

Mind your own mind

How therapy app Mindler systematically reinforces digital healthism through technological elements



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Abstract

In a mission to make mental healthcare more accessible, digital online therapy apps are emerging as an alternative to traditional therapy. One of these apps, *Mindler*, is gaining popularity in the Netherlands as it promises individuals a quicker and more effective route to professional help. Mindler’s approach of allowing users to choose their own therapist, and book a session for whenever it suits the individual, is carried out in the completely digital environment of their app. This digitisation raises questions on how these digital online therapy apps might reflect, reinforce and shift social structures and understandings about mental healthcare. Building on the notion that within digital technologies are embedded cultural values and ideologies, this thesis explores the way Mindler’s interface and affordances might add to existing understandings and ideologies about health, by systematically analysing the app by using the walkthrough method. In doing this, this thesis focuses on how technical elements reinforce the ideology of digital healthism, which renders the user individually responsible for maintaining or going after “good” mental health. As this approach combines perspectives from new media studies and critical digital health studies, this thesis acts as an example of how scholars from these fields can incorporate theory and methodology from the other field, in order to add more depth and substantiation to their research on digital health technologies. This thesis claims that despite allowing for more accessible mental healthcare, Mindler reinforces digital healthism through its app reflecting the same neoliberal rationality as seems to have caused the defects in traditional therapy to which these digital therapy apps claim to be an alternative.

Keywords: digital online therapy apps, Mindler, digital healthism, neoliberal rationality, governmentality, technologies of the self, the walkthrough method, discursive interfaces, critical digital health studies

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Introduction

When cycling through Utrecht, an advertisement in a bus-stop caught my attention. On a pastel-blue background, big dark-green letters state “talk to a therapist, today!” with the well-known labels of the App Store and Google Play Store underneath. This advertisement, for an app called *Mindler*, is one that can be found throughout the whole of the Netherlands, accompanying the mental health organisation and tech start-up in their goal to make mental health more accessible through innovative online technology.¹ The app, developed in 2018 by Swedish therapists Rickard Färdig and Johannes Hatem, and technology entrepreneur Rickard Lagerqvist, is aimed at both lowering the bar to reach out for mental support, as well as to reduce the long waiting lists that are present in the current mental healthcare system.² They do this by offering people the possibility of speaking to a licensed therapist via video-call and taking in-app self-help programs, all digitally on a smartphone.³

Mindler is available to everyone who has a smartphone and is located in the Netherlands, Sweden, the United Kingdom, or France. Currently, the Dutch app offers its users the opportunity to choose a therapist from a list of around thirty therapists. Prior to booking an appointment, the user is required to upload a referral from their general practitioner to the app. This way, the treatment each user will receive is reimbursed via the user’s health insurance. During their therapy trajectory, all contact between the user and the therapist takes place digitally. Moreover, each session has a duration of thirty minutes, as opposed to the more traditional forty-five to sixty minutes. These key characteristics with which the app distinguishes itself from more traditional therapy, are described by *Mindler* as their “quicker and more effective route to professional help.”⁴ This shift towards rapidity is directed by offering the user autonomy and independence, by allowing them to choose their own therapist, and book a session whenever it suits them. Furthermore, as *Mindler* is gaining popularity in the Netherlands, and has recently received a total investment of 8,5 million euros to increase access to digital mental healthcare across Europe, it is of great importance to critically analyse its digital technology in order to understand the implications of this digitisation of mental healthcare.⁵ The emergence of *Mindler* raises questions on not only the efficacy and quality of care, but on how this digitisation brings to light social structures and

¹ Mindler AB, *Mindler*, Mindler AB, [iOS, Android], 2018; “About Mindler,” Mindler, accessed December 16, 2021, <https://mindlercare.com/nl/en/about-mindler/>.

² “About Mindler,” Mindler, accessed December 16, 2021, <https://mindlercare.com/nl/en/about-mindler/>.

³ “Over Mindler,” Mindler, accessed December 16, 2021, <https://mindlercare.com/nl/over-mindler/>.

⁴ Ibid.

⁵ Evelien van Veen, “Vandaag nog psychische hulp! De vraagtekens bij de onlinetherapie van Mindler,” *De Volkskrant*, May 7, 2021, <https://www.volkskrant.nl/wetenschap/vandaag-nog-psychische-hulp-de-vraagtekens-bij-de-onlinetherapie-van-mindler~b0ec6603/>.

understandings about mental healthcare, and the ways in which apps might reinforce or shift these understandings through their interface and affordances.

About the emergence of digital online therapy apps, media scholars Anna Sofia Lundgren, Jens Lindberg, and Eric Carlsson state that digital technologies are being depicted as solutions to a range of problems: from long waiting lists to the challenges of the geographically uneven distribution of health care.⁶ The possibility of talking to a therapist the same day as downloading the app, then, sounds promising. However, with this promise comes the shift of moving face-to-face therapy sessions to a completely digital and online environment. In this shift, Lundgren et al. argue, research must recognise the cultural dimension of how digital healthcare technologies work, exploring the affordances and sociocultural aspects of health apps, as these aspects of apps “affect the understandings, positionings and practices of health and health care among patients and app users.”⁷ This call for critical analysis of digital health technologies corresponds to Deborah Lupton’s development of the field of *critical digital health studies*.⁸ This field, Lundgren et al. explain, is one of two strands of research on digital health apps.⁹ By exploring the wider social, cultural and political roles of health apps as part of contemporary healthcare, critical digital health studies opposes the other strand of research that explores the efficacy and benefits of using certain technologies in healthcare.¹⁰

On the side of *new media studies*, Mel Stanfill argues that interfaces and their affordances and technological mechanisms reflect and reinforce social logics and cultural values, through which a discourse is constructed.¹¹ Media scholars Ben Light, Jean Burgess and Stefanie Duguay follow this line of thought by stating that cultural discourses shape and are perpetuated by interface elements.¹² As discourses are understood to structure how individuals think about and view the world around them, interfaces can be viewed as steering and shaping the user’s understanding of the cultural common sense, such as that about mental health and mental healthcare.¹³ This notion acts as the

⁶ Anna Sofia Lundgren, Jens Lindberg, and Eric Carlsson, “‘Within the hour’ and ‘wherever you are’: exploring the promises of digital healthcare apps,” *Journal of Digital Social Research* 3, no. 3 (October 2021): 33.

⁷ Lundgren, Lindberg, and Carlsson, “Digital healthcare apps,” 36.

⁸ Deborah Lupton, “Critical Perspectives on Digital Health Technologies,” *Sociology Compass* 8, no. 12 (2014).

⁹ Lundgren, Lindberg, and Carlsson, “Digital healthcare apps,” 34.

¹⁰ Luo et al., “A comparison of electronically-delivered and face to face cognitive behavioural therapies in depressive disorders: A systematic review and meta-analysis,” *EClinicalMedicine* 24, no. 100442 (2020): 1-16; Carl et al., “Efficacy of digital cognitive behavioral therapy for moderate-to-severe symptoms of generalized anxiety disorder: A randomized controlled trial,” *Depression and Anxiety* 37 (2020): 1168-78; Deborah Lupton, “Apps as Artefacts: Towards a Critical Perspective on Mobile Health and Medical Apps,” *Societies* 4, no. 4 (2014): 606-22.

¹¹ Mel Stanfill, “The interface as discourse: The production of norms through web design,” *New Media & Society* 17, no. 7 (2015): 1060.

¹² Ben Light, Jean Burgess, and Stefanie Duguay, “The walkthrough method: An approach to the study of apps,” *New Media & Society* 20, no. 3 (2018): 888.

¹³ Stanfill, “The interface as discourse,” 1061.

starting point of this thesis, which consists of an exploration and critical analysis of the Mindler app.

The new media studies perspective of Stanfill and Light et al. is similar to that of critical digital health studies, in the sense that both fields view digital technologies as objects that have the power to add to and co-construct discourses.¹⁴ They differ, however, in the fact that critical digital health studies explores how digital health technologies construct the discourse *around* these technologies, whereas new media scholars explore technological elements such as interfaces and affordances in order to elucidate the discourse *within* these technologies. Moreover, while most research from the field of critical digital health studies up until now is focused on apps in the realm of physical healthcare as opposed to mental healthcare, media scholars are showing increased attention in the emergence and growing popularity of wellness- and lifestyle apps of which users' physical and mental health would benefit.¹⁵ For example, new media scholar Mikki Kressbach explored two menstrual tracking and fertility apps in order to shed light on how these apps reinforce discourses of menstrual concealment and bodily alienation.¹⁶ More towards the side of mental health supporting apps, media scholar Rebecca Jablonsky explored the role meditation apps play in shaping public discourse about mental life.¹⁷ As the two fields have different focus points in their exploration of discourse *around* and *within* digital health technologies, this thesis shows how combining the theory of new media studies with that of critical digital health studies can help strengthen and expand the analysis of health apps.

In this combined approach, this thesis turns to the concept of *healthism*.¹⁸ This term refers to the neoliberal ideology of individuals taking responsibility for their own health, and adapting their behaviour accordingly.¹⁹ As this thesis is concerned with how this ideology is reinforced specifically within the digital realm, I coin the term *digital healthism*.²⁰ This concept distinguishes itself from healthism in the sense that it is specifically focused on how healthism is reflected and

¹⁴ Stanfill, "The interface as discourse," 1060; Light, Burgess, and Duguay, "The walkthrough method," 882.

¹⁵ Lundgren, Lindberg, and Carlsson, "Digital healthcare apps"; Deborah Lupton and Annemarie Jutel, "'It's like having a physician in your pocket!' A critical analysis of self-diagnosis smartphone apps," *Social Science & Medicine* 133 (2015): 128-135; Nick J. Fox, "Personal health technologies, micropolitics and resistance: A new materialist analysis," *Health* 21, no. 2 (2015): 136-53.

¹⁶ Mikki Kressbach, "Period Hacks: Menstruating in the Big Data Paradigm," *Television & New Media* 22, no. 3 (2021): 241-61.

¹⁷ Rebecca Jablonsky, "Meditation Apps and the Promise of Attention by Design," *Science, Technology, & Human Values* 47, no. 2 (2022): 314-36.

¹⁸ Robert Crawford, "Healthism and the medicalization of everyday life," *Int. J Health Services* 10 (1980): 365-88; Robert Crawford, "Health as a meaningful social practice," *Health* 10 (2006): 401-20; Lupton, "Apps as Artefacts," 615.

¹⁹ Sarah MacLean, and Simon Hatcher, "Constructing the (Healthy) Neoliberal Citizen: Using the Walkthrough Method 'Do' Critical Health Communication Research," *Frontiers in Communication* 4, no. 52 (October 2019): 3; Lupton, "Apps as Artefacts," 615; Crawford, "Healthism," 365-88.

²⁰ Lupton, "Critical Perspectives," 1352.

reinforced in technologies. As healthism and, thus, digital healthism build strongly on Foucauldian theory, Foucault's concepts of *technologies of the self* and *governmentality* are used as lenses in this thesis, in order to shed light on how health apps act as governing bodies that facilitate digital healthism through their technology, by promoting self-responsibility and self-care, and stimulating individuals take on the responsibility of changing their own behaviours according to what is set out by an app.²¹

In looking at the case of Mindler, this thesis is aimed at gaining insights on the way in which the app conveys, constructs, and reinforces social structures and cultural values. Therefore, in employing the lens of digital healthism, this research explores the question "how does online therapy app Mindler reflect and reinforce digital healthism through its interface and affordances?" by carrying out the walkthrough method. This method developed by Light et al. offers the opportunity to elucidate connections between the app's interface and discursive and symbolic representations around mental healthcare.²² As such, employing the walkthrough method helps uncover the otherwise unnoticed cultural references and the meaning these construct, by guiding the researcher in a process of slowing down their app-use and painting a picture of the environment of expected use.²³ The walkthrough method consists of two parts: the *environment of expected use* and the *technical walkthrough*. In order to further structure this thesis, each part consists of three sub-questions to help answer the main question. By answering the main question, this thesis not only provides insights on Mindler, but also on how the outcomes are relevant to investigate or understand similar therapy apps.

Following this introduction, Chapter 1 outlines the theoretical framework. This part focuses on the concepts and theories that are employed in this thesis and together construct the perspective and lens through which the app is explored. After this, the specific steps of carrying out this research are further discussed in Chapter 2, which entails a detailed outline of how the walkthrough method is employed in this specific research. Next up, Chapter 3 reports on both the findings from conducting the walkthrough method as well as the analysis of findings in relation to concepts and theories discussed in the theoretical framework. All of these chapters are then summarized, discussed and reflected upon in the conclusion.

²¹ Ayo, "Understanding health promotion," 100.

²² Light, Burgess, and Duguay, "The walkthrough method," 881-900.

²³ Ibid.

1 – Theoretical framework

1.1 – Critical digital health studies

As discussed by Lundgren et al., digital health apps and their effectiveness have become of increased interest in recent decades.²⁴ In this growing interest, they argue, two separate strands of research have emerged.²⁵ The first is one that is evaluative and optimistic in nature, whereas the second one applies a more critical stance towards this digital development in healthcare.²⁶ The latter is often referred to as *critical digital health studies*, a term coined by sociologist Deborah Lupton, one of the pioneers in this field of studies.²⁷ Critical digital health studies takes on an interdisciplinary stance by focusing on the social, cultural, political and economic components of digital health technologies, by combining theories from sociology, philosophy, technology studies and cultural studies.²⁸ Lupton explains that through this approach of critical digital health studies we can explore the wider social, cultural and political roles of health apps as part of contemporary healthcare and public health practice, instead of solely focusing on the efficacy or accessibility of digital health technologies.²⁹

As mentioned earlier, the foundation of critical digital health studies lies in the combination of several theories from different fields. As such, the field acts as a fruitful base for research by drawing on the political economy of digital health technologies, socio-materialism, and Foucauldian theory. By drawing from the political economy approach and its perspective of viewing social relations as struggles over power, critical digital health studies builds on early observations made by Robert Crawford in 1977, who noted that the political understanding of health was shifting towards the ideology of individual responsibility.³⁰ Crawford outlines how this ideology “replaces reliance on therapeutic intervention with a behavioural model which only requires good living,” and calls it problematic, as this approach poses an example of *victim-blaming*, in which the government is not held accountable for its lack of intervention to improve healthcare.³¹ Placing this understanding in the contemporary age, it becomes clear that neoliberal rationality is what is at the heart of Crawford’s observations, as it represents health as an individual problem exclusive from social determinants. The perspective of critical digital health studies, then, acts as a critique

²⁴ Lundgren, Lindberg, and Carlsson, “The promises of digital healthcare apps,” 33.

²⁵ Lundgren, Lindberg, and Carlsson, “The promises of digital healthcare apps,” 34.

²⁶ Ibid.

²⁷ Deborah Lupton, *Digital Health: Critical and Cross-Disciplinary Perspectives* (New York: Routledge, 2018), 2.

²⁸ Deborah Lupton, “The digitally engaged patient: Self-monitoring and self-care in the digital health era,” *Social Theory & Health* 11, no. 3 (2013): 257.

²⁹ Lupton, “Apps as Artefacts,” 607.

³⁰ Lupton, *Digital Health*, 10; Robert Crawford, “You Are Dangerous to Your Health: The ideology and politics of victim blaming,” *International Journal of Health Services* 7, no. 4 (1977): 678.

³¹ Crawford, “The ideology of victim blaming,” 670.

on neoliberal political philosophy, by exploring the way digital health technologies place emphasis on citizens taking responsibility for their own wellbeing.³² As comes to light later on in this thesis, the emergence of health apps like Mindler seem to correspond to this ideology.

Moreover, critical digital health studies is built upon the understanding of socio-materialism, a perspective focused on the entanglements of humans and non-human actors, which points to politics and power relations at play in digital health technologies.³³ This approach is strongly articulated in Bruno Latour's *actor-network theory*, which argues that reality is made up of networks of human and non-human actors, rather than being divided into entities that are or are not agents regardless of their contexts.³⁴ In this line of thought, Katelyn Esmonde and Shannon Jette, scholars in the field of cultural studies, examined the digital health technology of *Fitbit* through the lens of socio-materialism. In their exploration of how both human and non-human actors form constellations that make up the ideal Fitbit-user, they stated that the use of socio-materialist theories can help shed light on the materiality of health and how humans rely on non-human actors to work towards a healthy lifestyle.³⁵ Their research shows how socio-materialist ideas provide a framework for thinking through how diffuse power operates through practices, discourses, humans and non-humans.³⁶ In critical digital health studies, this socio-materialist approach helps elucidate the interdependent relationship between human and non-human actors, such as technologies and discursive elements, and the role it plays in the construction and negotiation of meaning around health.³⁷

Lastly, the field draws from philosophical and sociocultural Foucauldian theory and its focus on the discursive construction of knowledge. I will now shortly outline how critical digital health studies relates to Foucault's theory, in order to further elaborate on Foucauldian theory in paragraph 3 of this chapter. Critical digital health studies emphasises the Foucauldian understanding that it is through the practices directed at the care of the self, body and soul that people internalise ideas about appropriate conduct as members of society.³⁸ Drawing on this, Lupton argues that the "good citizen" is one who is responsible, capable and self-regulated in the pursuit of happiness, health, productivity and wellbeing.³⁹ As explained by Lupton, critical digital health studies, thus, follows the Foucauldian approach of exploring how the productive nature of

³² Ibid.

³³ Lupton, *Digital Health*, 12.

³⁴ Martin Lister, Jon Dovey, Seth Giddings, Iain Grant, and Kieran Kelly, *New Media: a critical introduction* (New York: Routledge, 2009), 99.

³⁵ Katelyn Esmonde and Shannon Jette, "Assembling the 'Fitbit subject': A Foucauldian-sociomaterialist examination of social class, gender and self-surveillance on Fitbit community message boards," *Health* 24, no. 3 (2020): 303.

³⁶ Ibid.

³⁷ Lupton, *Digital Health*, 13.

³⁸ Deborah Lupton, *The Quantified Self* (Cambridge: Polity Press, 2016), 37.

³⁹ Ibid.

power brings knowledges and practices into being and how these work to maintain social order through voluntary participation.⁴⁰

1.2 – Healthism and digital healthism

First coined by Robert Crawford in 1980, the concept of healthism refers to the idealisation that situates the problem of health and disease, as well as the formulation of a solution, at the level of the individual.⁴¹ The term encapsulates the practice of expecting individuals to take responsibility for their own health.⁴² As digital health technologies play a large role in enabling individuals to have their everyday activities and thoughts be continually directed towards the goal of “good” health, Deborah Lupton argues that healthism is one of the key aspects of contemporary digital health technologies that she suggests should be researched further from the perspective of critical digital health studies.⁴³

Although healthism is a key concept used in critical digital health studies, the term is not exclusive to digital technologies, and focuses mainly on offline practices of health promotion and commodification. However, as this thesis is concerned with how the ideology of healthism is reinforced systematically through technological elements, it focuses mainly on the digital side of the concept. Therefore, I coin the new, and more specific term *digital healthism*, to describe the idealisation that stimulates individuals to be continually directed towards “good” health through digital technologies. Digital healthism, thus, distinguishes itself from healthism in the sense that it is focused on how the ideology of healthism is reinforced within technologies, through affordances and interface arrangements.

Like healthism, digital healthism is built on neoliberal rationality. Philosophy scholar Nike Ayo explored how neoliberal rationality shapes the way health is defined and promoted, and states that healthism shows the same five key tenets as neoliberalism, including (1) minimal government intervention, (2) market fundamentalism, (3) risk management, (4) individual responsibility and (5) inevitable inequality as a consequence of choice.⁴⁴ Ayo argues that rather than governments investing in the prerequisites of good health, the framework for health promotion is often reverted back to the individualized lifestyle approach of individuals.⁴⁵ In turn, as the state takes a step back from intervening (1), new markets emerge in domains where they did not exist previously, such as

⁴⁰ Lupton, *Digital Health*, 15.

⁴¹ Crawford, “Healthism,” 365.

⁴² Crawford, “Healthism,” 365-88; Crawford, “Health as a meaningful social practice,” 401-20.

⁴³ Lupton, *Digital Health*, 127; Crawford, “Healthism,” 365-88; Crawford, “Health as a meaningful social practice,” 401-20; MacLean and Hatcher, “Constructing the (Healthy) Neoliberal Citizen,” 3; Lupton, “Apps as Artefacts,” 615.

⁴⁴ Ayo, “Understanding health promotion,” 99.

⁴⁵ Ayo, “Understanding health promotion,” 102.

digital online therapy apps emerging in the domain of mental healthcare.⁴⁶ Mindler, then, acts as an example of (2) market fundamentalism as it assists individuals in becoming empowered by “consuming” the app and its information, while making profit off of the governments shortcomings. Moreover, as this commodification of health expands, Ayo argues that citizens are taught to embrace the goods and services offered by the (entrepreneurial) health industry in order to take responsibility in insuring themselves against health risks, referring to the neoliberal tenets of both (3) risk management and (4) individual responsibility.⁴⁷ Interesting about individual responsibility is the notion of personal choice, and the issue of (5) inevitable inequality as a consequence. Just as there are individuals attending to apps like Mindler taking individual responsibility for their mental health, there are also those who “choose” to take another route and fail to attend the claims and promises of health promoters.⁴⁸ Again, then, Ayo argues, responsibility for the differences in health is removed from the governing bodies and placed onto individuals who are made to be accountable for their own actions and circumstances. Thus, with the “choice” to listen to health promoters, individuals are on their own when they do not, and navigate along their own way instead.⁴⁹

One of the things this outline of the tenets of neoliberalism shows, is how the emergence of health apps like Mindler, and their entrepreneurial nature, fits the notion of health consumerism and commodification. Through facilitating self-responsibility and self-care, digital health apps are putting an emphasis on individualism, and, with that, on digital healthism. To explain further, we turn to Foucault.

1.3 – Technologies of the self and governmentality

As the previous paragraphs have shown, the field of critical digital health studies, as well as digital healthism, are greatly influenced by Foucauldian theory, and specifically Foucault’s concepts of *technologies of the self* and *governmentality*. The first term refers to the practices of transforming oneself in order to attain a state of happiness, purity, wisdom, perfection, or immortality.⁵⁰ Ayo adds to this by arguing that it is through technologies of the self that aspects of self-constitution are carried out rendering particular images, statuses and identities into being.⁵¹ This thesis takes on the perspective that digital online therapy apps like Mindler can be understood as the embodiment of technologies of the self, as they offer the opportunity to work on our *self* through technology.

⁴⁶ Ibid.

⁴⁷ Ayo, “Understanding health promotion,” 103.

⁴⁸ Ibid.

⁴⁹ Ayo, “Understanding health promotion,” 103-4.

⁵⁰ Ayo, “Understanding health promotion,” 101.

⁵¹ Ibid.

This notion relates to what Foucault calls *governmentality*, which is defined as the coalescence of government and mentality, a situation where citizens are controlled through a set of empowering techniques like autonomy, self-actualization, and self-realization.⁵² Interesting is the understanding that governmentality is present not only within societies but within technologies as well. For example, an app like Mindler, as a technology of the self, brings the opportunity of autonomy and self-actualization of mental health, while managing and regulating user-activity through a practice of governance and technological elements. As media scholars argue, this may expand to enforcing embedded norms and values on the app's users.⁵³ This understanding of governmentality within technologies corresponds with the concept of governmentality within the context of contemporary neoliberalism in the way that it incites the desire within autonomous individuals to take on the responsibility of changing their own behaviours according to what is set out by app, in the same way as citizens might change their behaviour according to what is set out by the state.⁵⁴ Governmentality, thus, incites the desire within individuals to turn to technologies of the self, while technologies of the self strengthen governmentality as they are an example of the empowering practices of autonomy through which individuals are controlled. This connection between concepts is visualized in figure 1.

By taking into account the notion of digital healthism while exploring an app and its discursive representations, this research is able to recognise the socio-materialist notion of critical digital health studies that human actors are part of complex networks of technologies and power relations.⁵⁵ Using the concept of digital healthism as a lens to explore therapy apps, allows this research to shed light on these complex networks and power relations, and can help to gain insights on how these networks and relations are playing a role in constructing the meaning of mental health and mental healthcare through technological elements. The walkthrough method by Light et al., as mentioned earlier, offers a fitting framework and systematic approach to exploring the interface and affordances of the Mindler app, and is the method employed in this research. The following chapter further elaborates on this method and how it has been executed in this research.

⁵² "Governmentality," Encyclopedia of Critical Psychology, SpringerLink, accessed February 14, 2022, https://link.springer.com/referenceworkentry/10.1007/978-1-4614-5583-7_126; Ayo, "Understanding health promotion," 100.

⁵³ Light, Burgess, and Duguay, "The walkthrough method," 890; Stanfill, "The interface as discourse."

⁵⁴ Ayo, "Understanding health promotion," 100.

⁵⁵ Lupton, "Critical Perspectives," 1353.

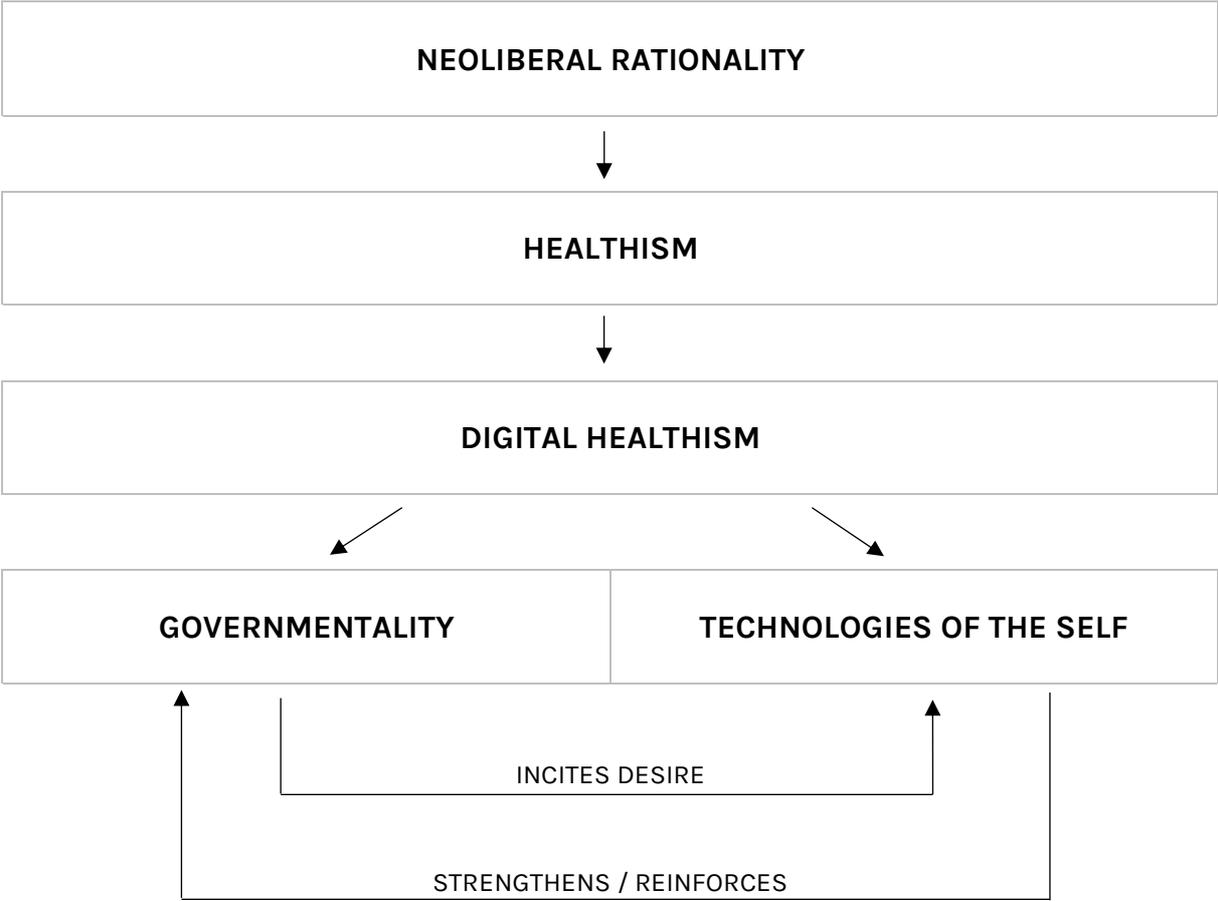


Figure 1. The relationship between discussed concepts.

2 – Method

In order to answer the question “how does online therapy app Mindler reflect and reinforce digital healthism through its interface and affordances?” this research employs the walkthrough method by the approach of Ben Light, Jean Burgess, and Stefanie Duguay.⁵⁶ Light et al. have developed this research method in order to allow researchers to analyse an app’s intended purpose, embedded cultural meanings and ideal users.⁵⁷ By offering a systematic approach of walking through an app step-by-step, the walkthrough method allows the researcher to slow down their app use, in order to make salient the usually quick and mindless interactions in normal app use, which in turn allows for critical reflection and analysis. This allows for shedding light on embedded references, meanings and values in the app, and the ways these are perpetuated by interface elements.⁵⁸

The theory behind this method corresponds to Stanfill’s perspective that interfaces reflect and reinforce social logics through affordances, technological mechanisms and embedded cultural references.⁵⁹ Stanfill argues that these processes make up a discourse, which has the ability to systematically form the objects of which it speaks, and that it is this discourse that structures how people think about things and how it makes sense to them to act.⁶⁰ An important part in the construction of this discourse, are the affordances of the interface: what the interface does and does not allow for. Stanfill states that these affordances structure ideals that position particular user-behaviour as “correct”, and thus, reflect and help establish “a cultural common sense about what users do (and should do).”⁶¹ This shows how affordances can be understood as productive power, in the sense that interfaces making something more possible or normative, is a form of encouraging a specific outcome.⁶² This encouragement is a way of steering and shaping the user and their understanding of the cultural common sense.

Though Stanfill focuses on web-interfaces, the aforementioned theory can be applied to apps as well. For example, Lundgren et al. explored three health apps by conducting a discursive interface analysis as inspired by Stanfill’s theory. They executed the method based on the view that apps are “communicative agents that employ carefully chosen images and discourses to represent their use and function.”⁶³ This approach helped them uncover the narrative reinforced by the apps about app healthcare. Moreover, the walkthrough method specifically applies Stanfill’s understanding of discursive interfaces to the interfaces of apps. As one of the few in the field of

⁵⁶ Light, Burgess, and Duguay, “The walkthrough method: An approach to the study of apps,” 881-900.

⁵⁷ Light, Burgess, and Duguay, “The walkthrough method,” 881.

⁵⁸ Light, Burgess, and Duguay, “The walkthrough method,” 882, 888, 897.

⁵⁹ Stanfill, “The interface as discourse,” 1060; Light, Burgess, and Duguay, “The walkthrough method,” 882.

⁶⁰ Stanfill, “The interface as discourse,” 1061.

⁶¹ Ibid.

⁶² Stanfill, “The interface as discourse,” 1060.

⁶³ Lundgren, Lindberg, and Carlsson, “The promises of digital healthcare apps,” 37.

critical digital health studies, professor in psychiatry Simon Hatcher and communication scholar Sarah MacLean employed the walkthrough method to explore an app that acted as an intermediary between patients and healthcare providers, a digital companion in an offline course of therapy, a phenomenon termed *blended care*.⁶⁴ By conducting the walkthrough method, MacLean and Hatcher analysed how the app's interface contributed to the construction of discourse around “what it means to be healthy and what practices should be engaged in to maintain in “good” health.”⁶⁵ Moreover, scholars such as Rebecca Jablonsky call on researchers to further explore the role technology-design plays in constructing discourse and meaning, rendering the walkthrough method increasingly relevant.⁶⁶

This thesis continues in a similar vein as the aforementioned examples of research, by employing the walkthrough method to critically analyse the digital health technology of Mindler, while taking it one step further in examining an app that enables completely digital, online therapy, as opposed to blended care. Building on Stanfill's theory of the construction of discourse in interfaces, while employing the walkthrough method by Light et al., this thesis explores how the Mindler app through its interface and affordances carries the power to systematically reinforce the ideology of digital healthism through which users view mental health and mental healthcare.

2.1 – Environment of expected use

Light et al. discuss the walkthrough method as being two-fold, consisting of the analysis of the *environment of expected use* and carrying out a *technical walkthrough*. The first part is focused on analysing the vision, operating model, and governance of the app, in order to gain insights on political and economic interests of Mindler, and the management and regulation of user activity Mindler employs to sustain the operating model and fulfil the app's vision.⁶⁷ The analysis of these elements allows this thesis to paint a picture of how the developers expect users to use the Mindler app, and ultimately how they understand the ideal user to act and to be. As such, the ideal user is one who uses the app as the developer set it out to be used. Therefore, as technological elements of apps are targeted at these ideal users, the exploration of the environment of expected use acts as an important part of context for the second part of this analysis.⁶⁸ In this first part of the walkthrough method, then, this research asks the following sub-questions:

⁶⁴ MacLean and Hatcher, “Constructing the (Healthy) Neoliberal Citizen,” 2.

⁶⁵ MacLean and Hatcher, “Constructing the (Healthy) Neoliberal Citizen,” 1.

⁶⁶ Jablonsky, “Meditation Apps,” 332.

⁶⁷ Light, Burgess, and Duguay, “The walkthrough method,” 889-90.

⁶⁸ Light, Burgess, and Duguay, “The walkthrough method,” 889-91.

1. What does Mindler state about their vision?
2. What is Mindler’s business strategy, and how do they gain revenue?
3. And, how does Mindler manage/regulate their users in order to maintain their operating model and fulfil their vision?

These sub-questions are based on the different stages of exploring the environment of expected use as set out by Light et al. in their description of the walkthrough method.⁶⁹ This thesis explores the first sub-question by focusing on Mindler’s published mission statement and more informal statements on their website that communicate this mission. In order to gain insights on the second sub-question, the operating model of Mindler is explored by analysing the aforementioned mission statement, as well as their privacy statement. Exploring the governance structure of Mindler and, with that, the third sub-question, this research explores Mindler’s use of Terms of Service, as well as more informal statements on their website, shedding light on ways in which Mindler regulates its users in order to fulfil their vision and maintain their operating model.⁷⁰

As the aforementioned mission statement and privacy statement are only available on the website in Dutch, quotes have been translated to English for this research. The original text, accompanied with the used translation can be found in the appendix (appx. 1, 2).⁷¹

2.2 – Technical walkthrough

Light et al. explain the technical walkthrough as the gathering of data by engaging with the app’s interface from a user position, while at the same time maintaining an analytical eye to the app’s mediator characteristics.⁷² These mediator characteristics include interface arrangement, functions and features, textual content and tone, and symbolic representation, which all play a role in indicating how the app guides users to interact with the app, for example in enabling certain options and complicating or even disabling others.⁷³ About this technical walkthrough, Light et al. state that interrogating mediator characteristics renders visible aspects of the interface that may otherwise blend into the background of everyday use.⁷⁴ Shedding light on these otherwise unseen aspects of the interface, then, helps uncover cultural references and discursive representations that relate to digital healthism and have the power to systematically structure users’ understanding of

⁶⁹ Ibid.

⁷⁰ Light, Burgess, and Duguay, “The walkthrough method,” 889-90.

⁷¹ “Mindler,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/en/>; “Professioneel Statuut van Mindler,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/professioneel-statuut-van-mindler/>.

⁷² Light, Burgess, and Duguay, “The walkthrough method,” 891.

⁷³ Ibid.

⁷⁴ Light, Burgess, and Duguay, “The walkthrough method,” 892.

mental health and mental healthcare. The technical walkthrough focuses on three stages of use, which include registration and entry, everyday use, and app suspension.⁷⁵ The following sub-questions are explored in the technical walkthrough:

1. How is the expected use of the app communicated in the initial stages of use (e.g. registration)?
2. How does the app encourage individual help or self-help, and collective help?
3. And, how does the process of definitive app-suspension work?

These sub-questions are based on the different stages of the technical walkthrough as set out by Light et al. in their description of the walkthrough method.⁷⁶ In exploring the stage of registration, the process of setting up an account is described and analysed. As Light et al. argue that the app's expected use is often strongly communicated during registration, this is an important part of analysis in exploring the first sub-question.⁷⁷ The focus in this stage lies on the mediator characteristics of textual content and tone present in the app's opening- and registration screens, shedding light on the way mental health and digital therapy is framed in these initial stages of use.

To continue, analysis of the stage of everyday use helps in answering the second sub-question. In analysing this stage, Light et al. state that the researcher is expected to take on an active attitude, navigating through menu's and tapping buttons, in order to follow flows of activity and not miss important points of mediation, to better understand the navigation and potential role of an app in users' lives.⁷⁸ This part also pays extra attention to exploring what the app offers and does not offer, and how this is arranged within the interface, as these elucidate conscious design choices that have been made by developers, which can reflect beliefs and values relating to mental health. The mediator characteristics focused on in this part of research are, thus, interface arrangement and the app's functions and features.

Lastly, the exploration of the stage of app suspension and, with that, the third sub-question, entails describing and analysing how suspending the app is complicated for users. About this stage, Light et al. state that walking through aspects of apps that allow users to disconnect can provide insights into how apps seek to sustain use, which is especially interesting in regards to the fact that suspending use in the case of Mindler is equal to ending a therapy trajectory.⁷⁹ By focusing on mediator characteristics of interface arrangement as well as textual content and tone, this stage

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Light, Burgess, and Duguay, "The walkthrough method," 894.

⁷⁹ Light, Burgess, and Duguay, "The walkthrough method," 895.

allows for uncovering the app's attitude towards app-suspension, and how this might play a role in the reinforcement of digital healthism.

All in all, both parts of the walkthrough method play together in the sense that the environment of expected use offers context for the technical walkthrough, while the technical walkthrough offers insights in how the expected use is encouraged through technological elements. During the analysis in both parts, the focus is placed on uncovering a discourse surrounding mental health and mental healthcare, which is then connected to the concept of digital healthism in order to understand in what ways, the understanding of mental health and mental healthcare that is constructed in the Mindler app relates to this concept. Figure 2 shows an outline of all stages of analysis for each of the two parts of the walkthrough method, as employed in this research.

As the Mindler app is only accessible in completeness to users who have a referral from their general practitioner, the Mindler team has granted me access to an unlocked version of the app until April 2022, for research purposes. This allows me to analyse the app as if I was a Mindler client and user. Though practitioners are visible to me on the app, I have not used their personal pages as research material, for their personal information is irrelevant to this thesis.

PART	STAGE	FOCUS	MEDIATOR CHARACTERISTICS
Environment of expected use	Vision	(Informal) statements on website, mission statement	
	Operating model	Mission statement, privacy statement	
	Governance	(Informal) statements on website, Terms of Service	
Technical walkthrough	Registration	Opening screens, registration process	Textual content and tone
	Everyday use	Functionalities, affordances, flow of activity	Interface arrangement, functions and features
	Suspension	Process of account suspension	Interface arrangement, textual content and tone

Figure 2. Visualisation of the steps taken in conducting the walkthrough method.

3 – Analysis

3.1 – Environment of expected use

This paragraph reports on the first part of the walkthrough method, and acts as a way to identify Mindler’s context by highlighting how the app forms a set of expectations for ideal use through its vision, operating model, and governance.⁸⁰

3.1.1 – Vision

In focusing on the question “What does Mindler state about their vision?” this part of research explores the ways in which Mindler’s vision reflects digital healthism, by analysing how the app’s vision relates to the five tenets of neoliberal rationality: (1) minimal government intervention, (2) risk-management, (3) market fundamentalism, (4) individual responsibility, and (5) the issue of personal choice.⁸¹ This is done by focusing on the Mindler’s website and their mission statement.

The homepage of the Mindler website shows several explicit outlines of the app’s mission to form a solution to the shortcomings of traditional therapy.⁸² Statements like “avoid an awkward waiting room” and “to be on a waiting list for months,” communicate these shortcomings as being, among other things, long waiting lists and an awkward physical environment. At the same time, Mindler’s mission statement emphasises how the app offers a solution to the consequences of these shortcomings, by stating: “This way the risk of their mental health declining due to waiting lists is much smaller,” referring to (2) the management of risk.⁸³ With these statements, Mindler tries to distinguish itself from traditional therapy. In doing this, the website employs a critical tone towards traditional therapy, by highlighting its shortcomings and “awkwardness” in order to present their technology to be the more favourable option of mental healthcare. Correspondingly, Lundgren et al. highlight that in the mission to make healthcare more accessible, for example by promising users shorter to no waiting lists as well as eliminating the act of spending valuable time in waiting rooms, health apps transform time into a commodity: “the apps sell time and patients are encouraged to buy it.”⁸⁴ This sheds light on the (3) market fundamentalism at play in Mindler’s vision, as the aforementioned statements clearly communicate the app’s mission to be a solution to the shortcomings of mental healthcare, by selling time. This sheds light on how, in the realm of mental

⁸⁰ Light, Burgess, and Duguay, “The walkthrough method,” 896.

⁸¹ Ayo, “Understanding health promotion,” 99.

⁸² “Mindler,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/en/>.

⁸³ “Professioneel Statuut van Mindler,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/professioneel-statuut-van-mindler/>.

⁸⁴ Lundgren, Lindberg, and Carlsson, “Digital healthcare apps,” 41.

healthcare, where (1) government intervention has shown to be too minimal, new markets emerge to jump in and make profit, such as digital therapy apps.⁸⁵

To continue, the homepage shows an outline of the app’s services (img. 1).⁸⁶ The first illustration resembles Mindler’s option of video-calling a therapist, accompanied with the text “You choose when and where suits you, and which psychologist you want to talk to.”⁸⁷ The second illustration of a person with stars above their head states “Work on your own with our iCBT self-help programmes.”⁸⁸ Lastly, the third illustration is titled “Blended treatment” (not to be confused with *blended care* as mentioned in Chapter 1) which the website defines as “Video calls together with our iCBT self-help programmes.”⁸⁹



Image 1. Summary of Mindler’s services on the homepage of their website.

This outline of services clearly shows Mindler’s approach, and shows a few key characteristics of their vision, such as flexibility and autonomy. For example, by emphasizing that the individual is free to choose any time and place that suits them (img. 1), Mindler shows that the therapy trajectory comes down to what suits the individual, making the therapy app “flexible” by granting the user the freedom to choose what suits them without having to attune with a therapist that a traditional mental healthcare institution would have chosen for them. This also becomes clear in the mission statement which states how Mindler speaks to clients “depending on when it suits them and when support is needed.”⁹⁰ This implies that the technology is flexible, and therefore the individual can be flexible too. The emphasis on “work on your own” shows how Mindler expects autonomy from

⁸⁵ Ayo, “Understanding health promotion,” 99.

⁸⁶ “Mindler,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/en/>.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ “Professioneel Statuut van Mindler,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/professioneel-statuut-van-mindler/>.

their users, which also becomes clear in the mission statement which states that “clients take control by self-organization of healthcare,” referring to autonomy in its emphasis on how users are expected to individually take “control” through “self-organizing” their therapy trajectory. These observations are confirmed by Mindler’s mission statement which explicitly outlines “autonomy” and “flexibility” as the app’s core values.⁹¹

When combining the flexibility of choosing a time, place, and therapist, with the autonomy of doing this all by yourself, it shows how Mindler places emphasis on (4) individual responsibility. As such, the user will only notice the benefits of being able to flexibly plan sessions, by accepting the fact that it is their responsibility to plan these sessions, it will not be done for them. The emphasis on autonomy and flexibility in Mindler’s vision and in-app approach, thus, asks of users a behaviour change towards individual responsibility. This relieves responsibility off of Mindler, which shows how users are controlled through a set of empowering techniques like autonomy and self-actualization.⁹² This, in turn, shows governmentality in the sense that app-users are controlled by the app as they control themselves, leaving the users to individually go after “good” mental health, reflecting the core of digital healthism. This individual responsibility, in turn, reinforces (5) the issue of personal choice, as the efficacy of the service come down to the personal choices made by individuals using the app. Any shortcoming in this process would then be attributed to the individual user not taking enough responsibility or “choosing” to use the app in the most efficient way.

This analysis shows how neoliberal rationality is present within Mindler’s vision, and thus, within the development of the app. This relates to what Lupton argues about the development of digital health technologies, being “those who invent, promote and use digital health technologies assume that the achievement and maintenance of good health should be prioritised over other aspects of life,” as these technologies continually emphasize the ideal of the responsible healthy citizen.⁹³ In turn, then, this analysis of vision sheds light on how Mindler’s vision is interwoven with the notion of digital healthism, as it combines all five tenets of neoliberalist rationality in relation to stimulating individuals to take responsibility and prioritise the act of reaching “good” health.

⁹¹ “Kernwaarden,” Professioneel Statuut van Mindler, Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/professioneel-statuut-van-mindler/>.

⁹² “Governmentality,” Encyclopedia of Critical Psychology, SpringerLink, accessed February 14, 2022, https://link.springer.com/referenceworkentry/10.1007/978-1-4614-5583-7_126; Ayo, “Understanding health promotion,” 100.

⁹³ Lupton, *Digital Health*, 127.

3.1.2 – Operating model

By analysing the aforementioned mission statement as well as Mindler’s privacy statement, this section focuses on answering the sub-question “What is Mindler’s business strategy, and how do they gain revenue?” in order to gain insights on the app’s operating model.

Mindler gains revenue through their contracts with insurance companies, as these companies reimburse the treatment costs of each user.⁹⁴ Furthermore, Mindler’s privacy statement states that, in certain situations, personal data, as well as health data are anonymised and used to keep track of statistics and demographics, such as reasons for using Mindler, the amount of cancellations, and the age and location of patients.⁹⁵ Although this data is not sold to third parties, keeping track of personal data as well as health data, can also lead to indirectly increasing revenue. For example, by using the app, users are exchanging their personal data and health data for improvements in treatment as well as improvements in the app. Although this transaction does not involve a monetary exchange, it does help Mindler in their goal of reaching more people, which is equal to increasing revenue, as more clients equals more insurance reimbursements.⁹⁶ Moreover, if Mindler does not have a contract with the user’s insurance company, they offer to take care of any differences in the contribution.⁹⁷ These short-term costs could lead to long-term gain as people get to know Mindler through others who have used the app. These indirect ways of gaining revenue, thus, work to fulfil the app’s vision to offer accessible and affordable mental healthcare.

Interesting about a case like Mindler, is the fact that their source of revenue forms one of their selling-point as Mindler is able to offer its users “free” therapy through its contracts with insurance companies that reimburse the therapy costs, as well as by taking care of differences in contribution. This way, as Mindler makes profits from the reimbursement costs, the app makes mental health treatment into a commodity. About this phenomenon, Lundgren et al. argue that by making the purchase of healthcare invisible to the patient through insurance reimbursements, health apps “depict app care as an easy and rational choice,” in order to attract more users.⁹⁸ This sheds an interesting light on Mindler, as it presents them as a commercial construct that does more than neutrally offer psychological help, since inherent to their practice is the desire to make profit.⁹⁹

⁹⁴ “How much does it cost to use Mindler?” FAQ, Mindler, accessed February 24, 2022,

<https://mindlercare.com/nl/en/frequently-asked-questions/>.

⁹⁵ “Wat doet Mindler BV met jouw gegevens?” Privacy Verklaring, Mindler, accessed February 24, 2022,

<https://mindlercare.com/nl/privacy-verklaring/>.

⁹⁶ “Privacy verklaring,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/privacy-verklaring/>; Light, Burgess, and Duguay, “The walkthrough method,” 890.

⁹⁷ “How much does it cost to use Mindler?” FAQ, Mindler, accessed February 24, 2022,

<https://mindlercare.com/nl/en/frequently-asked-questions/>.

⁹⁸ Lundgren, Lindberg, and Carlsson, “Digital healthcare apps,” 41.

⁹⁹ Lundgren, Lindberg, and Carlsson, “Digital healthcare apps,” 33.

This outline of Mindler’s operating model sheds light on how innovative technologies like the Mindler app are examples of market fundamentalism. To clarify, as the government is lacking in their attempts to improve mental healthcare by making waiting lists shorter or making traditional therapy more affordable, individuals try to create solutions by bringing to existence new forms of mental healthcare, such as digital online therapy apps, as this offers opportunities to make profit off of the government’s failings. This way, by offering more possibilities than traditional therapy, Mindler incites the desire within individuals to choose to individually follow the imperatives set out by the app.¹⁰⁰ This way, Ayo argues, minimal government intervention and market fundamentalism are the reason that individuals are placed at the centre of health promotion strategies, instead of overarching social systems.¹⁰¹ As Mindler is an example of this market fundamentalism, it reinforces digital healthism in the way that it acts as the commercialized alternative to traditional therapy. As such, the emergence of digital therapy apps reinforce the ideology the market will play itself out as it will, increasingly removing responsibility away from the government, and placing it upon the shoulders of individuals.

3.1.3 – Governance

This section focuses on answering the sub-question “How does Mindler manage/regulate their users in order to maintain their operating model and fulfil their vision?” by exploring the Mindler website and both its informal and formal statements about governance.

The first most remarkable thing that becomes clear, is the fact that Mindler does not have app-specific Terms of Service. Being a healthcare institution, it follows the official TOS as proposed by GGZ, the Dutch national mental healthcare organisation.¹⁰² However, besides being a healthcare institution Mindler is an app, which forms a necessity for another type of Terms of Service, besides those of GGZ, one that applies specifically to the technological side of Mindler. About Terms of Service, Light et al. state that “the length, complexity, and nature of TOS indicate conceptions of governance.”¹⁰³ The lack of Mindler’s app-specific TOS document would, then, mean that there are no app-specific rules and regulations. However, upon closely examining the app, it becomes clear that it does communicate app-specific regulations which govern the user, in order for Mindler to maintain its operating model as well as to fulfil its vision. For example, Mindler’s main source of revenue is that of insurance reimbursements, which it regulates by only

¹⁰⁰ Ayo, “Understanding health promotion,” 104.

¹⁰¹ Ibid.

¹⁰² “Algemene Voorwaarden,” Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/algemene-voorwaarden/>.

¹⁰³ Light, Burgess, and Duguay, “The walkthrough method,” 890.

allowing users to book a session once they have uploaded a referral from their GP. This way, Mindler maintains its operating model, by making sure every treatment given will be reimbursed. This procedure is further elaborated on in the next section of this analysis. Furthermore, in order to maintain their operating model, Mindler locked the iCBT programs for users who have not yet initiated a session with a therapist. Once users start a therapy trajectory with one of Mindler's therapists the process of Mindler receiving insurance reimbursements is initiated, and the user is granted access to the iCBT programs. This way, the app regulates their revenue and maintains their operating model.

Moreover, as the ideal user is portrayed as one who has a referral from their GP, intends to both speak to a therapist as well as work on self-help via iCBT programs, and independently undertakes all actions necessary to gain access to these services of the app, this process of unlocking the programs stimulates ideal use.¹⁰⁴ Those who prefer to take self-help courses are pushed to also ask help from a professional, while those who already have the aim to speak to one of Mindler's therapists are now stimulated to look at the content they unlocked. Thus, through this type of governance, the app steers its users towards what Mindler sees as ideal use.

¹⁰⁴ "Mindler," Mindler, accessed February 24, 2022, <https://mindlercare.com/nl/en/>.

3.2 – Technical walkthrough

This paragraph focuses on the second part of the walkthrough method, which reports on systematically walking through the Mindler app and the recognition of embedded cultural values in the app's technical elements.

3.2.1 – Registration and entry

This section reports on the first stage of the technical walkthrough, in which the process of creating an account and receiving access to the Mindler app is analysed by focusing on the sub-question: “How is the expected use of the app communicated in the initial stages of use (e.g. registration)?”

Mindler's in-app registration and entry process is two-fold. First, the user is welcomed with four opening screens, which clearly portray the app's vision and its ideal user. The screens communicate with statements like “Don't wait” (img. 2), “You choose who you'd like to talk to” (img. 3), “Treat yourself” (img. 4), and “Choose any of our psychologists and book a video call for when it suits you” (img. 5). These statements directly turn to the individual, by speaking in imperative, and using the word “you” to emphasize choices to be made in the app are up to the individual. For example, instead of getting assigned a fitting therapist, as is done in traditional therapy, the user chooses one themselves. With these statements and their choice of tone, Mindler puts a focus on directness. By using this directness and focus on the individual in the introductory stage of the app, the individual is immediately met with and introduced to the app's core value of autonomy. This is done by using “you” multiple times to emphasize the freedom of choice that the app enables, while the direct tone emphasizes the expectation to be an autonomous individual, that lies beneath this “freedom” of choice. In the context of “treating yourself” this refers to both individually taking ownership of your treatment, as well as looking at mental healthcare as a “treat” (img. 4). This corresponds to Foucault's concept of technologies of the self, in the sense mental healthcare is portrayed as a “treat” that individuals can go after themselves, in order to obtain a state of happiness and wisdom.¹⁰⁵ This way, the introductory screens of the app already form the first steps in nudging users towards individual responsibility through textual content and tone, and presenting Mindler as a technology of the self.

¹⁰⁵ Ayo, “Understanding health promotion,” 101.



Image 2. First opening screen in the Mindler app.

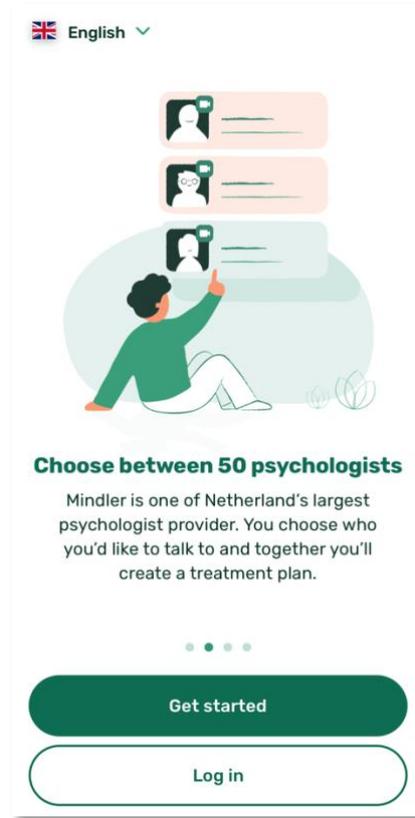


Image 3. Second opening screen in the Mindler app.

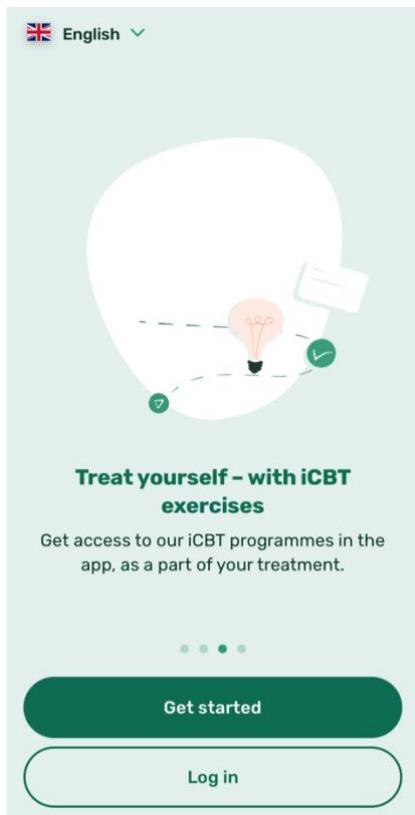


Image 4. Third opening screen in the Mindler app.

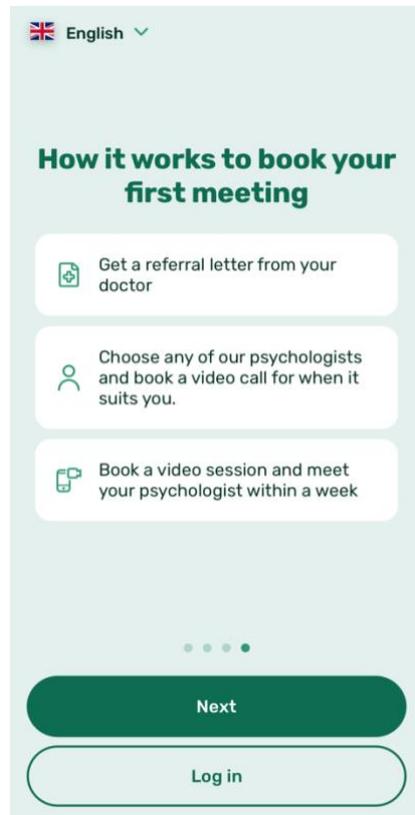


Image 5. Fourth and last opening screen in the Mindler app.



Image 6. Messaging interface during registration process.

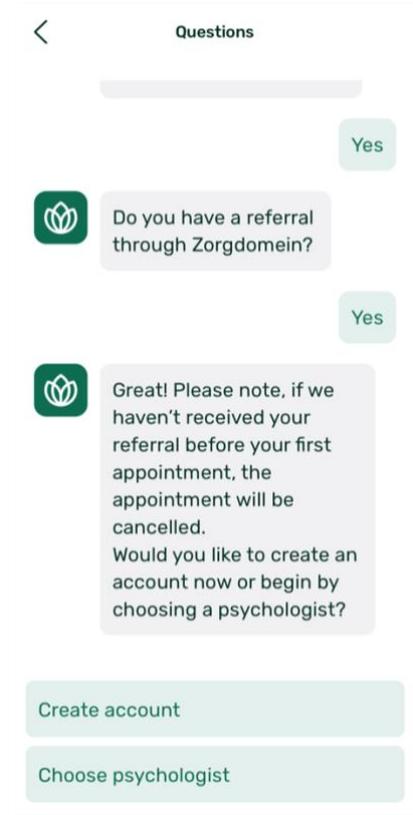


Image 7. Messaging interface during registration process.

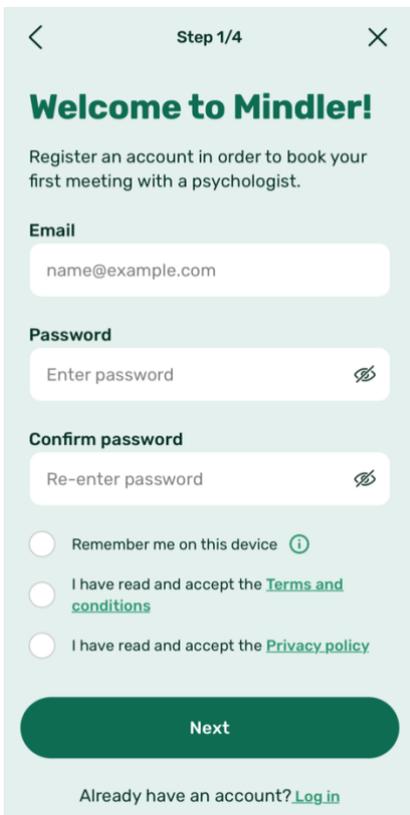


Image 8. Registration page in Mindler app.

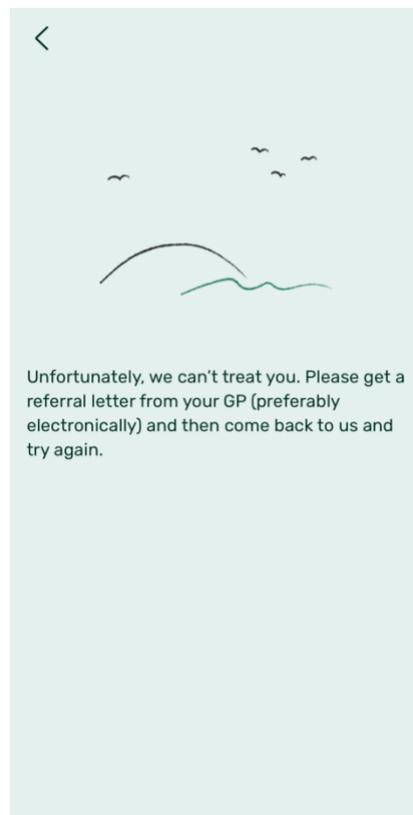


Image 9. Regulation that shows up when user does not have a GP referral.

The second part of registration begins after clicking “get started” or “next”. A messaging interface opens, in which the user answers a few questions regarding their GP referral (img. 6, img. 7). As the individual is only able to pick one of two answers, they are not able to truly “chat”. This interface, however, does create an atmosphere of accessibility and ease, as it carries a certain informality and idea of casually chatting with someone. Within this atmosphere, the app’s strictest regulation comes to light, the requirement of a GP-referral, which is executed to maintain Mindler’s operating model. For example, when answering “no” to the question “do you have a referral letter from your GP?” the user is lead to a screen that states that Mindler is unable to treat them unless they have a referral (img. 9). In comparison, when answering “yes” to the same question (img. 6), the app allows the user to continue creating their account (img. 8), while warning them that sessions will be cancelled if their referral is not uploaded (img. 7). This way, the administrative side of Mindler is presented as an easy, short and accessible process, which reflects the app’s mission to make mental healthcare more efficient. At the same time this interface acts as a way for Mindler to officially hand over responsibility to the individual.

These two observations show how the neoliberal tenets of market fundamentalism and individual responsibility come together to construct a foundation for digital healthism. As Mindler was founded to form an alternative to the shortcomings of traditional therapy due to minimal government intervention, the app attempts to create more efficient therapy trajectories. This is done by assigning administrative practices to the individual, such as uploading a referral. As such, Mindler attempts to create more efficiency by having the individual take up responsibilities that used to belong to the therapist or the mental healthcare institution. This, thus, illustrates how Mindler’s attempt to make mental healthcare more efficient is based on shifting responsibility towards the individual, and how their company thrives on users taking individual responsibility for their mental health, reflecting the core of digital healthism.

3.2.2 – Everyday use

This section analyses affordances of which users make regular use, and the app’s flow of activity, as the order in which screens and functions are presented can make salient which functionalities are deemed more important or normative than others.¹⁰⁶

Starting off with the Home-section of the app, we are greeted with a friendly “Hello Beau” followed by a smaller, orange warning sign and a sentence referring to the Dutch emergency phone number (img. 10). Despite this emergency warning being of great importance in an app like

¹⁰⁶ Light, Burgess, and Duguay, “The walkthrough method,” 893.

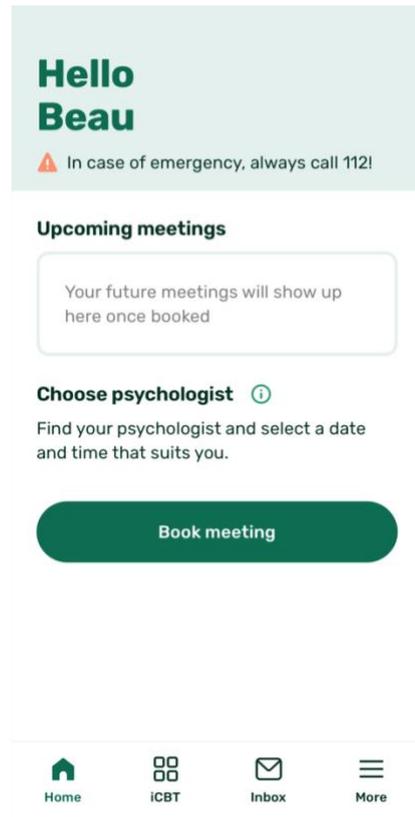


Image 10. Home-page showing emergency warning and booking-button.

Mindler, it also reflects how the app is relieving responsibility off of Mindler and placing it with the individual, expecting them to keep track of their own mental health and recognize emergencies when they occur. Thus, with this statement, Mindler adds to their expectation of users taking self-responsibility, by expecting them to recognize warning signs within themselves. This seems to add a new layer to the issue of personal choice, since the choice of calling the emergency number is now exclusive to the user. In that case, not receiving the right help becomes a consequence of “choosing” not to call the emergency number, while for many this might not be a matter of choice, but rather lack of professional assistance and expert judgement of symptoms in their mental health. A responsibility like this shows how the app expects users to be continually aware of their wellbeing in order for them to ask for the right help at the right moment. This sheds light on how Mindler stimulates users to continually have their thoughts and activities be directed towards being in “good” health, which is at the core of digital healthism.¹⁰⁷

Moreover, the Home-page shows the user’s upcoming meetings with their therapist, as well as a green button that says “Book meeting”. This button leads to a list of therapists, which shows the names, pictures, and soonest availability of therapists. What is interesting about this list, is that

¹⁰⁷ Lupton, *Digital Health*, 127; Crawford, “Healthism,” 365-88; Crawford, “Health as a meaningful social practice,” 401-20; MacLean and Hatcher, “Constructing the (Healthy) Neoliberal Citizen,” 3; Lupton, “Apps as Artefacts,” 615.

the therapists are ordered based on their availability, with the soonest available therapist at the top of the list. Only after clicking on a therapist's name, their personal description and specialisations show up. This interface arrangement encourages users to pick a therapist that is available sooner, as these are on top of the list, as opposed to choosing based on the therapist's specialisation. This is interesting, as Ayo explains that health has established social determinants, such as poverty or lack of education, and in regards to bad health neoliberal rationality renders these social determinants as "poor personal choices made by freely choosing citizens."¹⁰⁸ In the case of Mindler, determinants of mental health would be access to and support in finding a fitting, specialized therapist, as well as soon availability of therapists. Whereas these determinants in traditional therapy fall under the responsibility of the government and the mental healthcare institution, in digital online therapy apps like Mindler these determinants are rendered as issues of personal choice. Thus, as "freely choosing", health conscious users we are expected to choose the therapist that is best for us, while Mindler's interface arrangement complicates this process by making it harder to reach information about the therapist's specializations than about their availability. With that, any choice of therapist that does not lead to good mental health would then be rendered as a consequence of poor personal choice, as opposed to poor design-choices or lack of responsibility on the side of Mindler. In turn, this is shifting the responsibility to focus on the determinants of mental health away from Mindler.

This outline, thus, forms a clear example of how Mindler is reinforcing digital healthism. The ordering of therapists based on availability instead of suitability forms an example of how the technology-design very minimally focuses on the social determinants of mental health, and is thus less focused on making structural social changes to improve mental healthcare. About this, Lupton argues that designers and developers of health technologies often fail to incorporate health beliefs and concepts outside of dominant neoliberal political mentalities.¹⁰⁹ Lupton adds to this that working with potential users of the technology in the development phases could help to transcend the limitations of the dominant neoliberal assumptions, to help make technologies more useful and useable, for example by highlighting therapists' specialisations or changing the interface arrangement.¹¹⁰

Moving on to the second section in the menu at the bottom of the screen: iCBT (img. 11). This page shows a "Discover" section, which is divided into "Treatments" and "Programs", and a "My progress" section, which shows the user's progression in self-help treatments. With the completion of each part of a treatment, the user's progress bar becomes greener (img. 12).

¹⁰⁸ Ayo, "Understanding health promotion," 102.

¹⁰⁹ Lupton, *Digital Health*, 84.

¹¹⁰ Lupton, *Digital Health*, 132.

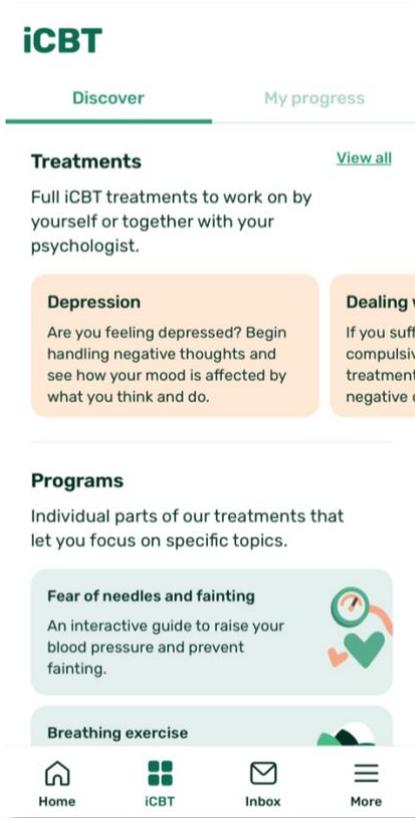


Image 11. iCBT-page showing *Treatments* as well as *Programs*.

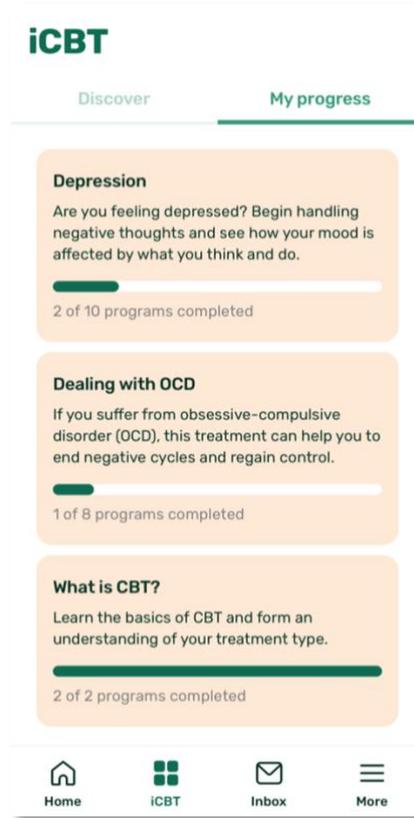


Image 12. My progress-page showing the user's progress bars per treatment.



Image 13. List of programs, showing the difference in size of the two top programs.

Interestingly, when the user finishes a program, it does not affect the user's progress bar. This could be a way of stimulating users to take on complete iCBT treatment courses (in conjunction with video-calls) in order to progress in their wellbeing, which is in line with Mindler's idea of ideal use as became clear in analysing their vision. As finishing iCBT treatments is visually represented in the progress-bar as progress, it is implied that by taking on these treatments, users are able to individually make progress in their mental health recovery. This procedure of users having a direct influence on their progress-bar when they individually and autonomously practice iCBT, implies that the user has the power to improve their mental health through self-help. This way, a discourse of empowerment is constructed. Lupton argues that through these discourses of patient empowerment and the availability of digital health monitoring tools, such as the Mindler progress bar, the patient is constructed as one that is "at the centre of action-taking in relation to health and healthcare".¹¹¹ This relates to Ayo's statement that technologies of the self render particular identities into being, such as an individual at the centre of action-taking in regards to their mental health.¹¹²

¹¹¹ MacLean and Hatcher, "Constructing the (Healthy) Neoliberal Citizen," 4; Lupton, "The digitally engaged patient," 258.

¹¹² Ayo, "Understanding health promotion," 101.

To conclude, this construction of the Mindler user's identity is reinforced by the fact that iCBT is always visible at the centre of the app's interface, as opposed to the possibility of booking video-calls with a therapist which is only visible on the homepage. Moreover, as governmentality entails the controlling of users through a set of empowering techniques, the fact that the user's progress bar only progresses when the user chooses an iCBT treatment that asks for more investment and empowerment than a program that has no effect on the progress bar, sheds light on a practice of governmentality.¹¹³ In this line of thought, Ayo argues that governmentality incites the desire within users to practice technologies of the self in order to get better.¹¹⁴ As such, the governmentality around the progress-bar would incite the desire within users to change their user-behaviour towards taking iCBT treatments, which can be seen as technologies of the self in how they enable users to work on becoming a happier, wiser self. As both technologies of the self and governmentality are at heart of digital healthism, this outline shows how through technical procedures and interface arrangement, the Mindler app is reinforcing the ideology of digital healthism.

3.2.3 – Suspension and closure

This last section of the technical walkthrough reports on the process of account suspension, and the aspects that are at play in allowing users to disconnect from the app, which sheds light on how users are locked into their use of the app.

The menu-section "More" (img. 14) brings the user to several options regarding managing their account and customer service. At the top of the list is "account" which is where users can choose to suspend the app (img. 15). When clicking the bright red letters stating "Delete account," a pop-up message asks "Are you sure you want to delete your account?" and states that proceeding will cause the account to be deleted within 14 days (img. 16). It becomes clear that Mindler keeps a neutral and factual tone, combined with stating the opportunity for users to change their mind within fourteen days. This reflects the app's core values of autonomy and flexibility, since by maintaining a neutral tone, the app reinforces the notion that it is the user's autonomous choice to suspend their use if they long to do so, while at the same time the reflection period of fourteen days implies that the app is flexible if the user changes their mind. Moreover, these observations show how Mindler trusts its users with the responsibility to individually come to a well-made decision of continuing or suspending their therapy trajectory.

¹¹³ "Governmentality," Encyclopedia of Critical Psychology, SpringerLink, accessed February 14, 2022, https://link.springer.com/referenceworkentry/10.1007/978-1-4614-5583-7_126; Ayo, "Understanding health promotion," 100.

¹¹⁴ Ayo, "Understanding health promotion," 100.

This observation sheds light on how Mindler embodies an atmosphere of individual responsibility and independence, whereas traditional therapy embodies one of mutual responsibility, or interdependence. This sheds light on how digital healthism, as an ideology that through technology steers individuals towards taking responsibility for their own health, carries a paradox. As such, it encourages users to take individual responsibility to become healthy and maintain in “good” health, while this same individual responsibility allows individuals to easily suspend therapy. The issue here lies in the fact that having such freedom of personal choice and responsibility in suspending therapy constructs a discourse of therapy as a quick and easy fix that users can turn to and dismiss whenever they feel like it. As a consequence, any evidence of the individual not getting “better” would be due to their practice of suspending too quickly, or not picking up the app soon enough again, while the real issue lies in the discourse of therapy being something that users can dismiss at any given moment. Moreover, when choosing to suspend the app, users will be left with traditional therapy and its shortcomings. Choosing to suspend use, then, means “choosing” to submit to long waiting lists and, with that, the possibility of getting worse.

In regards to this issue of personal choice, Lupton argues that the move towards emphasising citizens’ autonomy and self-responsibility over state intervention and support has intensified, with strategies that serve to entrench further inequalities contributing to states of health

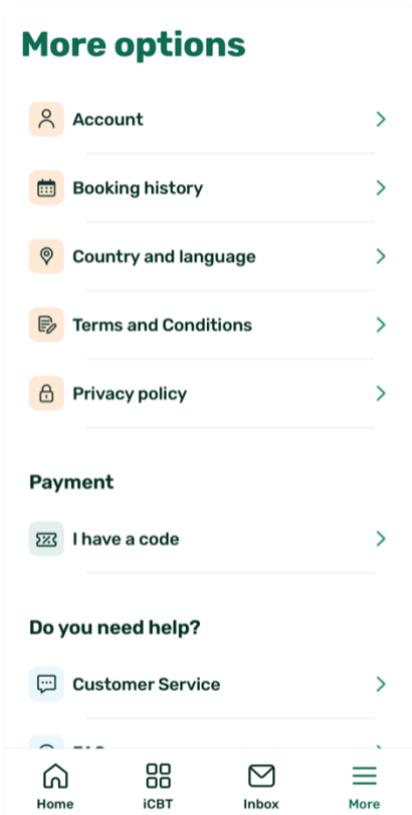


Image 14. “More” – showing several options to manage account and bookings.

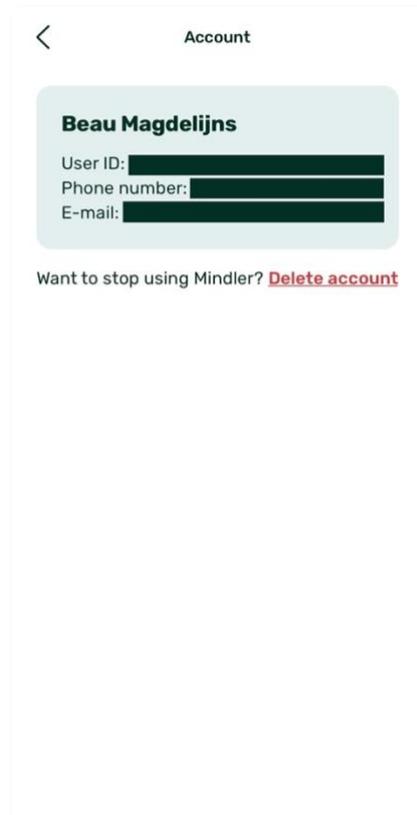


Image 15. “Account” – showing personal information (anonymised for this research) and option to delete account.

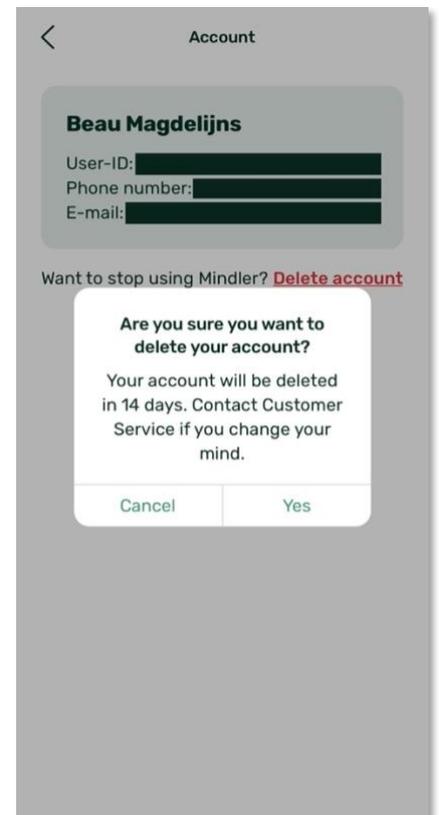


Image 16. Pop-up upon clicking “delete account”.

and ill health.¹¹⁵ The outlined issue of personal choice ultimately revolves around how increasingly encouraging individual responsibility in the realm of mental health, through the implementation of digital therapy apps, goes hand in hand with decreasing government intervention. As such, the inequalities between those choosing digital therapy apps and those choosing traditional therapy will grow, and the state of ill mental health will be increasingly attributed to poor personal choice, as opposed to poor governmental intervention. As a digital therapy app that encourages individual responsibility even in the process of therapy suspension, Mindler inevitably plays a role in this process.

¹¹⁵ Lupton, *Digital Health*, 10-11.

Conclusion

This thesis has sought to answer the question “how does online therapy app Mindler reflect and reinforce digital healthism through its interface and affordances?” by employing the walkthrough method. This provided insights on how digital healthism, through neoliberal rationality, is embedded and reflected in the app’s emergence and technical elements. This thesis claims that Mindler’s vision to form a solution to governmental defects in mental healthcare is carried out by imposing individual responsibility on the user, which creates an app-environment that emphasizes personal accountability in treatment. This way, this thesis argues, Mindler minimizes state intervention both by acting as a non-governmental, profitable solution to governmental defects, as well as by constructing a discourse in which the individual is rendered responsible to remain in “good” mental health, with any sign of “bad” mental health being a consequence of poor individual action-taking. The main claim of this thesis, then, is how Mindler, despite living up to their promise of making mental healthcare more accessible, reinforces the same neoliberal rationality in the realm of mental healthcare, as the one that seems to have caused the defects in traditional therapy.

What has become clear is that the two driving forces behind digital healthism, being governmentality and technologies of the self, relate to Mindler in an interesting way. For example, this thesis has elucidated how Mindler practices governmentality by offering its users great freedom of choice in their therapy trajectory, while in order to enjoy this freedom, users are expected to take individual responsibility over their therapy trajectory. This shows how Mindler nudges its users towards self-responsibility by offering affordances that require this type of behaviour, shedding light on how Mindler controls its users by having them change their behaviour according to what is set out by the app. As such, users are controlled through a set of empowering techniques like autonomy and self-actualization, rendering the user as one who is at the centre of action-taking in regards to their mental health.¹¹⁶

By analysing the app, this thesis offers substantiated insights on how the development of digital health technologies is characterized by the predomination of ideology, and how this influences user-behaviour. What this teaches us, is that especially in the realm of mental healthcare the design of digital health technologies could benefit from incorporating users in the developmental stages of these technologies, in order serve their needs as best as possible. This thesis, thus, acts as an opening and encouragement to rethinking the way in which therapy apps are developed and deployed, in order to better serve the health-interests and needs of individuals.

¹¹⁶ “Governmentality,” Encyclopedia of Critical Psychology, SpringerLink, accessed February 14, 2022, https://link.springer.com/referenceworkentry/10.1007/978-1-4614-5583-7_126; Ayo, “Understanding health promotion,” 100.

Furthermore, by bringing together theory from the fields of critical digital health studies and new media studies, this thesis acts as a reflection on this combined approach. Since new media studies is generally not concerned with healthcare-specific research, incorporating theory from critical digital health studies such as theory on healthism, allowed for more in-depth and specific interpretation of observations of technological elements. Moreover, as critical digital health studies does not generally incorporate theory on how discourses and embedded ideologies in technologies can be brought to light, theory and methodology from new media studies helped to recognize patterns of digital healthism present within the digital health technology of Mindler. As such, this thesis was able to make claims and speak in depth about both the discourse *around* and *within* Mindler. With that, this thesis acts as an example of how scholars from critical digital health studies can use new media theory and methodology to closely examine digital health technologies, in order to add more depth and substantiation to research on these technologies. At the same time, this thesis acts as an example of how new media scholars can approach the exploration of apps in the realm of (mental) healthcare, by incorporating theories from critical digital health scholars, in order to deepen their interpretation of technological observations.

Employing the walkthrough method allowed for close examination of the technical architecture and environment of expected use of the Mindler app, which helped shed light on how cultural values and ideology are embedded within these areas of the app. Moreover, as the walkthrough method acted as a guide to slowly and systematically walking through the app, it helped to disclose procedures of governmentality at play. However, as the walkthrough method expects the researcher to engage with the app from a user position while simultaneously maintaining an analytical eye, it is possible that the description of Mindler presented in this thesis slightly differs from one by someone using the app without a research interest. Moreover, as the scope of this research did not allow for engaging in the practice of booking sessions with a therapist, the picture of user-behaviour in the Mindler app remains slightly incomplete. Future research could, thus, focus more specifically on this part of app-use, in relation to how the imposition of individual responsibility on users plays a role in this process. Moreover, this thesis acts as an opening for research on other digital online therapy apps, especially in the line of how these apps construct a discourse about mental health, and what this discourse looks like. Lastly, as apps are not stabilised artefacts, certain observations of this walkthrough might be rendered inaccurate as time progresses and the Mindler app is further developed and updated. Therefore, it is recommended to conduct the walkthrough method multiple times over the course of Mindler's development, in order to paint a clear picture of their digital technology and how it might change in its approach and its reinforcement of digital healthism. Other than that, in the goal of this thesis

to explore the question how online therapy app Mindler shapes and reinforces digital healthism through its interface and affordances, the walkthrough method has proven sufficient.

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Appendix

1 – Translation of Mission Statement

This appendix shows the original Dutch text of the Mission Statement, as well as the English translation that has been used in this thesis, following the original layout.

Missie

Mindler is een geestelijke gezondheidszorg instelling die uitsluitend via beeldbellen/videogesprekken zorg biedt binnen de Basis GGZ en Specialistische GGZ. We bieden ambulante behandeltrajecten. De cliënten spreken we bij Mindler online wanneer het hen uitkomt en wanneer de hulp nodig is. Na verwijzing van de huisarts kan de cliënt direct bij Mindler terecht. Hierdoor is de kans op verslechtering in wachttijd veel kleiner.

Visie

Mindler is een instelling in de geestelijke gezondheidszorg waar de cliënt de regie neemt door zelforganisatie van de zorg in de Mindler app. Hierin maakt hij zelf de afspraken, neemt deel aan gesprekken, volgt de behandelmodules en ziet het proces in het eigen dossier. Daarnaast blijft de persoonlijke aandacht voor de cliënt door behandelingen aan te bieden in gespecialiseerde teams waar ruimte is voor overleg en er tijd is voor persoonlijke ontwikkeling en innovatie van het behandelaanbod.

Kernwaarden

Autonomie, acceptatie, vertrouwen, veilig, rust, ruimte, enthousiasme, flexibiliteit, ontwikkelen, vernieuwen, openheid, direct.

Mission

Mindler is a mental healthcare institution that exclusively offers support via video-calling within the Basic GGZ and Specialized GGZ. We offer ambulant treatment programs. At Mindler, we speak to clients online, depending on when it suits them and when support is needed. After a referral from the client's GP, the client can directly start treatment at Mindler. This way the risk of their mental health declining due to waiting lists is much smaller.

Vision

Mindler is an institution in the realm of mental healthcare where clients take control by self-organization of healthcare in the Mindler app. In the app, the client books meetings, takes part in conversations, follows treatment modules, and can view their personal dossier. Besides, personal attention to the client remains by offering treatments in specialised teams that allow for discussion and time for personal development and innovation within treatment.

Core values

Autonomy, acceptance, trust, safety, calm, space, enthusiasm, flexibility, development, renewal, openness, directness.

2 – Translation of Privacy Statement

This appendix shows the original Dutch text of the Mission Statement, as well as the English translation that has been used in this thesis, following the original layout.

Om statistiek bij te houden. Soms gebruiken we jouw persoonsgegevens (ook gezondheidsgegevens) om statistiek bij te houden. Dan zorgen wij er altijd voor dat niks terug naar jou te herleiden is. Wat houden we allemaal bij? Denk aan waarom iemand onze Dienst gebruikt. Of hoe vaak afspraken worden verzet of afgezegd. Of hoe lang een afspraak duurt, de gemiddelde leeftijd van patiënten of uit welke omgeving ze komen. Dit zijn enkele voorbeelden.

Mindler BV verwerkt gezondheidsgegevens. Wij doen dat wanneer dat nodig is voor onze hulp op medisch- en gezondheidsgebied. Of voor onze Dienst. Overige persoonsgegevens verwerken we voor legitieme belangen. Bijvoorbeeld ons belang om onze Dienst en het gebruik daarvan te ontwikkelen en te verbeteren.

Om de Dienst te ontwikkelen en verbeteren. Technische data (inclusief algemene feedback) en statistiek gebruiken wij als basis om onze Dienst en de gebruikerservaring verder te ontwikkelen en verbeteren. Dit doen wij op grond van legitieme belangen. Bijvoorbeeld het belang van Mindler BV in het ontwikkelen en verbeteren van onze methodes om hulp te verlenen.

To keep track of statistics. Sometimes we use your personal data (as well as health data) to keep track of statistics. In that case we make sure that none of the information can be traced back to you. What data do we collect? Things like why someone uses our Service. Or how many sessions are moved or cancelled. Or how long a session takes, the average age of patients, or what location they are from. These are just some examples.

Mindler BV processes health data. We do this when it is necessary for our help in medical- or health realm. Or for our Service. Other personal data we process for legitimate interests. For example, our interest to develop and improve our Service and its use.

To develop and improve the Service. Technical data (including general feedback) and statistics are used as a base to further develop and improve our Service and user-experience. This is done on grounds of legitimate interests. For example, the interest of Mindler BV in developing and improving our methods to offer support.