"I saw you on TV – here's my problem"

Exploring participant experiences with second stories following mental health disclosures on Norwegian television

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ABSTRACT

The emotional and confessional nature of mental health disclosures on television sometimes induces audiences to share their own personal stories of mental health struggles in return. The term testimony loop is suggested to conceptualise this phenomenon, whereby Norwegian television participants become receivers of many audience testimonies through private messages on social media platforms. The participants represent the programme to the public and perform emotional labour through interacting with the audience and engaging with the testimonies received. While some television participants in this study, particularly the females, genuinely appreciated their role as helpers, others found this appeal to interact emotionally strenuous. By way of the television participants' own attestations, this study seeks to enrich the understanding of the complexities involved in confessing personal stories of illness, suffering, and trauma within the context of mass media.

KEYWORDS: mental health, second stories, emotional labour, television, social media

Introduction

An emotional, subjective, and confessional turn has marked media in recent decades (Coward, 2013; Wahl-Jorgensen, 2020). Authenticity is key when the media offers the audience a real person telling a personal story with genuine emotions (Aslama & Pantti, 2006; Coward, 2013: 3). In line with this trend,

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both public and private broadcasters have aired various television productions featuring individuals who openly discuss their lived experiences with mental illness. This stands in contrast to traditional media coverage, where expert-driven narratives have overshadowed individual experiences of illness, often with a strong emphasis on medical models and discourses (Morlandstø, 2010; Rowe et al., 2003). Individual testimonies of illness derive much of their legitimacy and popularity, from counter-discourses to predominant narratives led by medical experts (Frank, 2013; Sakalys, 2000). By placing lived experiences at the forefront, individual illness testimonies challenge this dominance and thereby offer alternative perspectives (Nairn & Coverdale, 2005).

Foregrounding the voices of people with mental health issues also responds to longstanding stereotypes of the mentally ill, sustained by mass media (for a review, see, e.g., Ma, 2017). These recent television productions lay bare people's most intimate and personal thoughts and emotions through "deep disclosures" (Uthappa, 2017). Notably, the public intimacy (Thomas, 2009) in these formats also finds resonance in the confessional tendencies on social media platforms, where personal stories and extensive self-disclosure regarding mental illness are prevalent (Balani & De Choudhury, 2015; Hall, 2016). In the television programmes included in this study, young individuals are filmed while sharing personal trauma and pain in group therapy, and a camera team is allowed to film and conduct interviews inside psychiatric wards, where patients are grappling with severe life crises. To stand out like this with a personal story of mental illness may be daunting, due to the lingering fear of stigma and negative audience response. The harassment experienced by reality-TV performers (Waterson, 2019), particularly on social media, adds to the participants' uncertainty about how they will be received when revealing their most intimate life details. Although some studies have explored the dilemmas concerning health ethics versus journalist ethics (Lånkan & Thorbjornsrud, 2022) and privacy management (Thorbjørnsrud & Lånkan, 2022) in media disclosures of mental illness, to the best of my knowledge, no scholarly examination has specifically addressed the nature of public feedback by television confessions on such sensitive topics as mental illness.

Based on the empirical attestations from the media performers themselves, this study explicates a noteworthy phenomenon: the testimony loop. The phenomenon describes how the highly personal stories of mental illness are reciprocated, or looped back, from the audience. Apparently, certain testimonies have a catalytic effect, inspiring and instigating the creation of new testimonies. However, facilitated by social media, this phenomenon occurs in ways that were previously not possible.

Referring to illness stories as "testimonies" highlights a commitment to a truth which is often unrecognised or suppressed (Frank, 2013: 137). Testimonies hold a moral prerogative, grounded in embodied experience, with pain serving as a default measure of reality and authenticity (Frank, 2013; Peters, 2001: 717). Simultaneously, within the context of mass media, the raw and unrefined nature of these personal testimonies assumes great significance, rendering them

highly valued capital in the hands of mediators (Ashuri & Pinchevski, 2009; Thorbjørnsrud & Ytreberg, 2020). Consequently, it becomes pertinent to discuss the extent of control exerted by broadcasters and the responsibilities they might adopt in ensuring the welfare of their participants. As social media research shows, care responsibilities and emotions in the wake of sharing illness stories are complex and hold the potential to invoke distress and negative affect experiences (Stage et al., 2021; Tucker & Goodings, 2017). Essentially, the testimony loop may strongly and adversely affect the overall experience of sharing a sensitive story publicly.

This study concentrates on the experiences of lay people as participants in television documentary productions and examines their responses and navigation through the reciprocation of individual stories of suffering from the audience. Thus, I ask the following research question: How do participants in a television documentary series about mental illness respond to feedback from the audience in the aftermath of the series? Media witnessing is a useful lens here because it acknowledges that the medium through which discourse is presented and received is crucial to the experience of the testimonial addressee and their ability to respond to the testimony being provided (Frosh, 2018: 355). For an interpretation of the varied emotions that can arise after disclosing highly sensitive matters to millions of viewers in a digital world, the application of Frank's (2000, 2013) moral imperatives related to testimonies of illness, combined with insights from Hochschild's (1979/2012) work on emotional labour, is utilised. Similar to Hochschild's highlighting of public service workers, I argue that these television participants become the public faces to which audiences relate, in place of the less visible and less identifiable mediator, which includes the public broadcaster and programme makers in their various roles. The dynamic and emergent quality of these encounters and the inherent uncertainty about what the audience addresses (Ashforth & Humphrey, 1993) supports the analogy. By relating the testimonies to the specific characteristics of television and social media, respectively, an attempt is made to broaden the understanding of what confessing personal stories of suffering and trauma through mass media might involve today.

Analytical framework

Second stories and the ideal of testimonial reciprocity

The testimony loop can be considered a version of so-called second stories (Page, 2022; Sacks et al., 1995): new stories that have contiguity and topical links or thematic coherence with "first stories" (Sacks et al., 1995: 249, 764). A first story is simply one which came before the other (Sacks et al., 1995: 250). In essence, the narration of any story invariably invites the possibility for others to contribute subsequent narratives (second stories) that bear relevance or connection to the original account in some manner. In fact, according to Sacks (1995: 771), the offering of a similar experience is a human impulse

and can be a way to confirm the storyteller's experiences. Generally, second stories have been praised as key for social cohesion and support (Arminen, 2004; Choe & Gordon, 2024; Siromaa, 2012). However, they have also been problematised as answering to social media influencers' commercial strategies (Page, 2022) and as potentially overriding the first story (Guo, 2020: 256), at times even perceived by the first storytellers as hijackings and distortions (Stage et al., 2021). While second stories can vary in form and content (e.g., Choe & Gordon, 2024; Dayter, 2015; Page, 2022), here, they took the shape of highly personal testimonies, outlining trauma and suicidal thoughts. They also occurred within a different medium and context than that with which the first stories were shared. In contrast to first stories published on social media, whether for a smaller or wider community (Stage et al., 2021; Ytre-Arne, 2016), the first stories under study were first shared as part of a larger television production, where representation and control over the narrative were in the hands of a programme maker. Furthermore, while second stories on social media are often studied in the context of more or less open spaces, like communities (Stage et al., 2021; Tucker & Goodings, 2017), or on public platforms or profiles (Choe & Gordon, 2024; Francis, 2019; Guo, 2020; Page, 2022), here they were looped back, specifically directed towards the participant-individuals, either in face-to-face encounters or through private messages on social media. As such, they established a seemingly intimate and directional form of communication. This placed the first storytellers in a responding role that they had to navigate. While the firsthand accounts from the original storytellers of their interaction with the audience can shed light on these intricate dynamics, their perspectives remain under-investigated in the dominantly text-based literature on second stories (but see Stage et al., 2021).

In narrative ethics, there is not only an imperative to *tell*, but also an imperative to listen and engage. A certain reciprocity is a highly valued ideal, entailing a mutual exchange: As individuals share their stories, they invite others to share their own, fostering a collective experience of human vulnerability (Frosh & Pinchevski, 2009; Uthappa, 2017). Drawing from his own experiences of surviving cancer and a collection of other people's illness stories, sociologist Arthur Frank (2000, 2013) has been influential in proposing a uniting and mutually beneficial reciprocity of narratives. Frank (2000) has emphasised not only the moral responsibility of listening but also of entering the *relations* of storytelling. From this perspective, there exists an imperative of connectedness and reciprocal agency, wherein individuals feel compelled to share their own stories in the hope of being heard by others. Notably, in addition, social media are built on the pursuit of connectedness (Van Dijck & Poell, 2013) – that is, it is part of social media logic that people can and will respond. In fact, the testimony loop can be considered an extension of the familiar social media practices of commenting, messaging, and co-storytelling (Page, 2022). However, I argue that the distinction between giving a legitimised (though edited) testimony on television (Frosh & Pinchevski, 2009) and giving an unauthorised, unfiltered testimony in social media is essential in understanding the experience of the testimony loop.

Emotional labour

Originally termed by Arlie Hochschild (1979/2012), emotional labour refers to the management of feelings and expressions to meet job or social expectations. While originating from Hochschild's work on flight attendants, the concept has been applied in various settings that involve work characterised by human interaction (e.g., Chan et al., 2019; Ghyasi & Gurbuz, 2023). In journalism and media studies, emotional labour has been applied as a lens through which to comprehend various dilemmas of journalism professionals (see Ahva & Ovaska, 2023; Hopper & Huxford, 2015; Miller & Lewis, 2022). However, its application for understanding the perspective of individuals who appear in the media has been notably absent, barring Ytreberg's (2019) description of a media-experienced patient case. This case illuminates an individual's attempt to maintain a friendly, caring, and accessible demeanour through her blog, balancing her personal emotional story with informative content. Hochschild focused on two modes of emotional labour: surface acting (i.e., feigning emotions by regulating behaviour) and deep acting (i.e., actively attempting to feel the emotions regulating the public display). In Hochshild's (1979/2012: 90) view, this can lead to emotive dissonance: a stressful conflict between genuine emotions and the emotions people express to perform their role. Performing emotional labour over time leads to strain, according to Hochschild, and sometimes burnout. Ashforth and Humphrey (1993: 94), on the other hand, emphasised the possibility of a third option – simply "genuine experience and expression of expected emotion" – if the role in question coincides with one's personal or social identity. Thus, genuine enjoyment, as with all feelings, might be *managed* through a process in which the participants (unconsciously) define themselves as empathic people that enjoy helping others (Hochschild, 1979/2012: 27). As such, emotional work, in the sense of listening to another's worries and providing space for them to talk about it, can indeed be both rewarding and energising (Müller, 2019). But these individuals will not be doing any emotional *labour* to adapt to the role they have been given as witnesses to testimonies of suffering. For many of the same reasons the concept of emotional labour is seen as relevant to service encounters (Ashforth & Humphrey, 1993; Hochschild, 1979/2012), it elucidates the role of these television participants. First, as frontline service personnel are situated at the organisation–customer interface, these participants are the ones whom the audience sees and relates to, not the public broadcaster or production company. Second, just as service transactions often involve face-to-face interactions, the affordances of social media make the threshold for digital interactions between participants and audiences exceptionally low. Third, these encounters share a dynamic and emergent quality, with the perpetual uncertainty about what the customer or audience might express. But most importantly, the role that media participants have in the testimony loop entails some normative expectations, and emotions are inevitably experienced in the performance of that role (Ashforth & Humphrey, 1993: 109). Arguably, emotional labour is particularly relevant to women, both because more women than men have jobs that call for emotional labour, but also because they have traditionally been considered to be more

adept at managing emotions in their private lives, in addition to spending more time performing unpaid care work (Erickson, 2005; Hochschild, 1979/2012: 11; Müller, 2019). Hochschild's notion that emotional labour supports gendered and asymmetrical structures of capitalism sheds light on the complex form of labour that can give value to today's television participants, from the perspective of media organisations and even society (Curnutt, 2011; Psarras, 2022).

Control and care in media productions

While media scholars have historically paid scant attention to the subjective experiences of lay individuals featured on television, studies on talk shows and reality-TV production consistently highlight a tension. This tension lies between, on the one hand, emancipation and meaning (Boross & Reijnders, 2017; Priest & Dominick, 1994) and on the other, personal distress and even exploitation, often tied to commercial production considerations (Andrejevic, 2004; Grindstaff, 2002; Psarras, 2022). Syvertsen (2001) observed that lay people, once accepted as participants in the programme, tend to become part of the production logic aimed at creating the best possible show. When it comes to sharing illness stories through the media, Ytreberg (2019) showed a blurring of boundaries between a professional and nonprofessional position. The fundamentally unpredictable outcomes that can arise from participating in media productions (Hesmondhalgh, 2019) add a layer of ethical complexity. Even with the best intentions, programme makers may be completely unaware of these potential consequences (Hesmondhalgh, 2019; McQuail & Deuze, 2020). As Pryluck (1976) noted, the filmmaker has the ability to pack up their equipment and depart, leaving participants alone to deal with any repercussions. This situation presents a paradox: Despite relinquishing control during the production process, it is the participant who is held accountable by the audience (Palmer, 2018). In this context, the concept of "aftercare" is crucial. As highlighted by Hibberd and colleagues (2000), aftercare involves programme makers maintaining contact with participants and assisting them with any issues that may emerge after the production phase.

Cases and methodology

The television programmes

In various ways, the programmes studied feature lay people struggling with mental health issues. In *Five Days Inside* [*Helene sjekker inn*] (2015–2020), the reporter moves into psychiatric health institutions for five days to provide viewers with an inside look at life and work in these facilities. The focus is on a select group of patients who share their experiences, their distress, and their causes for being hospitalised with the psychiatric institution. *Five Days Inside*, originally developed by NRK, has also been licensed and produced in the Netherlands, Belgium, and Poland.

True Selfie [*Jeg mot meg*] (2016, 2018) follows the journey of eight young individuals over a twelve-week period of group therapy. The participants docu-

ment their own experiences of mental health struggles through self-filmed video diaries and by expressing their introspective reflections, emotions, and trauma. *True Selfie* was developed by the production company Anti, commissioned by NRK, and was sold and reproduced in the Netherlands and Canada.

Voices in My Head [*Stemmene i hodet*] (2016) features three individuals who have received or are receiving treatment for schizophrenia. Over six episodes, they offer first-hand accounts of their experiences with living with this stigmatised diagnosis.

Insane [*Sinnssykt*] (2018) revolves around a reporter's interactions with individuals living with various psychiatric diagnoses, including the reporter's own disclosure of having a bipolar disorder. The programme explores the experiences of these individuals, shedding light on their daily lives and the challenges they face.

The four television programmes examined in this study are presented as documentaries by the Norwegian public broadcaster, NRK. However, the format differs in the sense that *True Selfie* is closer to a reality-TV dramaturgy, while the others apply more of a fly-on-the-wall perspective, combined with direct interviews. The reporter plays a more or less distinct role. While *Five Days Inside* and *Insane* foreground the reporter's encounters with people who struggle, the filmmaker is never in front of the camera in *Voices in My Head*. In *True Selfie*, the programme makers are invisible, but a psychologist is filmed as a group therapist. Although both a psychologist and two reporters are extensively featured in the television programmes in this study, their professional roles place them in a more distant relation to the audience than the participants.

The mediators

Mediators are the various agents and agencies that film, direct, edit, produce, archive, and broadcast testimonies (Ashuri & Pinchevski, 2009: 138). In this study, the mediators are the various programme makers and the Norwegian public broadcaster (NRK), as well as two private production companies. The media platform is also included as a feature of the mediator: television and social media, respectively.

Methodology

For this qualitative study, data was gathered from 22 participants and eight programme makers, including the reporters, producers, programme editors, and a psychologist, all of whom played integral roles in the production of the four television documentary programmes. While the focus of this study centres on the participants' experiences, the programme makers' insights and supplementary information, including contracts, information letters, and a thorough examination of relevant programme episodes, contribute to the overall analysis. The distribution of participants across the programmes is as follows: nine participants from *Five Days Inside*; eleven participants from *True Selfie*; one participant from *Voices in My Head*; and one participant from *Insane*. The recruitment

period lasted between 17 June 2019 and 30 April 2020. The interviews took place between one to three years after the televised programme had aired. The age range of the participants during the interview phase was 21–53 years old. Contact with some of the participants was facilitated with the assistance of the television production team, and the remaining participants were located via a public information service. Initial contact was established through e-mail, text messaging, or Facebook Messenger. Not all participants in the four series (N = 36) responded to the interview requests, and two were excluded due to challenges in conducting interviews during the Covid-19 pandemic.

In order to capture experiences and individual perspectives effectively, a semi-structured in-depth interview with open-ended questions was chosen as the method for this study (Brinkmann & Kvale, 2015). This study is part of a larger research project that focuses on the experiences of disclosure of mental illness through the media, and the interview guide focused on different phases of the media production process: before filming or recruitment; during filming; the time during airing on television; and reflections and reactions after airing on television. The interviews were conducted by two researchers, and each interview had a duration ranging from one to two hours. They were conducted face-to-face, or through Zoom or telephone due to Covid-19 restrictions or long distance. With some help from a research assistant, I transcribed the interviews, adhering to strict rules to ensure confidentiality. The interviews were originally conducted in Norwegian and were subsequently translated during the final stages of manuscript preparation. Prior to participating, all participants received written and oral information about the research project and procedures, as well as the option of withdrawing from the study at any time (Brinkmann & Kvale, 2015). Each participant signed a written informed consent form. To protect anonymity, participant names have been changed, and references to specific television series and explicit mentions of diagnoses or institutions were restricted.

Data from the interviews underwent a thematic analysis (Braun & Clarke, 2006) using NVivo software, adhering to an iterative process. Initially, data was organised into codes, including but not limited to positive and negative feedback, feedback from known and unknown individuals, participants' reactions and evaluations of the feedback received, as well as follow-up actions from programme makers, healthcare institutions, and psychologists. This coding led to the abstraction of three main themes: "expectations and feedback", "from peer support to exhaustion", and "the importance of aftercare". Upon revisiting the data, a notable pattern was observed throughout the themes, where participants were taken aback by the extensive feedback from strangers sharing their own struggles. Consequently, this unexpected aspect of the feedback, the varied participant responses to it, and the mediator's role in providing aftercare, became the central focus of this study. Sub-themes were identified to structure the participant responses (Braun & Clarke, 2006: 92), namely "peer support and genuine appreciation", "demonstrating courtesy, care, and emotional labour", and "experiencing emotional distress", respectively. When it came to the selection of quotes, priority was given to those that encapsulated the core essence of

the subject matter (Braun & Clarke, 2006: 93) and showcased the range of participant viewpoints. Considering the notable relevance of the testimony loop to *True Selfie* participants, their quotes are accorded particular emphasis. The research project was approved by the Norwegian Centre for Research Data (NSD, now replaced by Sikt).

Findings

"Two A4 pages about people's problems"

Several participants in the television programmes were also featured in online or print articles exhibiting a strong human interest, accompanied by photographs and text focused on specific participants. Both programmes and articles were promoted and shared on Facebook, both by NRK and audience members. Consequently, within the hybrid media landscape encompassing various platforms, the participants served as prominent figures representing the respective series. Much like frontline service personnel in the organisation–customer interface (Ashforth & Humphrey, 1993), these participants were the visible and relatable figures for the audience.

Despite experiencing significant distress and anxiety in the weeks leading up to the release of the television programmes, the participants were met with overwhelmingly supportive feedback from both acquaintances and strangers alike, both on social media and in person. All of them received encouraging messages and comments in response to their personal testimonies of mental illness. Many individuals expressed admiration for the participants' bravery and emphasised the importance of the documentary series or how it had left a lasting impression on them. One of the series (*True Selfie*) received a taboo-prize from a mental health organisation, and the Norwegian health minister expressed support through a tweet and an op-ed. Participants highly valued the public recognition, feeling acknowledged and even perceiving a reduction in the stigma surrounding mental illness, as Noah expressed: "I got a lot of feedback, only really positive. I suppose it shows that it is okay to struggle". However, it is important to note two cases where participants experienced negative feedback that had adverse effects on their daily lives. Helena, with multiple hospitalisations pre and post television series, reacted to social media comments: "There have been a lot of messages that haven't been pleasant […] People who don't know me shouldn't have anything to say. But it still gets to me". Similarly, another participant faced criticism from a specific group with whom they had connections, as they did not value this level of openness.

However, the focus here is on a remarkable kind of feedback that emerged: People from all over the country reached out to the participants to share their personal stories of struggle, mental illness, and suicidal thoughts. Although some participants also reported being approached on the street, this exchange of testimonies predominantly occurred through Facebook Messenger and Instagram. This testimony loop was prominently related to the one series that featured

participants' full names (*True Selfie*), but it also affected some of the other participants. Some received thousands of messages, with some still receiving messages even years after their programme aired. Many of the messages were lengthy and focused on sharing personal experiences of trauma and pain. Tom, for example, described the experience thus: "It was like 'Hey, I saw you on TV – here's my problem': Two A4 pages about people's problems. Several hundred terribly sad fates landing in my lap. It was a bit much".

Frequently, individuals from the audience expressed a sense of identification with the participants, highlighting the significance of someone publicly sharing their own story. Many audience members wrote that they had *never* previously shared their experiences with *anyone*, and sometimes people also asked for advice. These confessional letters, filled with sadness and despair, evoked a profound sense of moral commitment in most of the participants. Initially, they diligently provided personalised and comprehensive responses to each message. However, concomitantly, the participants reacted very differently to the responding role they were put in. Their responses can be categorised into three groups: 1) peer support and genuine appreciation, 2) demonstrating courtesy, care, and emotional labour, and 3) experiencing emotional distress and reaching a point of giving up.

Peer support and genuine appreciation

Some participants devoted hours each day, spanning weeks, or even months, to engaging with audiences. Mia, for example, described how she spent a significant amount of time: "For a few months, I was constantly on my mobile, answering people. Some people who struggled with this and that and who could relate". This new role prompted several participants to liken themselves to "hobby psychologists". David found that he was frequently approached when he was out at pubs and parties and reflected: "I've become a kind of hobby psychologist when I'm out on the town. For them, it's good to open up, and I'm sort of a medium where they can open up".

For several participants, this newfound role held significant value, with some describing it as "fantastic" (Mia) and expressing a desire for it to have lasted longer (Victoria). They found it fulfilling and appreciated it, as it made them feel important and gave purpose to their decision to disclose their mental health issues on public television. Mia, who had an educational background in assisting others, took it upon herself to follow up with a select few individuals in particular:

> I also helped someone who, for example, was struggling with their relationship with their parents or who had a difficult upbringing and just wanted to talk. Someone who needed a friend. I remember one in particular who struggled to get help from social services, and he didn't know what to do with his days. And then I came up with some tips.

Emma, who had previously established other public platforms on social media, characterised the relationship as symbiotic and beneficial. She felt able to share her darkest moments with her followers:

> When I do that, when I'm in the middle of some shit, it means so much to these people, and I get the support I need. I just get massive support […] They build me up. So I also use it as a tool, in a way.

Several participants, like Victoria, acknowledged the fact that they derived personal benefits from their interaction with the audience:

> When you talk to someone with the same problems as you, you're not so lonely. Suddenly you see that when you are going to help someone, you actually write what is needed to help yourself, too.

The primary motivation for many participants to take part in the television programmes had been to promote openness in society and facilitate discussions about mental health issues. Consequently, when given the opportunity to listen and engage with others, these participants felt a sense of fulfilment, as their objectives were being realised.

Demonstrating courtesy, care, and emotional labour

Despite the rewarding feeling of connecting with and helping other individuals, the audience response could also be emotionally draining. Hochschild's (1979/2012) concepts of surface acting and deep acting are particularly relevant for this group. Hochschild referred to imagination as a conscious or unconscious strategy to make oneself feel the required feeling (Hochschild, 1979/2012: 38). This was expressed through one participant, Jacob, who explained the moral obligation he felt by envisioning himself in the audience's position: "I was very conscious that everyone must get an answer, to the extent possible, and to do it in a correct way, because this could be a person like me, on the edge of taking one's life". Illustrating the emergent and unpredictable quality of customer or audience interface (Ashforth & Humphrey, 1993), Camilla had an encounter in a store where an audience member shared her personal story of mental health problems. Despite feeling uneasy about being recognised, and uncomfortable in the situation, Camilla chose to attentively listen and engage in polite conversation. However, the uncertainty of encountering such situations in public places caused her stress, and she emphasised that when she decided to participate in the television programme, she had not anticipated engaging in dialogue with audience members:

> I don't feel like I have signed up to hear everyone else's story […]. It's fine that they want to hear my experiences, but to hear someone else's life story, I think that was strange and a little, yes, scary to hear. (Camilla)

Nathalie refrained from outright rejecting individuals who messaged her, recognising the extensive nature of their testimonies and feeling a sense of obligation to respond. However, she understood her role as one requiring empathy rather than providing therapy:

> I did feel, since they wrote so extensively about themselves, and gave themselves away, I tried to write briefly that I am sorry you had to go through it, but I hope you get the help you need. (Nathalie)

Participants struggling with eating disorders received requests from individuals seeking tips and advice on how to become as thin as the participants. Although distressing for the participants and raising concerns about the negative effects of their media performance, they politely redirected these individuals to appropriate health services or other sources of assistance. Furthermore, one participant encountered a disturbing and sexual turn in a social media dialogue, leading him to block the person as a final measure to cease the imposed relationship.

Even participants who were initially outgoing and motivated faced challenges in meeting the expectations associated with their roles as public spokespersons for mental illness. Seemingly, female participants tended to value the looped testimonies more than their male counterparts. They also appeared to spend more time responding and put more effort into helping the other person. Furthermore, they seemingly set fewer boundaries regarding the types of interactions they allowed. Emma, for example, expressed difficulty in finding a balance: "I have been aware since I started that I have to find a balance, but I just cannot do it". Despite feeling exhausted, Emma continued to provide support and engage with audiences until she reached a point where she had to take a break due to feeling overwhelmed.

Experiencing emotional distress and reaching a point of giving up

A few participants, like Tom, started feeling increasingly uncomfortable due to the overwhelming volume and highly emotional nature of the messages they received: "I had to stop responding […] I couldn't take in all the massive problems people had". During the research interviews, some participants expressed their unwillingness to take on the responsibility and admitted feeling unprepared and not knowing how to respond. The confusion and bewilderment eventually led to frustration. Harald emphasised that he had enough of his own problems:

> I get so many sick Facebook messages, you should see, like, four pages long, kind of suicide satire, like, where you just, what am I going to do with this? Do I work in national suicide prevention, like what is this? […]. And damn tiring, because I don't get paid for this; no-one has taught me how to do this. […] I don't know how to deal with yours, because I have mine.

Notably, participants who genuinely enjoyed the role of being a "hobby psychologist" expressed greater overall satisfaction with their participation in the television series. In contrast, those who found communication with the audience challenging were more critical overall, with two participants even expressing regret for their involvement.

The mediator's role in the testimony loop

The programme makers' decisions and actions significantly influenced how the interactions between participants and the audience unfolded. The decision to use full names – made by some of the programme makers – influenced the amount of feedback participants received on social media. It is worth noting that one participant, who had been careful to not let her full name be published on television or in newspapers, was still found and contacted on social media. Notably, the fully named individuals were also featured in multiple episodes, allowing audience members to establish an intimate connection with them through repeated exposure. These participants, mainly from *True Selfie*, were to a larger degree involved in testimony loops.

One programme (*Insane*) provided participants with a detailed information letter offering advice on managing the potential attention. The letter encouraged participants to consider making their Facebook and Instagram profiles private before the series aired to maintain their privacy. It also included contact information for a designated person whom the participants could reach out to for any questions or concerns, emphasising the importance of seeking support when needed. In contrast, the other programmes relied more on the continuous communication with programme makers or health personnel to address the participants' needs. In the case of *True Selfie*, participants were offered the option to call the psychologist at any time and receive free psychological consultations if needed afterward. Furthermore, to protect the participants well-being and privacy, the series was also removed from the web player after three years.

Despite the emotional toll, none of the television participants sought help from the mediator (the public broadcaster or production company) to manage their communication with audience members. Very few sought additional psychological consultations. However, Jacob did reach out to the series psychologist for advice on dealing with an intrusive person on social media:

> [The psychologist] just helped me, like "You just have to shut it down. Just be honest and say that you're not interested". And then I did that […]. But I felt like I had to consult him as a professional to see how I should deal with it.

Other participants expressed a desire for more support and guidance from the psychologist or the mediator, especially regarding the overwhelming volume of audience feedback. They wished for better information, concrete guidelines, and more aftercare.

Concluding discussion

The specific type of public feedback observed among participants in televised programmes, as indicated in this study, signifies a peculiar phenomenon. Unlike many personal first stories on social media, these first storytellers did not share to a community or as part of a commercial strategy (Page, 2022; Stage et al., 2021), but as part of a professional television production. In addition to the

personal content, the relative lack of control over representation increased their vulnerability. In the aftermath, however, and outside of the production context, the individual participants transferred from a role marked by vulnerability to one of assumed authority and care for others. Unlike the harassment faced by previous reality-TV contestants, the emotional and even suicidal second stories challenged the participants' ability and will to navigate the vulnerability and stories of suffering shared by others. This audience engagement entails an expression of shared vulnerability, as individuals respond to and interact with one another through the act of personal storytelling (Frank, 2013; Uthappa, 2017). This reciprocal process, marked by emotional and moral intricacies, can be conceptualised as a testimony loop, where certain testimonies stimulate media audiences to share their own struggles. Further research is required to fully understand the motivations that compel these audience members to reveal narratives that might otherwise have remained undisclosed. However, this study highlights several potential factors, including a confessional and emotionally impactful form of testimony in the first place, a perceived authenticity, and the authorisation by a trusted mediator. The public broadcaster's genre labelling of the productions as "documentaries" arguably asserts access to the truth and adds "social weight" (Bruzzi, 2000; Corner, 2009), distinguishing them from other possible conceptualisations, such as reality-TV, docusoap, or factual television.

Arguably, personal disclosures on television have the effect of addressing individuals rather than the masses (Aslama & Pantti, 2006; Dovey, 2015). Specifically, the television series that elicited the most testimony loops (namely, *True Selfie*) employed a format that involved a repeated and intimate exposure to the media participants, who were also identified by their full names. Moreover, this series prominently portrayed therapeutic conversations and emphasised the importance of open discussions regarding mental health challenges as a means of coping. Such programme formats introduce imperatives that serve, to some extent, as invitations for individuals to establish connections by sharing their own personal experiences.

The conventional structure of television, characterised by its broad appeal and mass audience (Scannell, 2000), was replaced in this context by the distinct purposefulness of Facebook Messenger and messages on Instagram, or with face-to-face encounters. When audiences engage with testimonies of suffering, there are already moral expectations placed upon them to demonstrate empathy, active engagement, and potentially some form of action (Boltanski & Burchell, 1999; Frank, 2013). For the participants who found themselves on the receiving end of the testimony loop, the inherent connectedness of social media platforms (Van Dijck & Poell, 2013) intensified the moral imperative to respond. Thus, similar to service encounters, there are some normative expectations involved (Ashforth & Humphrey, 1993; Hochschild, 1979/2012). I argue that the strong moral expectations placed on witnesses of suffering testimonies (e.g., Boltanski & Burchell, 1999; Frank, 2013) contribute to significant emotive dissonance (Hochschild, 1979/2012), as evidenced by the distress and frustration expressed by some of them in the interviews. Feelings of obligation and the sense of letting

down the audience proved challenging and were intertwined with a certain frustration directed towards the producers. Importantly, the emotions experienced by participants in relation to the testimony loops significantly influenced their overall media experience.

However, participants' emotive response in the performance of their role as receivers of testimony varied. Between the polarities of genuine enjoyment (Ashforth & Humphrey, 1993; Müller, 2019) and outright rejection of the audience, several participants found themselves attempting to provide adequate responses while increasingly feeling incapable and distressed. In this phase, they performed emotional labour. This could be performed on a surface level, such as courteous conversation despite discomfort, or at a deeper level as the deliberate evocation of desired feelings while subordinating undesired feelings (Hochschild, 1979/2012). One participant suppressed her exhaustion for an extended period, resulting in personal limits being stretched. Thus, in the era of social media, deep disclosures (Uthappa, 2017) may induce deep enacting (Hochschild, 1979/2012). It is a paradox that the authenticity – utterly essential in the television testimonies (Coward, 2013; Peters, 2001) – for some participants turned into *in*authenticity in the aftermath.

The paradox does not get any smaller by assuming, like Hochschild, that our society's urge for authentic feeling is related to a capitalist framework which may disadvantage service workers (Hochschild, 1979/2012). While the stated intention of these television programmes, as conveyed by the programme makers, is to give voice to people seldom heard in the mass media, they also reinforce certain problematic structures. Both the personal testimonies and the interaction with the audience reflect a complex labour that adds value to the programme makers (Ashuri & Pinchevski, 2009; Curnutt, 2011), and even to the larger society. This labour can be viewed as an act of service (Hochschild, 1979/2012). However, being products of an essentially non-commercial public broadcaster distinguishes these cases from issues often associated with more commercial productions (Andrejevic, 2004; Curnutt, 2011; Psarras, 2022). Specifically, they seem to offer a higher degree of "aftercare" (Hibberd et al., 2000) to participants. Nevertheless, despite programme makers' consciousness of participant well-being and their efforts to implement measures for their welfare, they cannot entirely control the effects of audience response (Hesmondhalgh, 2019). The edited and selectively presented testimonies featured on television were here responded to with raw and often suicidal confessions on Facebook messenger and Instagram. Many of these second stories would never have been showcased on television screens, particularly due to concerns surrounding the portrayal of suicide (Carmichael & Whitley, 2019; Samaritans, 2020). Participants, already in vulnerable situations, often found themselves shouldering the emotional labour of witnessing untold stories of suffering that society had not assimilated, thus inadvertently outsourcing emotional labour to the participants' private sphere. Furthermore, participants undertook this labour without compensation. The audience response to the public nature of care demonstrated in the programmes manifested in testimony loops, raising questions about society's ability to accommodate nar-

ratives of mental illness that never reach the mass media. Despite substantial attention devoted to mental health and destigmatisation, and Norway's strong public health system (OECD, 2021), there are still stories of mental struggle that are never heard.

In politics of care, the gendered dimension of this privatised aspect is important (Hochschild, 1979/2012); the primary helpers, who genuinely engaged with and empathised with the audience interactions, were predominantly females. Their more alert willingness to enter the relations of storytelling (Frank, 2000) brings to the fore hidden structures of care responsibilities, and a seemingly stronger identification with the role of "helper" (Ashforth & Humphrey, 1993). This female dominance in the responding role of the testimony loops might be understood in the light of a gendered dimension of not only mental health disclosures (Choudhury et al., 2017; Thelandersson, 2020) but also of factual- and reality-TV programmes including personal disclosures (Aslama & Pantti, 2006; Dubrofsky, 2009; Psarras, 2022). These television programmes' inclination towards the expression of feelings, therapy, and openness about mental illness perpetuate values traditionally associated with women: emotional disclosure, empathic listening, and care (Müller, 2019). The debate over whether such traits are biological or sociologically ingrained and internalised has been extensive (e.g., Erickson, 2005; Müller, 2019). The present study only includes a small sample, and more research is welcomed to analyse how such observed gender differences are established, negotiated, and challenged. Suffice it here to confirm that, similar to emotional labour in general, there is a risk of undervaluing and rendering invisible this work of care (Hochschild, 1979/2012) when television participants engage through the testimony loop with audience members facing severe mental health issues. From a media production perspective, this challenges ostensibly gender-neutral assumptions of subjective experiences of media participation, especially when it comes to engaging with audiences in the aftermath. Even within one of the world's most gender-equal countries, emotional labour remains entrenched in distinct gender roles. This highlights the broader societal devaluation of certain types of interactions and how this affects our capacity as a society to integrate the untold narratives of mental struggle.

The emotional labour encountered by some of the participants serves as a reminder of the significance of considering the unique characteristics of the programme format and various media platforms when assessing the impact of media participation. It also highlights the importance for public broadcasters and media production companies to remain vigilant regarding the intricate communication dynamics that may unfold between television participants and audiences in the aftermath of portraying personal testimonies of mental illness by lay people through the media.

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