their social media accounts. Against this background, this study pursues the following research question:

RQ4: What topics dominate on psychologists’ and psychotherapists’ Instagram accounts?

2. Methods

A qualitative content analysis of German psychologists’ and psychotherapists’ Instagram accounts was conducted. Qualitative content analysis is a proven method for examining social media content (Tudehope et al., 2024) and enables open, exploratory topic analysis (Mayring, 2022). Kuckartz’s (2018) approach offers a theory-driven yet open method, allowing direct work with the material and systematic analysis of large qualitative datasets. This was particularly suitable for the present study as both profile descriptions and story highlights were included in the sample. The aim was to capture explicit and implicit forms of self-presentation and content and to gain a comprehensive picture of psychologists’ and psychotherapists’ self-presentation on social media. The analyzed content represented an extensive, heterogeneous database that could be adequately structured and evaluated following the approach of structuring content analysis described by Kuckartz (2018).

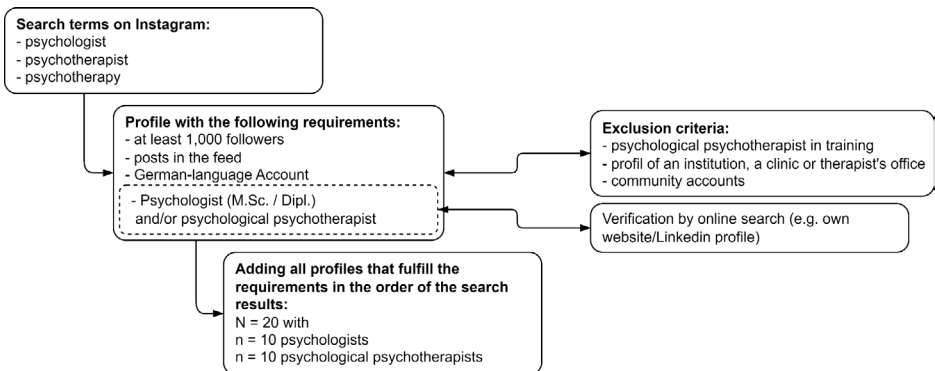
2.1 Sample

For sampling, a new Instagram account was created to avoid biases due to algorithms and previous searches. The *Sampling Unit* consists of German psychologists' and psychotherapists' Instagram accounts. Instagram is the most frequently used network in Germany (Müller, 2024), where interest in psychological topics is high, as shown above. Through combinations of image, text and story formats, the platform offers a wide range of opportunities for staging, personalization and interaction as well as enabling specific insights into users' motives, role perceptions and professional positioning. For practical research reasons, Instagram is also ideal, as public accounts can be identified thematically using hashtags.

Figure 1 illustrates the sampling process with relevant inclusion and exclusion criteria for the *Units of Analysis*. First, Instagram's search function was used to search for the terms "psychologist", "psychotherapist" and "psychotherapy". This ensured focus on the professional occupational groups' demarcation described in the introduction. The sample included all profiles that

- (1) had at least 1,000 followers. This number is based on common influencer typology definitions, where so-called "micro-influencers" have at least 1,000 followers (Borges-Tiago, 2023), ensuring the selected accounts have certain reach and potential visibility in public communication.
- (2) displayed posts in the feed, indicating active use of the account.
- (3) had a German-language account and were active in Germany, restricting the sample to Germany.
- (4) were authorized to use the title "psychologist" or "psychotherapist", with web searches, e.g., on persona websites or LinkedIn profiles, conducted for verification.

Figure 1. Overview of sampling and definition of analysis units



Psychological psychotherapists in training were excluded, as the level of training is not always visible in the profile. Community accounts or profiles of institutions, clinics or therapists' offices were also excluded to capture individual self-presentation.

Finally, the *Coded Segment* contains profile descriptions and story highlights, summarized in written form, as these two elements represent central aspects of the self-presentation. Instagram advises, “Fans get to know you through your bio, highlights and profile picture and decide to follow you” (Creators Instagram, 2024). An Instagram profile description consists of username, followers and posts count, profile name, sector (e.g., “psychotherapist”), short description and sometimes links or other elements like broadcast channels. Story highlights, permanently visible collections of stories bundled thematically, are located below the profile description. When a story highlight is selected, the saved content plays in the typical story format. Users see a sequential display of images or videos in full-screen mode.

In total, the 20 accounts in the sample contain 20 profile descriptions and 254 story highlights. Story highlights included a total of 5,162 stories (2,894 by psychotherapists & 2,268 by psychologists). Profile descriptions were collected on 28 June 2024 and saved as screenshots. Story highlights were viewed between 28 June and 1 July 2024 and summarized as text according to these guidelines: All stories were viewed entirely and then summarized in short text form (e.g., story highlight “Time to listen?”, PT_1¹: “Podcast recommendations for podcasts by others or with own participation”²). The dominant topic was noted, even for thematically mixed stories. The summary was intended to provide an overview of the story highlights. Specific aspects, details or examples were only emphasized if necessary for understanding or when highlighted (e.g., story highlight “help”, PT_6: “Information about help centers/crisis services or advice centers, especially for specific events (Corona, flood)”).

The selection process was based on the theoretical sampling of Grounded Theory (Glaser & Strauss, 1998), according to which it was initially left open in the sense of theoretical saturation (i.e., the inclusion of further profiles would not have provided any additional insights) whether the 20 profiles and story highlights were sufficient for gaining insights. This saturation was achieved during the coding process after evaluating 10 profiles of psychotherapists and psychologists. The 10 psychotherapists have an average of 16,296 followers (range: 1,484–46,500), and the 10 psychologists have a group average of 71,730 followers (range: 1,625–321,000).

2.2 Codebook

Following Kuckartz (2018), the category development was carried out in multiple stages with increasing focus and iterative reflection on the entire material. Particular attention was given to appropriate selectivity and a comprehensive category system. The codebook was repeatedly tested on the material, and new aspects emerging from the data, which were not captured by the deductive categories, were included inductively.

Main categories were initially formed deductively (except C5 “Support and community”) based on the previously presented literature review. C1 “Profile information” was derived from Instagram’s structural and functional design and analyzes

1 PT = Psychotherapist, PL = Psychologist

2 profile content was originally in German and has been translated into English

profile descriptions. C2 and C3 were developed based on RQ3 and relate to the tension between private and professional insights into psychologists' and psychotherapists' content (Heimes, 2023; Vaz & Mori, 2023). C4 addresses the question of what information or psychoeducational elements are conveyed (Greene et al., 2025; Pretorius et al., 2022). C5 was formed inductively after it became evident that the content of the story highlights strongly focused on community interaction and mutual support. C6 was deductively derived based on the framework conditions presented in Chapter 1.2. C7 addresses the question from RQ2 regarding the motives for social media use by psychologists and psychotherapists (Heimes, 2023; Hynes et al., 2023; Smith et al., 2023; Triplett et al., 2022).

The subcategories were partly developed deductively (e.g., for C1 or C6), but most emerged inductively from the analysis material. An example is "Insights into one's media presence" (C2.5), which was formulated because many story highlights included media reports about the individual. Another example is "Practical tips and exercises" (C5.2), as these were addressed and offered in numerous story highlights.

Table 1 provides an overview of the main and subcategories. For each category, a definition, coding rule and anchor example from the material were developed.

Table 1. Overview category system

C1 Profile information	C2 Profession-related content	C3 Personal insights and private self-disclosure	C4 Information and knowledge transfer
C1.1 Profile name C1.2 Sector C1.3 Links C1.4 Profile description content C1.5 Professional or ethical guidelines	C2.1 Practice C2.2 Therapy information (own services) C2.3 Insights into the professional field C2.4 Own projects and services C2.5 Insights into one's media presence	C3.1 Biographical information C3.2 Personal experiences and subjective insights or recommendations C3.3 Glimpses into private life	C4.1 Recommendations of specialist literature or media C4.2 Psychoeducation on mental disorders and illnesses C4.3 Critique and awareness-raising C4.4 Information about psychotherapy C4.5 Psychological perspectives on everyday topics
C5 Support and community	C6 Professional or ethical guidelines	C7 Motives for use	C8 Miscellaneous
C5.1 Community interaction and engagement C5.2 Practical tips and exercises (community-based) C5.3 References to support resources	C6.1 Professional or ethical frameworks (e.g., disclaimers, statements about the limitations of social media interactions and educational efforts in this context)	C7.1 Content that indicates the purpose and goals of the account (e.g., statements suggesting that the content is intended to destigmatize or provide educational information)	Story highlights are coded under C8 if the content cannot be assigned to any other category.

2.3 Data analysis

The material was coded by a single researcher. The analysis was conducted in two parts: Profile description screenshots were manually coded using Excel, and the written summaries of story highlights were also coded manually with computer assistance using MAXQDA (Version 2024, Release 24.3.0), due to the larger amount of data.

After finalizing the codebook, relevant terms and phrases from profile information and story highlight summaries were assigned to the appropriate categories. Data were initially analyzed descriptively using quantitative functions (e.g., frequency analyses, code matrix) and visualized, followed by in-depth qualitative interpretation. Both groups (psychologists and psychotherapists) were compared at individual category levels, and thematic fields, patterns or relationships were identified.

The material was reviewed multiple times, and coding was checked at the end of the process in terms of intracoder reliability. Two randomly selected profiles were reviewed for a re-test (Mayring, 2022), revealing high consensus with the initial coding.

3. Findings

3.1 Profile information as a digital business card – Between professional information and promotion

Profile information, like user or profile name and profile description, is usually the first relevant information source for Instagram users. The analysis of these elements indicates that psychologists and psychotherapists use profile components for professional positioning and promotion. Profile names often combine first and last names with a professional title or academic degree, communicating a clear professional identity. While psychotherapists usually categorize themselves as “psychotherapist”, psychologists show greater variety in designations like “blogger” or “public figure”. These self-positionings indicate different strategic positioning (e.g., personal branding) and provide initial insights into the manner of self-presentation (RQ1) and possible motives (RQ2).

Profiles also contain links, often to their own website, imprints or social media channels. Hashtags are used to emphasize topics (RQ4), e.g., #lgbtqapluscommunity (PL_9) or #mentalhealth destigmatization (PL_3). The promotional nature of various profiles is striking: Beyond links to their own products, like books or live shows, there are direct calls to action, like “Order now!” (PT_9) or “Get tickets” (PL_5), which are more dominant in psychotherapists’ profiles.

Psychotherapists mention their specialties (e.g., behavioral therapy) and qualifications in their profile description, while psychologists highlight additional roles like podcaster or author. Private information, such as references to motherhood (PT_2, PL_2, PL_7), complements profile descriptions in some cases. Information about the account’s motives (RQ2) mainly appears in psychologists’ profile descriptions, although no clear patterns can be identified here. Examples include

“Sharing knowledge and inspiration” (PL_2) or “Parenting tips for more serenity and joie de vivre” (PL_7). Psychotherapists seem to focus more on information about their qualifications and own products. Only two psychotherapist accounts include information classified as professional and ethical (RQ3). PT_7 notes she does not engage in any collaborations. PT_10’s profile states “no counseling or treatment on Instagram”.

3.2 Analysis of the story highlights as extended information on self-presentation and thematic focus

3.2.1 Profession-related content

Both groups’ story highlights show a variety of profession-related content. This refers to content related to the professional role and activity, distinct from private content (see below).

Examples include visual impressions of practice rooms or one’s own therapeutic services presentation; complemented, e.g., by information on available therapy places. Specific insights into therapy or counseling are also provided, e.g., “Questions that I routinely discuss when dealing with fatigue in practice” (PT_7) or information about individual steps from the initial contact to counseling contract conclusion (PL_8).

Story highlights are also used to present the respective professional profile, with psychologists in particular conveying a highly diverse range of impressions. They show a wider range of content, like impressions of public appearances, media events and their own workshops or online courses. Cross-promotion can often be found in this context, e.g., for podcasts or own merchandise products. Some provide training insights and further education, such as PL_3’s hypnosis training. The focus seems to be on positioning oneself as an expert. Followers do not always understand psychologists’ job descriptions, as the example of PL_10 shows. In the “Q&A” story highlight, when asked about her main occupation, she replies:

I am a psychologist full-time (I have a Bachelor’s and Master’s degree in psychology) and share my psychological expertise with you out there in a variety of ways: as an author, podcaster, science journalist, content creator, speaker, etc. (PL_10)

Psychotherapists’ content provides more direct information about the therapist’s job description and training path, including personal insights. PT_7 openly explains her profession in the story highlight “Being a PT” and answers why she chose it, what characteristics psychotherapists have and don’t. She addresses prejudices and shares personal experiences responding to questions such as “How does it feel for you when someone cries a lot? What does that do to you?” (PT_7). Psychotherapists also share impressions of events, though more profession-related, including participation in the German Psychotherapists’ Congress (PT_8) or a school lecture (PT_1). The findings illustrate both professional groups presen-

ting their roles in different ways (RQ1) and what motives (e.g. emphasizing expertise or raising awareness) can be derived (RQ2).

3.2.2 *Personal insights and private self-disclosure*

Content containing personal insights or private self-disclosure can be divided into biographical information, subjective experience reports, insights or recommendations and private life insights. Such content is shared, e.g., in story highlights like “About me” (e.g., PL_8) or in “Q&A highlights” (e.g., PT_1) but also scattered throughout other story highlights. The findings provide insights into self-presentation (RQ1) and topics (RQ4).

- **Biographical insights:** Both groups provide biographical information, e.g., professional careers, language skills or stays abroad. PL_5 tells users she spent a year in New York as an au pair after high school, speaks fluent Russian, but has German nationality. Questions about one’s qualifications and career decisions are also answered. PT_1 shares she chose depth psychology due to positive experiences as a former patient.
- **Subjective experience reports, insights or recommendations:** Reports on personal mental disorders or illnesses (e.g., emetophobia, tinnitus) or insecurities (e.g., body image, perfectionism, panic attacks) are shared. Private trips or retreats like Ayurveda stays are discussed, often with explanations or recommendations. There are also recommendations, e.g., for books from one’s own collection (PL_3) or other Instagram accounts (PT_7).
- **Insights into private life:** Many profiles show trips, parties or family impressions, often with personal anecdotes, like parental divorces or their own life goals. Followers also seem to be interested in the clothing and styling of psychologists and psychotherapists. PL_3 answers questions about her skincare products, shows beauty routines and favorite clothes and explains where she bought them (noting unpaid advertising). Photos and videos of pets or private living areas, such as the kitchen and living room, complement the insights.

It is noticeable that this personal content from psychotherapists is usually linked to educational or explanatory purposes, e.g., explaining disorders through personal examples. This emphasizes they use Instagram not only for self-expression but also for educational, reflective and sometimes taboo-breaking communication. Content combines knowledge transfer, personal openness and social familiarity. Subjective experiences explaining psychological phenomena (e.g., “I myself suffer from...”) demonstrate high authenticity and enable closeness in digital space. While this contributes to self-presentation by making them accessible experts (RQ1), these personal statements also provide information about motives (RQ2) and topics (RQ4): They can be interpreted as a tool for implementing motives like education or awareness-raising, addressing individual topics.

3.2.3 *Topics and knowledge transfer*

What content do psychologists and psychotherapists communicate on their social media profiles (RQ4)? Even though the qualitative study does not aim to analyze frequencies, quantitative code analysis allows us to identify possible thematic foci and differences without claiming to be representative. Story highlights analysis indicates psychotherapists post more balanced content overall. Only this group shares recommendations regarding professional literature or media (e.g., podcasts about psychoanalysis (PT_1) or other accounts about eating disorders, body image and psychotherapy (PT_9)), communicates information about psychotherapy more frequently (e.g., information on capacities and cost coverage (PT_4) or long-term therapy application (PT_7)) and provides practical tips and exercises or help service information (e.g., crisis services and mental health hotlines).

Psychologists seem to focus on presenting their own projects and services. They provide private life insights more frequently and focus more on everyday topics, i.e., content not addressing specific illnesses or disorders but approached from a psychological perspective (e.g., sleep problems, exam anxiety, intercultural relationships). Considering self-presentation (RQ1), this could indicate psychotherapists defining their role more closely around clinical and therapeutic issues, while psychologists are more open to engaging in social media as entrepreneurial and consultative actors.

Presentations of their own projects and services account for most of the content for both groups. Community interaction and engagement are also predominant. This is shown by content-level evaluation, providing indicators of motives (RQ2) and topics (RQ4): Information is often provided in response to community questions, turning psychoeducation on Instagram into a dialogical format. This knowledge transfer constitutes another central focus of content that can be observed in both groups. Beyond explanations and definitions, information on studies, triggers, symptoms or therapy is often presented here, supplemented with tips or examples. Various profiles address depression, e.g., information about depression at the beginning of the year (PL_8) or links between sports, obesity and depression (PT_10). Educational work seems focused on clarifying differences between lay understanding and professional views. PT_10 presents a juxtaposition: “What many people believe is the cause of depression – What the actual causes are”. In this context, both psychologists and psychotherapists criticize pseudoscience in social media or media contributions and clarify dubious coaching programs or influencer content. PT_9 shares a follower’s story who experienced inappropriate behavior from an Instagram coach and explains how reputable coaches behave. Other topics include education on and critical classification of advertising connected to mental health (“health scare advertising”, PT_7). This demonstrates a professional sense of responsibility beyond information transfer. Regarding RQ3, such practices could illustrate how ethical and professional standards are practiced in social media context.

3.2.4 Social support and community

Both psychologists and psychotherapists engage in intensive exchange and frequent communication with their followers or the community. This provides insight into their topics (RQ4) and their motives (RQ2). Story highlights show questions are answered, discussions held and interactive surveys conducted. Community feedback is actively sought, e.g., when selecting topics. Private experiences or opinions of followers are included, respecting voluntary participation. This also includes recommendations, e.g., on films or books. It is emphasized that these can be perceived differently by individuals, as PT_9 shows:

Some movies may not be experienced as helpful by some individuals. Therefore, recommendations cannot be generalized. Everyone should assess this for themselves. Recommendations come from the community for the community and it is, of course, possible that a movie is experienced as useful by someone and as triggering by someone else. So, see what's right for you. (PT_9)

Regarding social media community support, two topics dominate: (1) Information on psychological help and support services; mainly provided by psychotherapists. Examples range from crisis services like telephone counseling to target group-specific services, e.g., for refugees. Sometimes this information is collected from the community and passed on. (2) Practical tips and exercises; shared by both groups, offering a variety of everyday or specific tips on topics like procrastination, morning routines, self-reflection or coping with illness. Some contributions are culturally or thematically specialized, such as tips for a good marriage in an Islamic context. Exercises for self-help, e.g., breathing or stabilization techniques, complete the offerings.

These focus areas illustrate that, beyond general psychological knowledge, concrete help and everyday support are offered. The aim is to promote self-efficacy and help people to help themselves. The analysis indicates that psychologists and psychotherapists engage in active, dialogical social support on social media platforms. Social support itself becomes a central communication topic on Instagram (RQ4). Focus is on community interaction and building community sense, which can be a valuable resource. It can be assumed that both groups present themselves more as supportive companions than distant experts (RQ1) for different reasons (RQ2), such as empowering users or reducing barriers to psychological help.

3.2.5 Professional legal and ethical information

Compared to profile descriptions, story highlights include more detailed information and statements on professional, legal and ethical issues (RQ3), but only on a few profiles. PT_1 emphasizes strict separation of her therapeutic and Instagram work. She points out requirements for professional boundaries and emphasizes patients' content should not be made public. She urges her followers to only share reports if they feel safe and comfortable, drawing attention to the fact that many

people can read this content. She limits her role and clarifies she is a “psychodynamic expert and not a psychotherapist” (PT_1) on Instagram. This boundary also appears in PL_8’s story, who explains that this is part of her self-care. She feels it is her duty “to regularly explain available options if prevention is no longer sufficient” (PL_8).

PT_7 repeatedly points out that Instagram is not a substitute for psychotherapy, and answers given in Q&A sessions serve as inspiration or reflection. She would not accept any professional requests on Instagram, e.g., for therapy or lectureships and would not enter collaborations. Another example is story highlights with disclaimers, e.g., for perfectionism and trauma or trigger warnings. When asked how she deals with patients seeing profile content, she replies: “If patients know about the profile here, then I address it openly, find a way to deal with it and also ask them to speak up if questions or conflicts arise” (PT_7).

Professional legal information is rare; only two profiles emphasize refusal to provide Instagram consulting or collaborations. Eight accounts have a blue verification checkmark signaling authenticity.

3.2.6 *Motives for using Instagram*

Only a few profiles explicitly address the basic motive behind their social media presence (RQ2). Information on account goals and intentions (e.g., “share knowledge and inspiration”, PL_2) is more likely formulated by psychologists in profile descriptions. A recurring topic in story highlights is mental illness destigmatization. PT_7 states she wants to talk about topics that fascinate her about her work and contribute to destigmatizing mental illness.

Additional motives can be implicitly derived from content and target groups. Analysis indicates psychotherapists address different target groups: Professionals (e.g., information on the Psychotherapist Training Reform Act, education insights, specialist training information or discussions about therapy schools) and laypeople or patients (e.g., through mental illness information, aiming to reduce fears and prejudices or provide transparency about therapeutic procedures). This dual targeting allows deriving motives like knowledge transfer or psychoeducation, general education or orientation for mentally ill people. Other motives, such as professional self-positioning, expert exchange, networking or professional policy engagement, may also play a central role.

For psychologists, the target group of their content appears more homogeneous and directed not at professionals but at a broader lay audience. PL_8 explains she wants to provide impulses and thought-provoking ideas for the personal development of people of all ages. PL_5 focuses on family dynamics and offers free mental health videos aiming to break harmful patterns and promote positive health. Motives can be derived as providing low-threshold support and guidance while simultaneously positioning themselves as experts and coaches. Both groups could therefore also pursue the motive of potentially (indirectly) acquiring patients.

4. Discussion

Psychologists' and psychotherapists' social media presence remains largely unregulated and unexplored (Strobl et al., 2023). Guidelines and recommendations for use are often criticized as too vague, causing misinterpretation and differences in professionalism (Heimes, 2023; White & Hanley, 2023; Yaqub, 2022). Previous studies focused on mental health professionals' social media use in general, with few focusing on psychologists and psychotherapists (Heimes, 2023; Strobl et al., 2023; Vaz & Mori, 2023). This study addresses a research gap with a largely exploratory, partly deductive research design. To investigate psychologists' and psychotherapists' self-presentation and communication on Instagram, this study used qualitative content analysis following Kuckartz (2018) to evaluate 20 Instagram accounts (10 psychotherapist and 10 psychologist profiles). In addition to profile descriptions, 254 story highlights (total of 5,162 summarized stories) were analyzed. During the analysis process, repeated indications of systematic differences between the two groups emerged.

Results indicate the question of **how psychologists and psychotherapists present themselves on Instagram (RQ1)** requires nuanced examination. Analysis shows psychotherapists on Instagram define themselves strongly by their professional role and qualifications. Psychologists have more diverse self-presentation; self-marketing, public presence and expertise in everyday topics are dominant. Both groups provide personal insights into their private lives, predominantly among psychologists.

Separation between private and professional identity and role is often emphasized in literature (Haeny, 2014; Slobogian et al., 2017; Smith et al., 2023). The findings raise questions about the extent to which psychotherapists consciously maintain boundaries between private and professional spheres. This becomes particularly relevant when, e.g., content focuses on a personal pet, but private living spaces are visible in the background or when only holiday impressions are shared with private information indirectly provided. Sharing intimate information like illnesses, while potentially intended as psychoeducation or modeling behavior, raises questions about boundaries and self-disclosure practices that should be further explored in future research. On the other hand, previous research suggests personal stories can help those affected deal with their own illness better than advice or information alone (Harris et al., 2021; Koinig, 2022; Samuel et al., 2024). Psychotherapists offer a perspective change by revealing (personal) information about their profession, which can contribute to humanization of the therapist noted by Green (2024).

Psychologists providing extensive private life insights may be interpreted as a personal branding strategy. This strategy raises questions regarding the compatibility of such self-presentation with professional guidelines requiring neutrality and boundary setting, especially when accompanied by advertising or psychoeducational content. Data also reveal a diverse professional image of psychologists conveyed via Instagram, inviting critical reflection with reference to Drude and Messer-Engel (2021), who argue that the public is entitled to clarity about what they can expect from psychologists. Recommendations like avoiding overly broad

expert stances (Smith et al., 2023) are not consistently evident in the analyzed data of psychologists.

It should be discussed whether this private and professional content mixing truly creates tensions or can rather be seen as normal and platform-specific communication. Although Heimes (2023) points out that many social media mechanisms are contrary to the professional integrity of these occupational groups, many profiles adopt influencer-like strategies. Psychologists' accounts have significantly more followers than psychotherapists. This personal information may enhance relatability and enable more direct communication with audiences in the familiar digital world. This aligns with findings that authenticity and perceived humanity can strengthen credibility and expert status (Heiss et al., 2024).

RQ2 examines which motives can be identified in social media presence. As motives are rarely communicated directly, analysis implicitly relies on observable content targeting specific audiences to draw motive conclusions. While psychotherapists' content targets both laypeople and professionals, psychologists tend to focus on the lay audience.

Based on the addressed target groups, indications of possible motives can be identified, e.g., regarding psychoeducation, awareness-raising or communication of specialist information. Communication advantages lie in serving needs in a target group-oriented manner, which, according to Brijnath et al. (2016), is a key aspect of successful digital health interventions.

A promotional dimension can also be inferred from certain practices. Presenting psychological content as marketing measures raises professional and legal considerations (BDP, 2023; Lind & Wickström, 2023). Psychologists may only disseminate advertising content related to professional activities and factual professional services communication. It must be ensured that prohibited advertising is not carried out by third parties (DGPs, 2022). This is a questionable point, especially regarding presenting their own books, seminars or workshops: If their own publications are sent free to third parties who then promote them on their profiles and if this content or reviews are then shared again in their stories, it may be questionable whether this is advertising or not. Direct links to own products, sometimes supplemented with specific calls to action like "Get tickets to my live show" (PL_5) or "ORDER NOW" (PT_9), also raise corresponding boundary questions.

The commercialization of psychology, found primarily among psychologists in the form of merchandise, must be considered. These products may contribute to the trend of viewing mental health or illness in aesthetic or glorifying terms, as discussed in prior research (Issaka et al., 2024; Vidamaly & Lee, 2021; Williams, 2019).

RQ3 asked: To what extent and in what ways are professional and ethical standards visible in psychologists' and psychotherapists' Instagram presence? Analysis indicates such aspects are rarely communicated explicitly. Only two psychotherapists' profiles contain information stating a) no counseling or treatment is provided via Instagram and b) no collaborations are entered. Story highlights also contain corresponding content on only three profiles, primarily psychotherapists'. This limited disclaimer presence may prompt concerns about transparency

and boundary-setting. A lack of delineation of one's own role or services, present in only a few cases, could lead to recipient misunderstandings. Triplett et al. (2022) point out that the absence of clear boundaries can lead the public to form their own assumptions about availability or interaction opportunities. In an international comparison, Pretorius et al. (2022) results show that many American mental health professionals' profiles active as Instagram influencers contain disclaimers and crisis support information.

From the recipients' perspective, professional titles given in profiles can also play a central role in the content's perceived credibility. Psychologists and psychotherapists are designations that may only be used with appropriate qualifications and can provide guidance when evaluating reliable information. Pleiss (2019) complains that there are also people in this professional group wanting to profit from others' suffering or offering dubious programs as "pseudo-psychologists". Examples like job titles such as "psychological counselor" are also not protected and may lead to misperceptions. Findings also show that many psychologists and psychotherapists point out such content and dubious actors critically.

Finally, RQ4 asked **what topics dominate on the Instagram accounts of psychologists and psychotherapists**. Psychotherapists seem to offer more balanced topic variety and focus more on professional topics. Dominant topics here are, e.g., practical tips and exercises, general information about psychotherapy or their own therapy information. They also frequently show their own media presence. Psychologists focus on their own projects and services as well as private and personal topics. Both groups have psychoeducational content. A special feature is strong community involvement.

Analyzed content, particularly regarding knowledge transfer, self-help and reducing therapy-related fears, is consistent with previous study results (Green, 2024; Pretorius et al., 2022). The psychoeducation described by Pretorius et al. (2022), in which therapeutic environment content is simplified and re-contextualized in social media, can be emphasized. Psychologists and psychotherapists support positive peer-to-peer communication effects (Andalibi et al., 2017; Naslund et al., 2020) by providing information from the community for the community. Most therapists also adhere to other criteria appearing to align with existing guidelines, like citing sources, focusing on specialist knowledge and competence, avoiding success promises, recognizable training and further education references (DGPs, 2022).

Educational work, especially comparing lay and professional perspectives or referencing dubious offers, was also evident. In the latter case, the extent to which the BDP (2011) guidelines (discouraging negative references to a person or an organization) are adhered to remains uncertain. The same applies to the need for statements about specific disciplines and working styles, ensuring no discrediting occurs. This supports previous concerns that vague formulations in guidelines may lead to varied interpretations (Heimes, 2023). Latha et al. (2020) point out that thought-provoking content can contribute to searching for information on positive health behavior.

It is debatable whether content achieves the scientific depth necessary to combat erroneous or simplistic representations of psychological topics. The BDP

(2023) criticism that content is often conveyed in an abbreviated manner appears applicable. Although there are creative ways of conveying information (e.g., in an advent calendar), a lot of information, e.g., on illnesses, symptoms or diagnoses, is presented in a condensed, platform-typical format.

4.1 Limitations

A limiting factor for all results is the employed methodology and sample size. Despite the number of 254 story highlights with 5,162 stories, results can ultimately only be attributed to 20 profiles. Qualitative research cannot provide generalized results, but its systematic approach to the material allows relevant meanings, differences or patterns to emerge (Mayring, 2022; Schreier, 2014). The quantitative basis derived from frequencies must also be discussed from this perspective. Kuckartz (2018) points out that numbers' meaningfulness should be carefully considered, particularly regarding whether "frequent" should be equated with "important". In this case, summed focal points can provide initial indications. It can be hypothesized that psychologists' and psychotherapists' Instagram profiles differ in content and have different foci, target groups and intentions. As this study focuses on Instagram, results cannot automatically transfer to other social media platforms with their different mechanisms and usage types.

Several special features must be considered when analyzing social media content. Like search for content by hashtags (Tudehope et al., 2024), not all psychotherapists or psychologists may have these titles in their profile and were therefore not found. Focusing only on public profiles meant no private accounts were included in the sample, which may have different content. Algorithm distortion when drawing the sample cannot be completely ruled out, despite creating a new account. Avella (2023) points out algorithms' enormous importance on social platforms, as they can influence how psychotherapy and mental health topics are perceived or interpreted. Analyzing feed posts themselves, not just the story highlights, could lead to different results.

Inferences about motives of social media use are based on both manifest and latent content analysis and, as such, cannot fully capture communicators' actual motivations. These should be understood as interpretive attributions, particularly when intentions are not explicitly articulated, e.g., when profiles describe their aim as providing 'impulses' or general inspiration.

4.2 Implications

Practicing psychologists and psychotherapists should be aware of psychological topics on social media and associated knowledge transfer. Gansner (2022) emphasizes that clinicians should adequately assess dysfunctional identification mechanisms, e.g., in form of self-diagnoses and associated patient behaviors and promote media literacy. This could take the form of educational work regarding psychological professional groups, possible (economic) intentions behind social media profiles or the quality and informative value of (possibly highly abbreviated) content. Social media presence and interaction can also contribute to gaining

broad insights into certain target groups' needs, concerns or requirements, which may not be available in this quantitative form in offline work.

As noted by Pretorius et al. (2019), it is important to point out that content can be a supplement in digital help-seeking contexts but not as a substitute. From a professional and ethical perspective, this relevant information currently appears to be communicated far too infrequently. There is a need for improvement here for all psychologists and psychotherapists operating social media accounts. They should be aware of their private content being shown. Neumann et al. (2022) warn that social media lowers therapists' inhibitions in this regard. This study's results suggest such content may be disclosed unconsciously. The call for more specific and uniform guidelines can also be supported by this study's results. It is recommended that standards be established and clear boundaries defined leaving no room for interpretation. Guidelines from the British Association for Counseling and Psychotherapy (BACP) or the American Psychological Association (APA) could serve as models here.

Social media is a research field requiring continuous research, particularly due to its constant further development (White & Hanley, 2023). The study contributes to the debate on psychologists' and psychotherapists' professional self-presentation on social media. It raises questions about professional roles in public communication and points to the need for more narrowly defined frameworks covering professional, ethical and legal aspects.

Further studies should supplement this work's findings through quantitative surveys. They could be examined within a quantitative content analysis based on a larger sample to investigate the differences between psychologists' and psychotherapists' social media content representatively. The category system developed in this study can provide the basis for this. Psychologists and psychotherapists could be asked about their own perceived role image and preferred social media portrayal or motives driving their social media use. Future research employing complementary methods, like interviews or surveys, would be beneficial to explore subjective motivations in greater depth.

Differences identified in this study could indicate different perceptions of their professional self-image and associated intentions. Followers could be analyzed to determine if they are primarily interested in laypeople or professionals and if differences can be identified. The way psychologists and psychotherapists present themselves on social media can influence the public perception of psychotherapy and the professional field of psychology. Future research could examine how such representations influence patients' expectations, trust and help-seeking behavior.

From a societal perspective, results show how psychological and therapeutic knowledge is disseminated through informal channels and shared in close community exchange, shaping public mental health understanding. This could entail opportunities (e.g., destigmatization, accessibility) and risks (e.g., trivialization, misinformation). Further research could examine this content's accuracy and evidence base, as well as the development of mechanisms to ensure quality (e.g., fact-checking collaborations or platform guidelines).

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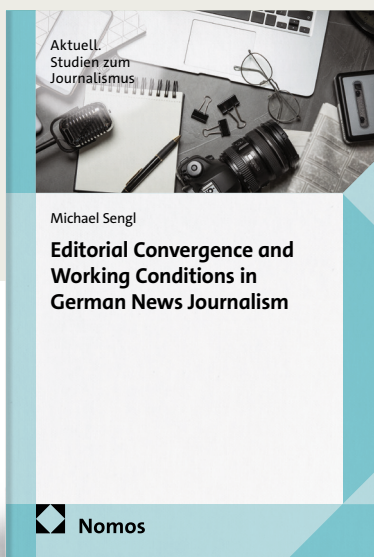
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Journalism in Times of Change



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