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"Do You Know How Much I Suffer?": How Young People Negotiate the Tellability of Their Mental Health Disruption in Anonymous Distress Narratives on Social Media

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Abstract

The emergence of mental distress presents significant difficulties and dilemmas for adolescents and early adults about being open with their troubles and emotions. To better understand the communication practices and challenges that reflect the lived realities of marginalized youth struggling with mental health disruption, this study examines 136 anonymous personal stories disclosing self-harm behaviors or suicidal thoughts on a Facebook "secrets" page for Hong Kong students. The narrative analysis unveils young people's anecdotal accounts of hidden grievances and struggles around their mental distress, hitherto untold not because they are too difficult to tell but because they are too negative to be heard. Extending the concept of tellability, this study illustrates how anonymous distress storytelling on social media enables silenced and isolated distressed youth to resist the denial—invisibility, discredit, and mischaracterization—of their suffering by turning their disruptive experiences into stories worth telling through disclosure, clarification, and testimony. This study further clarifies the salient interpretive frameworks that shape young people's experience and communication of mental distress: the tyranny of happiness depicted to engender distress and languages of suffering used to resist culpability and plead for social respite. It highlights the disconnection in interpretations regarding the transitory nature of distress and its controllability as a major source of communication gap and interpersonal communication breakdowns. The findings call on health communication practices around mental health promotion to refrain from highlighting individual deficiencies or messages of positivity and speak out on the structural inconsistencies and communication denial that perpetuate and silence youth distress.

Keywords: mental distress; adolescents and early adults; social media; illness narratives; tellability; anonymity

"Do You Know How Much I Suffer?": How Young People Negotiate the Tellability of Their Mental Health Disruption in Anonymous Distress Narratives on Social Media

Adolescents and early adults are disproportionately affected by mental distress (Mirowsky & Ross, 2003). Besides the life-threatening consequences of suicide and self-harm, mental distress can impair young people's wellbeing through diminished sleep quality (Chung & Cheung, 2008) and association with unhealthy behaviors like cigarette smoking (Lam et al., 2005). Promoting effective distress communication to ameliorate the harmful effects of youth psychological morbidity is an imperative but perplexing task for health communication practice. Despite the potential benefits and access to support (Kennedy-Moore & Watson, 1999), young people often decide against communicating their distress to anyone, including family and significant others (Draucker, 2005). Furthermore, as depressive symptoms worsen, young people are less likely to talk to someone about mental health problems and more likely to withdraw from help (Wilson et al., 2007).

Scholars argue that understanding young people's mental distress and developing suitable interventions entail acknowledging their viewpoints and considering their lived experiences (Hetherington & Stoppard, 2002). Accordingly, many studies have examined the stories of young people with mental health problems to access their experiences through their own perspectives and words (e.g., Issakainen & Hänninen, 2016). Prior research has also highlighted the significance of silence for distressed youth (Nduna & Jewkes, 2011) and their reasonings for not seeking help (Biddle et al., 2007). However, there has been little close analysis on the intersections between stories and silences, which takes as its central focus when and why distressed youth decide that they have a story to tell and how they attribute meaning to it. In this regard, insufficient attention is paid to how young people relate their own understandings about the origins and development of their mental distress to their decisions and meanings of disclosing versus concealing it. Furthermore, narrative studies on

youth mental health have relied heavily on stories solicited from research participants, which not only present disparities between lived experiences and the accounts of them but also tend to neglect hidden or suppressed views (Charmaz, 2002). Given that distressed youth often do not feel listened to, which deters them from disclosing their troubles or receiving the appropriate help and support (Shaw et al., 2009), greater effort is warranted to uncover the absent voices of marginalized and socially isolated distressed youth about their adversity and how it affects them (cf. Charmaz, 2008).

As young people take to sharing their distress on social media, there is a growing focus on such self-disclosures as an unobtrusive way to examine how vulnerable youth relate intimate concerns and lay perspectives to their troubles (Danielson & Emmers-Sommer, 2017; Yeo & Chu, 2017), especially among those who have only expressed distress online but not to their known connections or sought help (Chan et al., 2017). This line of inquiry is largely centered on identifying linguistic choices and topics raised in unsolicited mentions of suicide, self-harm, and depression (e.g., Cash et al., 2013; Lerman et al., 2017) or inferring mental health symptoms and conditions in posted messages (De Choudhury et al., 2013). Little narrative research analyzes the interpretive frameworks that underlie the experience and communication of distress in such conversational and in-the-moment storytelling.

Adopting a narrative approach, this study examines the anecdotal accounts of young people at breaking point shared anonymously within peer exchanges on social media to better understand their communication practices and challenges that reflect the lived realities of mental health disruption. It attends to the tensions of distressed youth between telling their story and remaining silent in these self-disclosures by analyzing how they negotiate the tellability of their mental health disruption, which entails articulating the significance of their experiences and, thereby, giving voice to their suffering. Moving beyond the observations of extant mental health narrative scholarship about how afflicted persons struggle with

culturally sanctioned plotlines and become silenced by normative expectations (Ramsay, 2009), the analysis in this study illustrates their communicative acts of resistance beyond silence as well as their counternarratives that challenge prevailing discourses about their mental health. This analysis lends insights into how marginalized distressed youth, who feel distanced and devalued by societal rules, make sense of the disconnection—communication gaps and other barriers in their sociocultural contexts and personal situations—that deter them from disclosing distress and receiving the support and understanding that they desire.

Stories and Silences of Mental Health Disruption

Beyond mere problem disclosure or emotional expression, storytelling allows us to "articulate and transform the symptoms and disruptions of illness into meaningful events and thus relate them to our lives and life courses" (Hydén, 1997, p. 56). These narratives illuminate "the nature of disrupted experience, its meanings and actions taken to deal with it" (Bury, 2001, p. 264). Not all stories, however, have equal status: some are heard while others are ignored or silenced (Ochs & Capps, 2001). Our understanding of the realities of disruptive experiences would be narrowed if we neglect the significance of people's silences vis-à-vis their stories (Charmaz, 2002). Young people's ambivalence about communicating distress may stem from considerations over seeking support versus burdening others, succeeding or failing to form a connection, and handling or sinking into depression (Issakainen, 2015). Faced with these dilemmas, choosing silence over telling one's story constitutes a proactive coping response to mental distress. Considering that distress disclosure can be detrimental for social acceptance and self-image (Kelly & McKillop, 1996), silence is also a means of passing for normal.

Notwithstanding that silence can be a well-intended and deliberate strategy to manage difficult people or situations (Charmaz, 2002), it may contribute to the invisibility and marginalization of one's suffering especially when it is consciously adopted to fulfil cultural expectations (Charmaz, 2008). For example, Nduna and Jewkes (2011) illustrate silence as a

strategy used by South African youth when faced with distress, prioritizing their gratitude, deference, and protection of family over their personal wellbeing. In a similar vein, Chinese people tend to value emotional suppression to preserve interpersonal harmony and avoid distress disclosure so as not to worry others (Wei et al., 2013). Moreover, given the Chinese cultural stigmatization of mental illness as lacking self-control, talking about psychological problems is traditionally seen as a face threatening act to Chinese people, which may lead to embarrassment, shame, and discrimination (Yang & Kleinman, 2008).

Negotiating Tellability

Tellability is a useful lens for understanding the stories and silences of distressed youth because it not only reflects their tensions between storytelling and remaining silent but also showcases their sensemaking about whether their story is worth telling in specific contexts. Referring to the quality for which a story is told and deemed remarkable, tellability is typically dependent on the nature of specific incidents such as noteworthy events and expectation violations (Baroni, 2013). Scholars have emphasized tellability as something negotiated by the teller and listener within local contexts and extended the concept to include "low tellable" and "untellable" stories (Ochs & Capps, 2001). For instance, Bock (2013) shows how popular understandings of emotions shape the way women's illness experiences become recognized as tellable or untellable, and thereby valued or dismissed. According to Norrick (2005, p. 323), tellability is a two-sided notion: "the familiar lower-bounding side of tellability as sufficient to warrant listener interest and the generally ignored upper-bounding side where tellability merges into the no longer tellable of impropriety." Being on the upper-bounding side of tellability does not mean that those stories are not told. Smith and Sparkes observed how a young man who was disabled after a spinal cord injury shifts from a dominant cultural narrative of recovery that is tellable and acceptable to those around him toward a chaos narrative; but "due to its transgressive, unwelcome, and frightening nature,

this is a narrative that people prefer not to hear and find it very difficult to listen to on those occasions when it confronts them" (2008, p. 231). Focusing on these untellable stories, this study investigates the negotiation and co-construction of tellability in anonymous storytelling on social media that render normally untold stories of disruptive experiences tellable.

Social Media

Social media are an ideal site to explore young people's untold, untellable, or hardly tellable narratives about their mental health disruption. These spaces enable youth to overcome their reticence in communicating distress (Tichon, 2015) and depart from "expectations of who the tellers should be and what stories they tell" (Georgakopoulou, 2015, p. 263). People tend to feel less vulnerable to "face threats" in mediated environments with reduced social cues and anonymity, which encourage greater, spontaneous, and intimate self-disclosure, particularly on taboo and stigmatized topics (Joinson, 2001; Kang et al., 2013; Rains, 2014). Within online groups of "sympathetic others" with similar experiences to attest to one's plight (Wright, 2000), such disclosures may foreground marginalized or forbidden stories and counternarratives that disrupt prevailing paradigms and mainstream discourses. While counternarratives can help to counteract negative attributions and normalize one's health disruptive experience (Bury, 2001), countervailing voices that support or endorse self-harm behaviors (e.g., online pro-anorexia communities; Yeshua-Katz & Martins, 2013) create paradoxes and tensions. Scott (1990, p. 137) posits that subordinate groups may resort to "veiled discourse of dignity and self-assertion" such as "rumor, gossip, disguises, linguistic tricks, metaphors, euphemisms, folktales, ritual gestures, anonymity"—which he calls "hidden transcripts"—as a subtle form of resistance to contest "public transcripts" (dominant, powerful voices) without directly confronting or challenging elite norms.

Methodology

The analytical framework of this study was based on the small stories approach, which articulates the tellability of alternative and nonconventional narratives through an analytical heuristic of investigating the established practices that tellers are drawing on or deviating from (Georgakopoulou, 2015). The approach is pertinent because "small stories" represent underrepresented narrative activities that encompass not just tellings "but also allusions to tellings, deferrals of tellings, and refusals to tell" (Georgakopoulou, 2006, p. 123), highlighting "silenced, untold, devalued, and discarded stories" (Georgakopoulou, 2015, p. 263). Small stories are an alternative formulation to the "big" (full-fledged or canonical) stories typically examined in narrative analysis (Georgakopoulou, 2006). The canonical counterpart in question is illness narrative, which offers an established template for mapping major storylines (chaos, restitution, quest; Frank, 1995), narrative forms (contingent, moral, core; Bury, 2001), and narrative functions (gain meaning, reconstruct identity, assert control, justify actions, and build community; Sharf & Vanderford, 2003). It should be noted that mental distress is not necessarily a "disorder" (Bolton, 2010). As Brinkmann (2016, p. 24) explains, "One is not mentally ill, just because one suffers, since suffering can be caused by all kinds of problems and life situations. Only if the suffering is related to a dysfunction in the person's mental processes can the person rightly be said to be mentally ill (or disordered)." This distinction warrants greater attention to the different languages of suffering—diagnostic, religious, existential, moral, and political—used to articulate problems in living, representing how people enact, symbolize, and perform suffering (Brinkmann, 2014); as well as the etiological frames and discourses of distress from local cultural contexts (Dutta et al., 2017).

Sample

Data were collected from a "School Secrets" Facebook page targeted at secondary school students in Hong Kong, which had over 309,000 followers. The impetus for examining this site was a recent spate of student suicides in Hong Kong. Such "confessions" pages on

Facebook were designed for users to anonymously post messages to their peer groups. A link on the page opened a Google form for users to enter their messages without logging in or requiring any identifiable information but they may optionally include the name of their school. User-contributed messages were posted to the page by an anonymous administrator several times daily. It was claimed on the page that these posts were not moderated. Using the data collection tool Netvizz, all posts displayed on the page spanning six consecutive months (September 2016 to February 2017) were downloaded for analysis. To select posts for qualitative narrative analysis, negative self-disclosure of suicidal ideation or self-injury was chosen as the determinant because it provided the most obvious manifestation of mental health disruption and help avoidance (Wilson et al., 2007). Post selection was conducted in three steps by two reviewers. First, all 8,643 downloaded posts were inspected for the revealing of any thought, feeling, or experience about oneself. Secondly, these self-disclosure posts (n = 2,205) were sorted into primarily negative (n = 1,607) versus positive or neutral (n = 598). Finally, posts that described personal thoughts or actual attempts of suicide (n = 122) or deliberate non-suicidal self-injury (n = 24) were selected from the negative self-disclosure posts. Average length of the 136 posts in the final sample was 460 words (SD = 345, range: 33-1,820). Each reviewer was trained using the same data subset of all the posts in one month. After resolving discrepancies in selection through discussion, the remaining posts were equally split between the two reviewers and independently reviewed.

Analysis

The small stories approach directs empirical attention to the connections among three separable but interrelated areas of analysis (Georgakopoulou, 2013): ways of telling (storylines, types of events and experiences narrated, and modes of assembling them), sites (communication patterns and interaction choices favored in the social spaces for narration), and tellers (identities and images of selves vis-à-vis their experiences within local contexts).

The author began the analysis by systematically examining each post as per these three areas of analysis (with a minimal focus on their connections initially) to identify the tellability of the narratives. It was observed in the initial reading of the posts that most tellers claim to be sharing an experience that few or nobody knew about, which prompted a preliminary interpretation of the salient tellability of these stories as the things tellers can tell on this page that they cannot openly tell elsewhere. On close reading of the posts, a more crystalized interpretation was formed around the denial of suffering. As Bruner contends, "to be worth telling, a tale must be about how an implicit canonical script has been breached, violated, or deviated from" (1991, p. 11). The notion of tellability here that transforms one's mental health disruption from a mere incident into a story worth telling was neither the presence nor origin of suffering but its denial by oneself and others—which breached the canonical script about the conventional wisdom for individuals to express unpleasant feelings and the normative expectation for family, friends, and professionals to respond sympathetically (Giffin, 1970; Kennedy-Moore & Watson, 1999). The author then reexamined all the posts, coding aspects that illustrate inconsistencies with the canonical script and collating the codes into themes (e.g., communication denial). These themes were sorted into emergent categories by the clustering contexts that meaningfully integrate ways of telling, sites, and tellers. For instance, *ways of telling* the voyage to wellness, patterns of sharing experiential insights on the *site*, and *tellers'* self-portrayal as survivors were grouped by the context of pulled through a period of suicidal ideation. Informed by Scott's (1990) idea of subtle resistance in hidden transcripts, the emergent categories were further developed conceptually by theorizing the discursive actions—disclosure, clarification, and testimony—to negotiate the tellability of one's plight and resist the denial of suffering. The resultant categories represent three types or levels of storytelling on social media in the face of distress (see Table 1 for an overview of their features and themes).

Table 1. Features and Themes of the Three Categories of Social Media Distress Narratives

Category I: Distress Disclosure	Category II: Personal Clarification	Category III: Survivor Testimony
Discursive action: Disclosure	*Discursive action*: Clarification	*Discursive action*: Testimony
Storyline: One's interpersonal communication experiences around mental distress	*Storyline*: The onset and unfolding disruptive experiences of one's mental distress	*Storyline*: One's journey in coping with mental distress and striving for happiness
Portrayal of self: Repressed/silenced	*Portrayal of self*: Helpless underdog	*Portrayal of self*: Survivor/victim
Communication function and goal: Airing grievances and obtaining cathartic relief	*Communication function and goal*: Pleading for social respite and obtaining social validation	*Communication function and goal*: Sharing experiential insights and giving meaning to life
Tellability negotiation: Claiming to tell a hidden story about one's distress and pointing to the injustice of its invisibility	*Tellability negotiation*: Accounting for the legitimacy of one's plight to elicit empathy and resist culpability	*Tellability negotiation*: Using one's firsthand experience with suicidal ideation to offer a compelling (counter)narrative of the struggle
Central theme: Exposing the repression and dismissal that silence and perpetuate one's suffering vis-à-vis mental health disruption.	*Central theme*: Explaining the struggle to gain control over one's life and fulfill one's duties in the face of mental health disruption	*Central theme*: Attesting to the enduring versus transitionary nature of mental health disruption and the social factors affecting one's wellbeing
Subtheme 1: Revealing the fears of disclosure and torments of positive facework *Subtheme 2*: Lamenting the experiences of communication denial	*Subtheme 1*: Establishing the credibility of one's suffering *Subtheme 2:* Absolving oneself from blame	*Subtheme 1*: Lending voice to people like us *Subtheme 2*: Recounting the voyage to wellness *Subtheme 3*: Dispensing hard truths about life

Findings

Distress Disclosure: The Story of One's Invisible Suffering

Disclosure is a powerful discursive action in reclaiming one's experience ownership and narrative entitlement of one's mental health disruption that had been denied by oneself and rejected by others. What makes distress disclosures noteworthy is tellers' claim of telling a hitherto untold story that would not be told if not for the anonymity of the site ("I've never told anyone about it, not my even my mother... Maybe posting what happened to me on this secret page will help me feel better after getting it off my chest…and no one would know who I am"). Beyond the existence of one's hidden disruptive experience, the tellability of these distress disclosures is further negotiated through the injustice of the repression and dismissal of the attendant suffering that underlie its invisibility.

Revealing the fears of disclosure and torments of positive facework. Many tellers describe their struggles with academic performance and other common life challenges that have impacted their mental health but were deemed to be "low tellable" in that their plight comes across as unremarkable ("I know that many people in this society are like me always showing signs of depression plus I'm only in lower form, I'm basically not entitled to complain"). Even if a serious transgression was involved, tellers allude to the potential social repercussions that inhibit open and honest disclosure ("Every time I see a doctor, I can't bring myself to tell the doctor what happens at home [domestic violence] ... I'm afraid that this family will be torn apart because of my words"). These "untellable" stories reflect young people's fears of rejection or being judged against sociocultural norms (patriarchal familism, filial piety, self-cultivation). Accordingly, tellers often frame their distress nondisclosure virtuously as not wanting to be a burden to their family members or make them worry.

Besides concealing the underlying adversity by not talking about it, tellers reveal their emotional labor of passing as normal through masking one's unhappiness and simulating a

cheerful appearance despite overwhelmingly disruptive distress. For some tellers, the positive facework is an attempt to preserve an optimistic self-image and a semblance of normalcy:

> Because I'm the only guy in my family, I've always been tough, I don't tell my family about any of my issues. No matter how unhappy I am, I'll deal with it in time. I don't show my sadness to my friends, I won't appear dispirited to others, especially my family. I'm the barrel of laughs when I'm with other people. No one feels there's anything wrong with me, no one feels that I'm unhappy, because I'm very good at hiding my emotions.

For many other tellers, putting on a brave front is a necessity rather than a choice. It is a way of avoiding social isolation by complying with the culturally prescribed display rule of suppressing negative emotions (Wei et al., 2013). In cases where tellers were bullied by their schoolmates, distress suppression is a desperate form of self-protection to avoid inviting further trouble and ridicule. Many tellers lament the torments of facework ("It's really difficult to put up with it. I have to try very hard to act like nothing's wrong all the time. It's exhausting") and the vulnerability of breaking cover, which engender social withdrawal.

Lamenting the experiences of communication denial. Some tellers lament that when they overcame their apprehension and disclosed their plight, support and understanding were unavailable. In these narratives, tellers air grievances of unsympathetic or aversive responses to their disclosure. One such story is couched as a letter from the teller to her mother:

> Dear Mom: Don't think that what you see is the whole truth. What you see is only what I want you to see. Do you know that I secretly slit my wrist? Do you know that I think about how to die every day? Do you know that I cry by myself every night? … You asked me to share with you my issues. So I told you. But you gave no response. Do you know you are the reason that I have no friends? Do you know how much I suffer?

The experience of communication denial, where others' communicative behavior makes one believe that effective communication is unattainable (Giffin, 1970), silences and perpetuates

one's suffering through engendering a sense of low response efficacy in expressing distress and feelings of social alienation. A major source of communication denial here is the oblivion of others, particularly family and friends, over the nature and significance of one's plight:

> I've actually talked about my problems with friends. But they just tell me to cheer up and that my problems will be over soon. A few days ago, I gathered the courage to tell my father about my feelings and that I want to see a doctor. Who would have thought that he'll say I'm ill-disciplined, unmotivated to go to school and lazy? He said that it's useless to see a doctor and didn't allow me to see one. My mother just brushed aside my concern and has not mentioned it… No one really understands my feelings.

Many narratives suggest that the distressed youth see value in formal help and are less reluctant to reveal their troubles to a professional than to their parents, which is bound by confidentiality concerns ("I heard it loud and clear that what I disclose would not be revealed to anyone… In the end, even my parents knew... I felt like being raped, left without a shred of privacy"). Beyond the sense of futility in talking to family and friends, several narratives expound tellers' lack of trust or rapport with professionals—social workers and doctors—who were often depicted as trivializing, dismissive, and disrespectful:

> I wanted a doctor's professional opinion to help me understand why I failed to control my emotions recently. But the doctor kept telling me not to bother about things too much or overthink… My friend who accompanied me tried to help me tell the doctor that I had suicidal thoughts. But the doctor responded that people must make compromises in the society nowadays. S/he said that since I'm stubborn and don't know how to deal with the gap between expectations and reality, I'm doomed sooner or later.

Referring to himself in the third person, one teller recounts the hurtful remarks of a social worker during a chance encounter:

> "What you experience at such a young age will be insignificant when you look back at it in the future." "If it's so serious, why have you not tried to resolve it? Have you ever tried?" "Has it ever crossed your mind that your mother will be working for nothing if you don't go to school?" Even though these words may be uttered with kindness and care, they had a huge impact on him. He felt that he was useless, and that someone has denied his suffering... A young person could have gone through a lot, maybe more than someone twice the age. Don't trivialize [people's struggle] out of ignorance.

Instead of showing empathy, respect, and kindness to one's plight, these narratives expose how others' responses have been insensitive, disapproving, and even outright oppressive.

Personal Clarification: The Story of One's Struggle for Control

Clarification is a discursive action in affirming the legitimacy of one's suffering vis-à-vis mental health disruption and resisting culpability for one's plight. Beyond the intrapersonal goal of catharsis from distress disclosure, clarifying one's predicament on social media enables tellers to elicit empathy and support for their plight from a willing audience. Recall that the tellability of distress disclosures is not about the value of one's disruptive experience but about one's self-silencing efforts to conceal it and others' uncaring responses to its revelation. In fact, distress disclosures reveal the possible discrediting of one's experience as an exaggeration and failure to meet normative expectations. Personal clarification is a follow-up to distress disclosure in attending to these threats to a sympathetic reception of one's story that were left unaddressed. Tellability negotiation in personal clarifications reconciles one's disruptive experience with a dominant cultural framework that portrays mental distress as a character flaw by clarifying the nature of one's suffering and responsibility for one's plight. These narratives present one's experience as deserving of sympathy by explaining the painful struggle to gain control over one's life and fulfill one's duty as a student and daughter or son.

Establishing the credibility of one's suffering. Most tellers would position themselves as a helpless underdog and frame their unfolding disruptive experience as something beyond their control to plead for social respite. Several tellers acknowledge the apparent insignificance of their mental distress while asserting its uncontrollability through claims of worsening condition or helplessness ("You may say that I'm so fragile that I cannot withstand such a minor setback in life, but I really can't help it"). This rhetoric serves to resist the discrediting of one's distress as exaggerated, especially over common life challenges or relatively minor adversities. Meanwhile, many tellers justify themselves by expressing a sense of powerlessness over their burnout (emotional and physical exhaustion) and cynicism about life from the burden of living up to others' expectations of themselves ("Teachers often tell you that you can get high marks in exams, and I have high expectations of you. The pressure is piling up, making me want to die") and the attendant role stress ("If I have no burden to carry, maybe I will be less stressed, and my suicidal tendency will be less severe").

The expression of suicidal ideation and self-harm in these narratives provides the strongest affirmation of credibility for one's suffering as it externalizes the disintegration of a sense of meaningful existence and extends the depth of one's suffering to an existential level. At the same time, such narratives often address the impropriety of suicide and self-harm, which are considered irresponsible acts in Chinese culture. One teller offers a personal clarification to refute the criticism of self-harm as a selfish intention to die by framing it as reflecting one's tremendous will to live in face of unbearable psychache:

> I've been studying at a so-called elite school for 12 years… Last year, I couldn't put up with the stress. Maybe because I was too weak, I couldn't put up with it at the end and tried slitting my wrist. I've been slitting my wrist for a while. Some people say that suicide is a very selfish act. But we harm ourselves not because we want to die, but because we want to live on so we use physical pain to numb our psychological pain.

Some tellers clarify their objection to suicide despite having such thoughts while other tellers claim to abandon or postpone the attempt to harm themselves out of consideration for their parents ("What I think about is how to get a job as soon as possible and save some money to repay my parents' efforts in raising me before committing suicide").

Absolving oneself from blame. Tellers often assert judgments about the onset of their disruptive experiences, which absolve themselves from being blame for their own plight ("The reasons underlying students' suicide include parents' pressure and misunderstanding. Take me as an example"). Using evaluative clarifications, many tellers also preemptively deny the culpability of adopting the sufferer's role in bad faith (lazy or ill-disciplined) by explaining one's diligence in fulfilling role obligations despite the lack of accomplishment ("If I tell my family, they will only tell me to work hard to achieve better scores…I've tried studying hard to get good grades. But the reality is different"). One teller wrote:

> I've been doing self-study for half a year. I live a monotonous life every day. When I wake up every day, I work on past exam papers. After a meal, I resume revision. I study till 10 or 11 at night before going to sleep. I've become numb to everything around me. There's only DSE [examination] in my mind. I'm obsessed with the cut-off mark of every university. I live a tense life every day. Because of this, I started to suspect that I have mental illness. I've looked up the symptoms of depression online, which are similar to my condition. In the middle of revision, suicidal thoughts often appear in my mind. But I can never bring myself to do it. I don't want to destroy myself over some rubbish exam system. Why does the [Education] Secretary have to torture 16 and 17-year-old youth?

In the above account, which epitomizes the interpretation of distress among these youth, the teller employs multiple languages of suffering to clarify one's disruptive experience as the pathological consequence of a pressure-cooker education system. The diagnostic language ("symptoms of depression") and mention of uncontrollable emergence of suicidal thoughts

serve to establish the credibility and severity of one's mental health condition as well as indicate that the unpleasant thoughts and feelings of distress are not of one's own volition. Meanwhile, the political language ("the [Education] Secretary…") expresses a sense of cynicism and presents the self as a victim of the system. Notably, the mention of suicidal ideation is defensively coupled with moral language ("I can never bring myself to do it") to underscore one's virtuous attempt to gain control. This rhetoric reinforces the description of the conscientious effort toward fulfilling one's duty at the beginning of the account.

Survivor Testimony: The Story of One's Quest for Happiness

Testimony is a discursive action in appropriating one's firsthand account of mental health disruption to attest a point about the struggle involved. While social media facilitate turn-by-turn personal reflection and commentary of one's journey through a disruptive experience, not every brush with distress confers the tellability comparable to the one in survivor testimony. Survivors here take on a literal meaning as those who have lived through the ordeal of suicidal thoughts or attempts. That they have somehow managed to survive afford their account compelling tellability. Unlike distress disclosures or personal clarifications which are largely self-initiated and self-directed, survivor testimonies are usually prompted by external events (e.g., news reports) or requests for experiential insights from other users.

Lending voice to people like us. Moving beyond airing personal grievances, tellers assert that their own experiences entitle them to speak up for others struggling with mental health disruption. Tellers share testimonies on social media to express camaraderie, promote perspective-taking on mental health, and help others find meaning in their suffering. By speaking from one's own experience, testimonies possess a distinctive and authoritative voice to dispute mischaracterizations of sufferers like themselves ("Do you think we want to have the illness to torture ourselves?"). A few tellers, for example, present their own suicidal ideation as a collective experience to criticize the government's denial of the structural causes

of student suicides: “the Secretary for Education claimed that [the tide of student suicides last year] has nothing to do with career planning or the current educational system… The effort we have made to live on this past year has been dismissed.”

Recounting the voyage to wellness. Unlike illness narratives, survivor testimonies of recovery are scarce in the distress narratives examined. This account, which frames mental distress as an illness that can be cured with medication, is a rare exception:

> When I was hospitalized during summer, I began seeing a doctor and had to take the anti-depressant Serotonin every day. In the beginning, it was really miserable to be stuck in the hospital behind four walls without a single window... I cried every day wanting to die. Gradually, I started to recover. I think it’s important not to think of yourself as sick all the time. Don’t find so many excuses to be unhappy. Smiling is such a simple thing to do.

The above testimony conforms to the institutional restitution model that “emotional problems are curable with the right treatments and positive attitudes” (Youth.gov.hk, n.d.). Although the teller claims to speak from experience, this account is an antithesis of most narratives shared by reducing distress to a transitory suffering and distress expression to a habit of negative thoughts. The teller’s point about finding excuses to be unhappy and smiling being a simple task perpetuates a message of tyrannical positivity, which is not only dismissive of the actual difficulty involved but also blames sufferers for causing their own unhappiness through obstinate negativity. The insight claimed is incongruous with the accounts of many other troubled youth who speak of the emotional torment of positive facework.

While receiving medical treatment is widely mentioned, it is more common for tellers’ reflections on the path out of distress to focus on relief (through reclaiming meanings around one’s struggle) rather than restitution (restoring to health from a medical perspective). One teller finds meaning in her mental health disruption by romanticizing the caring attention from family and friends which helps to relieve the distress from biographical disruption and

expresses her confidence that one day she will recover: “Depression is not that scary. It’s really miserable, but if there are angels encouraging you, supporting you, loving you when you are vulnerable, depression can be an experience full of love.” This account stands in stark contrast to the typical narrative style of distress narrative which tragedizes one’s experience. Meanwhile, another teller reclaims meaning in life by flexibly adjusting one’s expectations and pathway to a more personally meaningful and less stressful life: “Everyone has different paths in life. If one way doesn’t work, try another way. Maybe you will tread a difficult path. But when you feel that something is worth doing, you will naturally persist in doing it.” While this account shares several similarities with the institutional restitution model of breaking from negative complex or passive victimhood and taking responsibility for one’s desires and long-term actions, it is far more affirmative of others’ struggles and choices.

Dispensing hard truths about life. Like the manifesto facet of quest stories in illness narratives, a few survivor testimonies stand out by its “prophetic voice” to tell a truth about suffering that has been suppressed in society (Frank, 1995). These testimonies offer a strong push back against social causes of distress rather than advice on how to attain wellness:

> In the silence of the night, have you stared at the ceiling to ponder your future, and become fearful and wanted to end your life? What I thought about was that I will find an ordinary job in the future, and my life will become nothing but busy work, without dreams, without accomplishments, growing used to the struggle to survive, carrying debts and receipts, becoming the old farts I now despise most… We’re like caged birds, looking out at the sky, imagining the feeling of freedom; even though our wings have been severed, we still must carry the burden of the adults’ unaccomplished dreams, carrying the weight of their expectations until they die or give up on us. Before realizing our contradictions, everything felt great, we felt good about ourselves, and the world was still small and beautiful... After we have become independent in our thinking, we start to

> realize the absurdity of the society, see its problems, and feel that we are shackled by an invisible force—the force of socialization. This shocking epiphany made us realize that schools… [today] are factories. I don't like to say this, but the society only wants us to become the fuel for its continuous existence, to provide nutrition for the 1% elites.

Often adopting a satire style, these counternarratives express cynicism or anger over the reification of happiness through socially prescribed pursuit of certain things (Ahmed, 2010). This teller explicates the ironic tyranny of the pursuit of happiness as a form of misery:

> "I want to die." This idea has never left me. Three years? Five years? Nine years? I don't know... Trying to do things that make me happy is a way of self-help. Hah, so that's self-help. But after you have used this method many times, and after you have gotten used to it, it feels like self-deception. If suffering is bacteria, and happiness is an antibiotic, there will be a day when the bacteria becomes drug resistant. Recently, the antibiotic has seemed to stop working. Should I take the real medicine? I ask myself every day, "Today, should I go on living?" "Should I go on living tomorrow?" Live on, find the meaning of life! Sounds like what an adventurer would say. To prevent death through risking one's life... Do you know that you must keep smiling so that others won't dislike you? Two and a half years ago, I thought that my dream had come true. But in fact, I was just fulfilling my family's wishes… Don't know how long it will take before Death will find me. Or maybe Death has been looking for me every day, it's only that I haven't succumbed to it yet. Or maybe one day, sitting on the edge of a window, my legs ten stories above ground, Death will ask, "Are you lonely?" "No, because you are waiting for me." Death continues to ask, "Are you happy?" "Yeah, because I no longer fear you."

It is not that the teller does not wish to attain health or happiness. Rather, the teller views the promise of happiness—an antidote to distress and a harmonious state of existence, free from ill-being—as a fictive illusion. The teller shares the wisdom that struggling to search for the

meaning to live is ironically fueling one's suicidal ideation ("To prevent death through risking one's life") and the true state of happiness is attained when one is no longer afraid of death. In this sense, these tellers are "survivors" not because they are no longer distressed or suicidal but because they have accepted the harsh reality of enduring suffering.

Discussion

This study opens a window into the personal accounts of young people's secrets, grievances, and uncertainties around their mental health disruption, which had hitherto been untold—not because they are too grievous or traumatic for one to tell but because they may be too insignificant, banal, or burdensome for others to hear. These hidden stories often contain a version of personal events that is not readily accepted by others or a narrative of one's suffering that is silenced by prevailing discourses and sociocultural norms. Extending the concept of tellability, this study illustrates how distressed youth render their untellable stories tellable and, thereby, give voice to their suffering through a combination of disclosure, clarification, and testimony. Distress disclosure brings to light tellers' invisible struggle with life's challenges and health disruption that most tellers so painfully try to conceal. Disclosure offers tellers the cathartic relief to long pent-up frustrations over the unwillingness or lack of opportunities to openly express their unhappiness. These narratives not only reveal tellers' vulnerabilities and insecurities in expressing their problems and unpleasant feelings but also expose others' lack of understanding, nonchalance, and even rejection when such attempts were made. Personal clarification enables tellers to morally rehabilitate themselves as well as gain validation, empathy, and support for their plight from sympathetic others. Survivor testimony allows tellers to collectivize their experience, help others like them, and engage in collaborative co-construction of their stories. Besides responding to dominant discourses and providing their version of the story, many tellers assert that their own experiences entitle them to speak up for other sufferers and share insights from their voyage.

A major contribution of this study lies in clarifying the salient interpretive frameworks that shape young people's experience and communication of mental distress. Advancing the idea that the reification of happiness through cultural objects or practices transforms its pursuit into a form of sickness (Ahmed, 2010; Morgan, 2014), this study contends that much suffering among these distressed youth may be traced to the tyranny of happiness and its pursuit. To many Chinese people, happiness represents a state of harmony and satisfaction (encompassing wellbeing, success, and health), which is attainable through practices of self-cultivation such as discipline, perseverance, hard work, filial piety, and education (Lu, 2001). This vision of happiness is consistent with the Confucian ethic of self-cultivation—that individuals have the power to gain control over their personal affairs (including one's "spirits" i.e., emotional or mental state; Ramsay, 2009). The pressure to satisfy these cultural expectations and the sanctions when one is unable or perceived to be unwilling to meet them are the ultimate cause of much distress in the narratives shared. The narratives tell of tellers' conflicting identities, dilemmas, and ambivalence arising from the uncertainty of a disruptive experience which foregrounds tensions between personal control and familial duty as well as ideal versus reality. The distressed youth's painful struggle to cope with these tensions leads to a deep sense of estrangement or detachment (from one's family, life, or self), cynicism about life, and thoughts or actual attempts of harming oneself as a form of relief or escape.

This study further provides insights into the marginalized voices of distressed youth that illuminate their own understandings, meanings, and priorities concerning their mental health. The findings highlight tellers' inconsistencies and resistance to conventions (in hidden transcripts) vis-à-vis the culturally preferred understandings (in public transcripts) of their disruptive experience. Contrary to the characterization of diagnostic language and medicalization as top-down biomedical reductionism which engender the individualization of social problems (Brinkmann, 2014, 2016), this study shows young people appropriating the

biomedical model as a weapon of resistance ("Actually mental illness is really an illness. You wouldn't tell a person suffering from cancer to be strong and recover on their own. We really can't control it"). Many tellers depict their mental distress and suicidal ideation as a pathology of the high-pressure social environment by describing their mental health disruption with diagnostic language (depression or emotional disorder) and its origin using moral and political languages (oppressive social structures). This salient discourse in the narratives examined highlights a generational gap between young people and their parents, teachers, and other social actors. The public transcripts of the more powerful social actors illustrate authoritarian inflexibility by suggesting that young people should correct their mindset, enforce greater self-discipline, and work harder to accomplish their duty rather than feign illness or blame the system. Meanwhile, young people's hidden transcripts push back against culpability attributions of their distress as the failure in self-cultivation and character flaws (obstinate negativity, ill-discipline, laziness). Tellers explain that the presentation of distress is outside their locus of control as it is an illness (which ought to be medically treated) and originates from oppressive social forces (which one has little power to change). In their narratives, tellers plead for social respite by pointing to their painful struggle to live up to their duty. Many tellers espouse the view that control over their personal affairs represents self-efficacy (to effect desired change through one's own efforts and abilities) and freedom (from fear and to pursue one's life as one desires).

Despite the generational differences in interpreting mental distress, most tellers acquiesce to Confucian familial values (harmony, filial piety, and patriarchy) which explains their role stress and personal clarification narratives. As Charmaz (2008) observed, people with health disruptions who cannot meet social norms or conventional expectations may experience marginalization and suffer more impairment. Furthermore, without the legitimacy of physical symptoms or an institutionally sanctioned diagnosis, many tellers acknowledged a perceived

lack of entitlement to talk about their disruptive experience, especially when their distress pertains to common life challenges or pales in comparison to what many other people are experiencing. As the findings illustrate, the self-perception of one's experience as low tellable or untellable coupled with the interpersonal and cultural pressures to remain silent not only compound young people's suffering but also render them isolated in their struggles.

Rather than remaining silent, this study shows how distressed youth communicatively navigate their mental health disruption and reclaim their silenced voice by negotiating and co-constructing the tellability of their experiences on social media. In many stories shared on the page, tellers talked about very recent or ongoing events ("Right before I started typing this passage, I wanted to commit suicide"). Telling these stories "immediately reworks slices of experience and arises out of a need to announce and share what has just happened" (De Fina & Georgakopoulou, 2011, p. 116), providing an immediate outlet to confide problems and process them on the fly. Besides the anonymity and sympathetic peer audience, which embolden tellers to be less inhibited in telling their stories, the findings also illustrate the narrative co-construction and opportunities for other users to shape further telling through comments and requests for experiential information. Taken together, these narrative activities constitute communicative acts of resistance that enable tellers to counter the invalidation of their suffering vis-à-vis invisibility, discredit, and mischaracterization through (a) exposing the injustice of the repression and dismissal of distress via disclosure, (b) affirming the legitimacy of their plight via clarification, and (c) appropriating the authoritative voice of a firsthand witness to attest to the struggles of similar others via testimony.

This study holds several implications for the development of health communication practices around mental health promotion that are better attuned to and respectful of young people with mental distress. The findings challenge an institutional model of mental health restitution that focuses on addressing individual deficiencies (emotional competence, mental

health literacy, negative complex) without due recognition of the sociocultural conditions (display rule, communication denial) that lead young people to remain silent about their distress as well as the structural inconsistencies (rigid education system, generational gap) that perpetuate distress. This study further suggests that mental health intervention efforts should refrain from positivity bias and appreciate the value of connecting with one's unpleasant feelings for emotional agility and the potential boomerang or backfire effect of messages that promote relentless positivity on the sociability of distressed youth. Such messages could perpetuate the tyranny of happiness by reinforcing the display rule of showing only positive emotions. As the findings show, positive facework is emotionally tormenting for distressed youth, which prompts social withdrawal, discourages problem disclosure, and exacerbates one's distress.

The lack of effective communication with others makes distressed youth feel that nobody understands them and that they are alone in their struggle. The findings highlight the communication gap and interpersonal communication breakdowns arising from disconnection over the interpretation of the transitory nature of one's distress and its controllability. For most tellers, their disruptive experience does not represent a fleeting moment of melancholy but a consequence of structural or pathological conditions, which are out of their control. As such, responses like "work harder," "just be happy," or "look on the bright side" are unhelpful and even dispiriting as they not only neglect the more fundamental nature of one's distress and trivialize its significance, but also insinuate that the person is responsible for being depressed by suggesting that "happiness" is something within their control. Finally, greater attention is warranted to promote mental health literacy for parents to not only reduce mental health stigma but also foster a conducive communication environment for young people to discuss their troubles. The findings suggest that young people are more likely to embrace a biomedical view of distress than their parents and may be deterred by them from

seeking medical attention for mental health problems. Distressed youth are also shown to be open to formal sources of help if trust, rapport, and confidentiality can be established.

Using the case of anonymous distress storytelling on social media, this study has illuminated the sociocultural expectations of the self vis-à-vis health and distress; the needs and concerns of the young, vulnerable, marginalized who do not openly communicate their health problems; and the role of social media in shaping meanings and responses to health disruption. Viewed through the lens of tellability, the stories in this study not just tell the lived experiences of distressed youth but rather their untellable narratives—intimate accounts that are hard to reveal but easy to dismiss. Unlike prior studies of social media mental health disclosures, this study is better attuned to the salient interpretive frameworks within local contexts that shape the experience and communication of distress—notably, the tyranny of happiness depicted to engender distress and languages of suffering used to resist blame—by attending to the ways of telling privileged in the site that foregrounds tellers' troubled identities and inconsistencies with conventions. While the sociocultural conditions (education system, authoritarian inflexibility, display rule) highlighted are more pertinent to the role stress of students in Confucian societies, the model of distress narratives developed in this study—negotiating the tellability of disruptive experiences through the discursive actions of disclosure, clarification, and testimony—can be meaningfully extended to examine underrepresented stories of health disruption by marginalized groups in various contexts.

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