Main Article

'Someone should have looked after us': the boundary work of mental health disclosure on TV

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Abstract
This article investigates the boundary work of young people who disclose personal experiences of mental health illness and trauma in a reality TV series. The programme in focus features group therapy sessions led by a professional psychologist, supplemented by personal video diaries. Combining disclosure theory with media sociological perspectives, the article analyses how boundaries are drawn, negotiated or trespassed in the production process. Data is based on in-depth interviews with participants, supplemented with background interviews with the production team and therapist. A main finding is that participants' experiences in retrospect vary greatly: from accounts of meaningful self-disclosure to regret, increased strain and flare up of illness. Participants with negative experiences highlighted a lack of control over their stories, alienating representations of themselves and guilt about revealing information about third parties. The article concludes that interventional 'do-good TV', which builds authority and rhetorical ethos by offering professional therapy to participants, calls for careful consideration of the often-opaque relations of power and instrumental interests involved in this production setting.

Keywords
boundary work, lay participants, mental health, privacy ownership, reality TV, self-disclosure, TV production

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It is widely assumed that being open about personal experiences related to health, illness and trauma is beneficial, and self-disclosure is an integral part of the intimacy trend prevailing in much of today's media (e.g. Furedi, 2004). One central but scarcely researched manifestation of this trend is the reality TV format that features people with health challenges as they receive professional therapy. Here, the viewers are invited into a space where intimate personal information is disclosed – a room otherwise demarcated by professional confidentiality norms (Blaker, 2013).

While the upsurge on social media of personal disclosures about health and illness has received substantial scholarly attention (for review, see Luo and Hancock, 2020), less is known about the experiences of individuals who come forward with their health problems within the frames of a mass media production. Existing studies of the broader family of reality TV and confessional talk shows have reached divergent conclusions with regard to the consequences of participation for lay participants (e.g. Aslama, 2009; Boross and Reijnders, 2017, 2019; Grindstaff, 2008; Priest and Dominick, 1994; Shufeldt and Gale, 2007; Syvertsen, 2001). One tradition emphasizes how self-disclosure has enabled participants to redefine the public representation of stigmatized groups, providing personal empowerment and emancipation (Boross and Reijnders, 2017; Gamson, 1998; Priest and Dominick, 1994). Other studies have found that participants expose information under circumstances that favour the media industry and producers' interests over participants' well-being (Grindstaff, 2008; Shattuc, 2014; White, 1992). Concurrently, many informants are cited as very understanding and forgiving of the necessary framing and editing involved in various reality TV productions, expressing a feeling of being co-creators of the show and the internalization of both the societal mission and the production logics of the format (Boross and Reijnders, 2017; Kuppens and Mast, 2012; Syvertsen, 2001).

Within the expanding hybrid genre of documentary and reality TV, the inclusion of professional therapy might add legitimacy and signal the idealistic motivations of 'do-good TV' beyond entertainment (Corner, 2009; Murray, 2009; Ouellette, 2010). One could, however, hypothesize that the boundaries demarcating a private self and a public appearance would turn extra permeable, thus leaving participants extra vulnerable, when the authority of a professional therapist becomes part of a production framework set up not only to cure but also to create engaging TV. Addressing the lack of research on participants' experiences with this particular type of reality TV and exploring the processes that lead to the moment of laying bare traumatic experiences in front of a camera, this study asks: *How do young people experience the boundary work of self-disclosure as participants in a large-scale reality TV production about mental health issues?*

The format in focus of this study, the TV series *True Selfie*, features young people (18–28 years old) with mental health challenges as they take part in group therapy and film themselves between therapy sessions in personal video diaries. The programme was commissioned by the Norwegian Public Broadcaster (NRK), it was aired prime-time once a week and also available online. Providing a 'fly on the wall perspective' to the audience (Hill, 2000), the series was premised on the conviction that self-disclosure would benefit both the young participants' individual healing processes and contribute to the normalization of mental health challenges. The format was part of the broadcaster's programme policy to attract and engage a young audience and was highly

profiled by the broadcaster on social media and in the press, attaining high audience ratings (Michalsen, 2017). *True Selfie* was nominated for several awards, it received the Norwegian 'Taboo Prize', and was acclaimed for reducing prejudices and stigma from amongst others the Norwegian Health Minister (Høie, 2016). The format was later sold and reproduced in Holland and Canada. In Norway, the series sparked a certain debate, but critical voices were few and, in general, were subdued by the volume of praise and gratitude to the young participants.

Departing from a long tradition within communication and media studies on the boundaries between privacy and publicity, this study focuses on how the premises for participation and disclosure were negotiated and established and how participants adjusted – or tried to adjust – their boundaries of disclosure as the different stages of the production process unfolded. The analysis relies on a framework combining disclosure theory and communication privacy management (CPM) theory (Petronio, 2002, 2018) with media sociological perspectives from Goffman (1959) and Palmer (2017), allowing a systematic analysis of the strategies, negotiations and trespassing involved in mass media self-disclosures.

Analytical framework

Self-disclosure: benefits and risks

Extensive literature within communication studies and psychology has pointed to the positive effects of self-disclosure. Opening up is claimed to improve health as opposed to suppressing emotions, and self-disclosure is related to empowerment and the reduction of stigmatization and shame (Corrigan and Kosyluk, 2014). Nuancing an approach to openness as exclusively beneficial, CPM theory emphasizes the need to balance openness with the need to maintain some space between oneself and others, recognizing a tension between wanting to connect with others while at the same time retaining some autonomy to minimize vulnerability (Petronio, 2018: 390). An essential premise in CPM theory is that individuals believe they own the information about themselves defined as private and have the right to control its dissemination (Petronio, 2018). Furthermore, individuals keep the information they define as private within metaphorical *privacy boundaries*, which may be thick and even impermeable when the information is restricted, yet thin and permeable when owners allow more openness (Petronio, 2018). When people choose to share private information with others, they become *co-owners* in that the recipient takes on a level of responsibility for the information. CPM assumes that individuals (and collectives) control the flow of private information by developing and using certain privacy rules derived from decision criteria that might be relatively stable *core criteria* (such as cultural expectations) or relatively unstable *catalyst criteria* (such as motivational goals and situational conditions) (Petronio, 2018). Among the factors found to increase self-disclosure are liking the recipient (Collins and Miller, 1994) and wishing to do something good for others (Garcia and Crocker, 2008). But privacy rules may be misinterpreted, or co-ownership rights may be overstepped, resulting in *privacy turbulence*. Such turbulence is often caused by ambiguities in the establishment of privacy rules between co-owners of information. Notably, person A and person B may exchange

information in a relationship of reciprocity, or A may know more about B than vice versa, implying a power differential in ownership and control (Petronio, 2002). With this power differential, the level of person B's vulnerability depends on how person A treats the co-owned private information.

CPM has been used in the analysis of multiple contexts, from family studies and healthcare to social networking (Petronio, 2018). To our knowledge, it has not yet been applied in the analysis of mass media production, even though it provides a conceptual tool for understanding the type of power asymmetry between media producer and participant where the latter discloses personal information while the first does not.

The rules of media encounters

From a mass media theoretical perspective, the boundaries of privacy and disclosure have often been discussed in light of sociologist Goffman's (1959) concepts of frontstage and backstage. For Goffman, backstage is related to information about oneself that one wants to keep private and tries to control. If one happens to reveal backstage information to unauthorized persons or in an undesirable way, it may affect both others' and one's own perceptions of oneself (Goffman, 1959: 242–243). In this way, as in CPM theory, with Goffman, the disclosure of private information is analysed as an act of transaction that involves a certain cost, which takes place within a frame that rests on certain rules.

Theorizing the experience of ordinary people when exposed in the news media, Palmer (2017) extends Goffman's (1967, 1986) theoretical framework to understand why some people react by feeling misrepresented and betrayed when faced with their representations in the mass media. Palmer departs from Goffman's proposition that in face-to-face encounters people adjust to different conversational rules, varying from one setting to another. These rules are signalled through a range of interpersonal and reciprocal cues. Palmer hypothesizes that for persons unexperienced with media productions, it is hard to decode and deliberately adjust to conversational cues that bear resemblance to those given in any friendly intimate conversation, implying a felt obligation of reciprocity, while at the same time taking into account that the output of the conversation will inevitably be *reframed* in a different setting – that of the final and edited story. Hence, for the layperson, disclosure in the mass media involves adjusting and eventually objecting to a complicated mix of informal and formal, implicit and explicit norms and regulations. Navigating this terrain and determining what to share and what to keep private at the moment of the journalistic encounter means mastering complex boundary work.

Palmer emphasizes that the feeling of having lost control is by no means a given, and that media appearances also involve experiences of recognition, increased status and emotional boosts. Her vital point is that laypersons who confide in and confess to a journalist take part in encounters in which formal and informal norms are largely set up and mastered by a media professional. Even if journalists take care to treat their subject fairly and compassionately, this encounter by necessity is an asymmetric relationship in which the powerful party has an instrumental interest in producing a story that attracts an audience.

The role of informal understandings and formal rules set up in written contracts is especially ambiguous with regard to the documentary and reality TV genre. Here, a journalistic ethics of care for vulnerable participants tends to be kept on an informal, case-by-case level, while the obligatory juridical contracts participants need to sign leave the participant with minimal or no formal control over how footage is used or reproduced (Nichols, 2016; Rothwell, 2008). Within CPM theory, these are examples of relationships characterized by a power differential where private information is not mutually shared: one party knows more about the other, and co-ownership relies on the benevolence and ethics of the powerful party at the receiving end.

In the ensuing analysis, combining Palmer's framework with the CPM model, we explore what types of privacy boundary work, based on what type of formal and informal rules were involved in the central four types of encounters in *True Selfie*: (1) the initial communication between participants and the production team, (2) the group therapy sessions, (3) the video diary and (4) the final review of the edited episodes. In addition, we investigate how the various premises for these different types of encounters led to privacy turbulence and a feeling of lost control for some participants.

Case and method

The two Norwegian seasons of *True Selfie* were produced by the production company Anti and were commissioned and aired by the Norwegian public broadcaster, NRK, in 2016 and 2018. The programme idea was pitched to NRK by Anti and further developed in close dialogue with the broadcaster. Participants signed a contract with Anti that granted the company ownership of all material, including video diaries, but the programme was subject to the general programme policies and guidelines of the broadcaster, and NRK had the overall editorial responsibility for the programme, including the attendance to the Code of Ethics of the Norwegian Press as well as the public broadcaster doctrines of NRK (https://info.nrk.no/vedtekter/).

Each season follows eight youths (aged 18–28 years) with mental health challenges through group therapy, as well as through their self-filmed video diaries. A professional psychologist led the group therapy once a week for a period of 3 months. Each therapy session lasted 90 minutes. They were filmed in their entirety and edited to eight 30- to 40-minute episodes, including clips from the video diaries. Participants used a handheld video camera to film their lives at home, at school/work and with family and friends. The episodes were promoted and easily accessible on a digital platform, and social media was used to recruit participants, promote episodes and provide discussion forums for the series.

The data are based on in-depth interviews with 11 out of the total 16 participants, combined with background interviews with two programme makers (producer and editor), the psychologist and the programme editor at NRK, and text and document analysis. All episodes were watched repeatedly for key information, the media coverage of the series was mapped and the participant contracts were studied. Informants were contacted through Facebook Messenger, SMS, phone or email. The semi-structured interview guide focussed on motivation for participation, experiences with filming, reactions to seeing oneself on screen and reflections on participation in retrospect. Participants were

anonymized, given new names and, in some cases, their gender was altered to protect their identity. All interviews were recorded, transcribed and coded in data analysis software and stored according to strict research ethics and regulations for sensitive data. The coding was conducted by the two researchers based on the themes of the interview guide.

The interviews with the producer and the editor of *True Selfie* focussed on the programme idea, ethical considerations, production process and dramaturgical criteria. Finally, the psychologist in charge of the group therapy was interviewed about his role, as was the programme editor at NRK responsible for compliance with the ethics and programme policy of the broadcaster. Four participants, as well as the psychologist, were interviewed face-to-face. Due to coronavirus restrictions and long travel distances, five participants were interviewed via Zoom and one via telephone. Interviews with participants lasted between 1 hour and 2.25 hours, with an average duration of 1.25 hours.

Analysis

The first encounter with *True Selfie*

The concept of *True Selfie* was inspired by the drama series *In Treatment*: The idea was to take fictional therapy into real life with real people. As the concept evolved, group therapy – rather than individual therapy – became the focus. Drawing on the dramaturgical structure of reality TV, the use of video diaries was added so that the audience could follow a group of participants in one setting, the therapy room, and in parallel witness their reactions and feelings in private. 'The idea is to use something familiar, a standard reality or docu-soap, to convene something essentially significant about the inner layers of the individual' (Editor). In their advertisements, the programme team asked for people between 18 and 28 years of age who 'can show us what is below the surface and behind closed doors – completely open, completely honest' (Stabell et al., 2017).

The motivation to help was stated from the beginning, typically formulated in the advertisement for the second season: 'Do you have challenges that prevent you from living the life you want? Perhaps we can help?' (Stabell et al., 2017). Facebook postings repeated the message, adding, 'You can help give your generation an important voice' and 'Your story can help others'. It was also an established premise that it would be possible to pair the care for each individual story with the imperative to create good TV. Yet, NRK's editor emphasized that they looked at the project as risky and in need of close dialogue between broadcaster and production team: 'Our biggest fear was that something would happen to the participants. But we were confident that this was an incredibly important programme'. She emphasized a genuine and idealistic motivation to help youths who struggle mentally. The psychologist signalled a similar confidence in both the basic motivation of the series and the professional competency of the broadcaster:

> When I discussed it with other psychologists, they were concerned about the possible involvement of some type of pressure or the pushing of boundaries. . . But as I saw it, neither NRK nor the production company thought along those lines. They wanted it to be good for the participants; it was supposed to be nice. And that makes good TV.

Several hundred youths applied for each of the two seasons. The most common motivation recounted by the participants was getting help: '[A]t that point in life I was not in a good place (. . .) I looked very darkly at things, so I thought yes, okay, group therapy, why not?' (Jacob). Some were attracted by the opportunity to receive therapy from the well-known psychologist. One participant recalled how he ignored and postponed the fact that the group therapy would indeed be aired on television. Many were also motivated by helping others: 'My motivation was to open up that space, to talk about emotions' (Oscar). Some also harboured hopes for public attention, leading to something new and exciting – even the prospect of professional career opportunities. For many participants, motivations played together. One example is Nina, who was tipped off about the series after asking a friend if she knew of a good psychologist.

[My friend] said, 'I know a psychologist who is really good. But there is one small catch: it's on TV'. And I just [said], 'What? No, oh my God. I don't know'. Something inside me was like 'No', but another part was like 'Oh, yes', because I have always wanted to work in TV. I've always thought that I have something to say to the world.

The expectations for wide-reaching openness were emphasized throughout the recruiting process by the production team: '[The editor] wanted us to be as open as possible' (Ingrid). Seemingly, participants were encouraged to wipe out any separation between frontstage and backstage (Goffman, 1959). The youths differed significantly, however, with regard to how much they had reflected on the premises for participation and what condition they were in when applying. Notably, participants' boundary permeability (i.e. to what extent they had deliberately decided what information to disclose) varied from the offset. Some had quite randomly submitted an application, such as Olai:

A friend of mine was like, 'You have to apply; it would have been so much fun if you participated'. And I just like, 'No, I don't need to', and she was, 'Yes, it would have been so much fun just signing up: there's no harm in that'. And then we sent in a video just like that.

Some participants lived alone, while others still lived with their parents. While some had received psychotherapy for years, others were in the starting phase of treatment or had hardly attended a therapy session before. Only youths who were considered 'healthy enough' (producer) or able to cope with the attention brought by the broadcasting of the show (psychologist) were supposed to be selected. But what that meant was not always clear. Severe personality disorders and psychosis were excluded, but having suicidal thoughts was reckoned too widespread to be ruled out. Further, eating disorders and alcohol abuse were personified in the series, although they were initially defined as problematic to include. A few participants had already gone through a process of disclosure on social media and conveyed a deep-felt realization that openness was liberating (Priest and Dominick, 1994). For example, after having suffered from anxiety attacks and searched professional treatment, Nina had decided to tell the truth on her social media account with many followers: 'And then I just had enough with that façade stuff: from now on I will be true to myself and my feelings and tell it like it is'. Others emphasized that they were in a strong recovery from their illness at the time. Emerging from a state

of chaos, they now felt ready to disclose to a larger audience: 'You need some distance to yourself and your own mental mindset, and for that you need to be somewhat on the road to recovery' (Oscar).

These participants apparently seemed to have thin boundary permeability from the start, being prepared to disclose 'anything' (Gustav, Sofia). Others aimed to protect certain types of information about family members or personal relationships. Notably, co-owned information (Petronio, 2018) was an important part of many participants' life stories, and therapy and video diaries would naturally also involve their next of kin. Several informants discussed with family whether they should participate in the TV production, some reporting that family members were supportive and even encouraging: 'Dad thought I should do as I wished, and Mum thought, "This is good. You are doing something good for others"' (Oscar). However, one participant was told by her family *not* to talk about them on TV, thus marking their collective privacy boundaries: 'And it wasn't something I wanted either, so then I chose not to do that' (Stella).

Whereas some participants perceived the risk of self-disclosure on TV as high from the start and tried to apply thick boundaries around certain types of information, others had not really defined their boundaries in advance. Rather, they adapted their privacy borders according to how things developed: 'I really just jumped into it' (Nora). One participant had a relapse of illness right upon filming, he recounts how he from then on actually was unable to navigate what information to protect and how to present himself to the group and the cameras.

Notably, there were strong catalyst criteria in the encounters that took place before filming began, nudging a willingness to self-disclose in *True Selfie*. Being picked out from a pile of applications induced a sense of being seen and specially selected (cf. Palmer, 2018). Participants emphasized how, early on, the production team and psychologist made them feel seen, safe and in control: 'I just felt that [the editor] was so nice to me, very interested, and kind of asking the right questions, making me open up a little [more]' (Liam). Generally, participants felt a close connection with the psychologist in the casting interviews, and they liked him. Disclosure appeared to be imbued with positive feelings, and trust in the psychologist was transferred to the rest of the TV team, enabling permeable boundaries:

> It felt natural, surprisingly easy actually. And [the psychologist] is a dream to talk to (. . .) And from that day, it was really just okay: whoever wants to talk to me now, I can just unpack it. There is nothing to hide. (Gustav)

In this case, a feeling of safety and trust from initial contact with the production team played an important role in how the participants perceived the risk–benefit ratio. Their sense of being in control over the process was enhanced by assurances that they would be able to influence the final version of their representations:

> "It was something they said in advance, which made me feel quite safe and taken care of: that if I had objections, I could just say so, and they could change it" (Stella).

> "They were not going to publish anything before we had watched and approved it" (Sofia).

Contracts

In general, the participants referred to an informal understanding that they would be able to make changes to the final cut of the episodes; however, the formal contracts they had signed did not actually enshrine this understanding (cf. Nichols, 2016). Participants were entitled the right to watch and comment on a raw cut of the episodes. NRK also specified that they would remove the episodes from their streaming services after 3 years. Beyond that, the agreement between Anti and the participants was based on a standard ownership contract that granted participants no formal right to change the footage about themselves and provided the company with unlimited rights to reuse the material. As such, there was a clear power differential between producers and participants, where the production team was in final control of the disclosed information.

While some participants accepted these terms as the name of the media game, seeing the contracts as clarifying ownership, many paid little attention to the wording in the contract, resting in the belief that they would be able to exercise sufficient control over the information to be made public. However, some became painstakingly aware of their lack of formal ownership of the footage at a later point, when their attempt at boundary management led to severe turbulence. Indeed, as explored below, these participants adjusted their risk–benefit ratio during or after filming, from low to high risk and from high to low benefit.

The production phase: from co-operation to privacy turbulence

Several participants conveyed that they benefitted from the group therapy, particularly from the dynamic with the other participants in a supportive and non-judgemental atmosphere. Most of them explained that they quickly ceased to notice the cameras: 'That was never a problem. Didn't affect me at all. It became very intimate inside that circle' (Gustav). Others, however, did not get used to the cameras and felt insecure during the therapy sessions. One participant felt pressure to *deliver*, to be 'a larger version of oneself, to impress on TV' (Liam). The TV cameras increased his awareness about self-presentation frontstage (Goffman, 1959). To avoid the cameras, he often remained silent. 'I found it uncomfortable to be there. Because as soon as I spoke, I noticed that the camera moved and focussed on me, as if I had a lot to say' (Liam).

Some participants also pointed to a heavy atmosphere arising from all the trauma expressed in the group. Liam fell increasingly ill during the filming, followed by a feeling of losing control over the story he had signed up to share. To exit the production, however, did not feel like an option, partly because he thought it was too late, partly because he hoped participation would end up being helpful and partly because he did not realize quite how bad he felt until after filming:

> I actually think it had the opposite effect on me – that I fell more ill from it. It made me talk about things that were not so nice to think back on. And I had to listen to the others and their complicated life stories; it was so much information, and I got so tired. (Liam)

Others found the process at odds with what they recognized as the true professional principles of group therapy. Sara, for example, reacted to the way participants were supposed to support and help each other:

> [The psychologist] had a couple of good things to say here and there, and then people tried to talk in each other's mouths and be kind of hobby psychologists for each other, and to me that didn't work at all (. . .). What was important to me after all was all the positive feedback I got from the other participants.

In general, participants in the two seasons diverged in terms of how they described the psychologist's role. Whereas participants in one group saw him as engaged and caring, the majority of participants from the other season described him as more passive and distant: '[The psychologist] didn't say much: it was more like we were supposed to talk and then he could also come up with something' (Olai). One of the participants saw the psychologist's role as mainly a backup for the programme makers:

> Because they triggered people all the time. And they didn't really know how much people could handle (. . .) When will they explode? Perhaps we will get it on TV, right (. . .) The [programme makers] had a lot more to do with the participants than [the psychologist], but no one in the audience would know that. (Ingrid)

Video diaries

All the participants received a handheld video camera to film their lives between the therapy sessions. At each weekly meeting, the editor replaced the cameras' memory cards with blank ones. He also watched the diaries and gave feedback and instructions about what he wanted them to film more of. The psychologist deliberately did not look at the video diaries to avoid disturbing the dynamic of the therapy sessions with pre-knowledge. For him, the diaries belonged to the *media* part of the production and were, thus, not his responsibility.

Participants were discouraged from watching their diaries before handing them over, to avoid them being tempted to edit or cut anything. Informants recount how they were encouraged to take their handheld camera 'everywhere' (Olai, Sara) and, in particular, in moments of affect and breakdown: 'Yes, because they wanted the raw feelings (. . .) like "film when you are having an anxiety attack": stuff like that' (Olai). One participant described her thoughts before filming a harrowing quarrel with a family member: 'I thought that something is most likely to happen now. And I should show it on film (. . .). That was the whole point [of] the series' (Nora). One participant ended up filming her own suicide attempt, but agreed with the programme makers that it should not be shown on TV, to avoid inspiring others. 'And they agreed with me that we should not broadcast it, because many youths get very inspired by stuff like that' (Sofia). The footage shown is limited to her stay in the emergency department at the hospital the following day. Another participant filmed herself overdosing on over-the-counter pain killers. This was shown on TV, based on the consideration that it was not a suicide attempt but an attempt to self-harm (interview, producer).

Most participants found it a bit awkward at first to film themselves but got used to it. A few appreciated the opportunity to do something slightly creative with everyday situations. Some found it very natural and, in fact, helpful to express their worries to a camera. A few also appreciated knowing that someone would see the diaries:

> At first, it was very awkward, and I felt silly with this monologue to the camera about my problems. But then it turned out really helpful when I got a response from the director and production team who had seen the videos (. . .) like 'we know your problems, but you are a really good person anyway' (Sara).

While some, like Sara, found the feedback on their video diaries helpful, several others found it challenging to make the type of video diaries asked for. They felt reluctant to film everyday situations at work, with friends or family or to elaborate on certain subjects:

> I felt like I was being pushed a little: to do things I did not want to do. That was a bit of a hassle. I do understand that it was a bit important, but it kind of felt a bit wrong – the timing of taking part in that stuff. (Liam)

Although one participant, Gustav, did not feel uncomfortable with what he filmed in his video diaries, he did feel a commitment to live up to the programme makers' expectations: 'We felt like we disappointed them if we didn't do it. And we wanted to help them'. Also, Nora attempted to comply with the feedback she received. She recognized the programme makers as experts in media production (cf. Palmer, 2018) and became self-critical, agonizing over perhaps ruining the production:

> I was very upset about myself when I saw that gradually [the editor] became more and more annoyed because I didn't do as he said. I did appreciate the feedback; it's not like he did anything wrong. It was just that I didn't quite know how to do it right.

Some simply chose not to film what they knew the editor wanted and, as such, tried to maintain control and mark their borders for self-disclosure. Nevertheless, they felt as if their boundaries were pushed and even trespassed upon: 'Yes, he wanted me to talk about things on camera that I did not want to talk about. So it really got pretty awful' (Ingrid).

Encountering the TV version of oneself

Before the final cut of the episodes, the youths met and watched the episodes together. Around half of the informants expressed that they were content with how their story was presented, and some expressed enthusiasm: 'I felt that yes, you have hit the mark: you have understood me' (Nina). Others emphasized that they, in advance, were familiar with how a media representation could only bring forth one dimension of themselves and expressed a certain pragmatism: 'I thought kind of that's how it is. It has been filmed and it has been edited: this is how it works' (Jacob).

However, one-third of the interviewees reacted with frustration and distress when they realized that their story was reduced to what they perceived to be an overtly one-dimensional and simplified version of themselves. A version of 'what I saw on the screen wasn't me' (Ingrid) repeats itself among these participants: 'I did not recognize myself at all. And I know from all those who know me well (. . .) they don't recognize me either' (Olai). One participant felt they were portrayed as stereotypes, pressed into a narrative: '[X] was the blogger with a façade, [X] was poor, [X] had a substance abuse problem, [X] was an immigrant . . . We felt like characters, even though they had talked so much about how complex we were' (Olai).

Another participant expressed how a family member, exposed in the video diary, felt she was portrayed too negatively: 'I believe if she had known all this beforehand, she would have refused being filmed' (Nora).

The conveyed commitment towards collective privacy boundaries (Petronio, 2002) varied, however. While some participants felt entitled to tell their side of a story, even if it put close relatives in the negative, others experienced ambivalence, guilt and distress for having disclosed too much. In particular, the lack of control over *how* information was presented led to second thoughts for Olai:

> But suddenly, you have been filming for hours, and you have been tired in group therapy, and then it is all on TV (. . .). My parents have always been open; they are not ashamed of anything (. . .). But the thing is, you have exposed them, with no control of the framing.

Another participant wanted to shield a family member in spite of what the participant perceived as the programme makers' insistence on disclosing information about how this person had treated her badly:

> One should not expose a person like that. It can create a trauma for that person . . . But they did not understand. I felt like they kept on pushing, like, 'It's okay, you can do this'. (Ingrid)

In one season, hardly any of the participants asked for changes in how they were presented; rather, they accepted that their portrayals were constructs, and some also found strategies to distance themselves and their own feelings of worth by avoiding watching the episodes when they were aired. In the other season, however, watching the draft episodes caused substantial stress along with a growing realization that asking for changes would not be followed up just like that. Sara described the result of lengthy negotiations as 'some changes here and there', while the producer defined it as '*many* changes'. According to Liam, his wish to include specific information about his history and diagnosis was turned down by the programme makers halfway into filming: '[They] claimed that if they included it, people would use it against me' (Liam).

Only one participant contacted the programme editor at NRK to get help to remove information about a third party, finding that the dialogue the production company was a dead end. Although some adjustments were made after that, the participant still felt betrayed and that his reputation was damaged. This participant is left with a feeling that the production company cared less about the participants than about creating good TV. Yet another participant felt that her feedback was not listened to, but did not manage to

stand up. Looking back, she refers to herself as a vulnerable teenager at the time, first and foremost in need of help and care, struggling with a disorder that worsened when faced with her representation in *True Selfie*.

From meaningful disclosure to deep regret

Reflecting upon their participation in retrospect, several participants did convey the healing effect of openness: 'I actually dared to dig deep inside and to say what lies there. That was what I learned. And that was very important' (Jacob). Some point to the value of people knowing their struggle: 'That other people offer help and say that if you need anything, you can talk to me (. . .). It has helped', according to Nora, who nevertheless still struggles: 'I still have very, very dark thoughts, and I'm still depressed. But I gained more than I lost by participating'. A common rewarding experience is the feeling of having helped or inspired others:

> I felt so useless, so pathetic, didn't do anything for anyone. When I get feedback that I have helped many people in the same situation, of course that means a lot . . . I felt that I contributed to society in a way – that I was useful. (Gustav)

However, not all participants felt that helping others outweighed what had become a distressing experience for themselves. One participant's final verdict is telling: 'It may be a good programme for those on the outside, but for us who participated, I don't know if I can say very much positive about that' (Liam).

Several informants conveyed a schism between the orally informed rights and reassurances in their initial encounters with the team and the formal rights enshrined in the contract. Olai summed up the experience like this: 'Orally, they said to all of us that we would be in control. And then we sat there afterwards and felt that we didn't control any of it' (Olai). He stopped answering calls from the psychologist: 'Since I couldn't do anything about it, I just wanted to distance myself from it and get it over with'. Like Olai, Ingrid felt that the psychologist was too loyal towards the production company to stand up for them when they needed it: 'And no one was like, "Slow down, how are they doing?" Someone should have been there. Someone should have looked after us and made sure things were all right' (Ingrid). When presented with the first cut, Olai came to regard his participation with great regret; feelings that still prevail today: 'I felt better right after the group therapy, but the relapses later on due to that feeling of lack of control were far worse than this intermediate improvement'.

For a majority of the participants in *True Selfie*, the benefits seem to have outweighed the costs throughout the process. However, for a substantial minority, this was not the case.

They signed up for participation with the assumption that they could tell a particular story about their lives, which they believed was of public relevance. With that story, they found the risk of public exposure to be lower than the perceived benefits. But Ingrid increasingly felt that the programme makers wanted a different story from her, one which, in her eyes, involved a much higher risk because it also involved third parties. Liam's mental health worsened from the time he signed up to the start of filming and became increasingly worse during filming, dwarfing his ability to protect viable

boundaries. Olai did not recognize himself, feeling that he had betrayed his family. Among the reported consequences of participation in the series were relapses of self-harming and eating disorders, anxiety, social isolation, suicidal thoughts and reduced trust in others.

Conclusion

This study has explored processes of self-disclosure within a framework that combines therapy with reality-dramaturgy. In line with Palmer's (2017) analysis, we find that the young participants in focus were highly susceptible to catalyst criteria such as the establishment of trustful and compassionate relations and that several of them could not fully grasp the complex interplay between informal agreements and formal rules, therapeutic principles and the narrative logics of reality TV. Theoretically, such experiences challenge the notion of stable privacy rules and privacy ownership in CPM theory (Petronio, 2018). CPM's central premise, however, that people believe they have the right to own and control information they regard as highly private, materializes in feelings of betrayal and painful loss of control.

In the format in focus, there was a clear power differential in discordant information sharing (Petronio, 2002), and for the participants, the expectation of being in control exceeded what the formal contract stated. They explained that they were encouraged to be as open as possible in the filming phase under the pretext that they could edit the content after filming or even withdraw. This contributed at first to a perceived safe space for disclosure. But the apparent lack of transparent, unambiguous rules regarding ownership of private information, combined with a significant power differential, led ultimately to intense boundary turbulence for some participants.

This was particularly evident when private information was co-owned by third parties. Vitally, some of the boundary turbulence involved in the production of *True Selfie* can be understood in the light of breaking a collective privacy boundary: a commitment towards a close third party. Some participants felt bad about revealing information that put their next of kin in a negative light, yet they were unable to draw stable boundaries around information co-owned with their family. Considering the requirement and encouragement to share openly from their lives and emotional struggles, this is perhaps not surprising. Nevertheless, we argue that as TV producers become co-owners of sensitive information, their responsibility for handling that information responsibly increases. According to CPM, this would mean allowing the participants a higher degree of influence on the way private information is managed to attain a benevolent relationship between the production team and the disclosing individual (Petronio, 2002).

Today, practices regarding participant influence and control vary between different productions and broadcasters (Nichols, 2016). We have no reason to question the motivation of combining help with engaging TV in the case studied here. It does seem clear, however, that the production in focus did not succeed in striking a balance between care and protection and strategic production interests. More explicit guidelines and formal clauses might have served as needed institutional constraints, providing an extra insulation for the young participants. In this respect, it is perhaps worth noting that the broadcaster in question had few if any articulations of the journalistic principles of special care for vulnerable persons in its public service charters, which were more focussed on the

societal missions and rights of public service TV. As it stands, the way rules and norms were institutionalized in this production did allow many participants a meaningful and positive experience. How rules were established and boundaries drawn did however not allow those most vulnerable – a vulnerability caused by different combinations of young age, traumatic backgrounds or severe mental challenges, to reach through and get heard – with their feelings of self-determination and self-worth intact.

One perspicuous aspect of *True Selfie* is the encouragement of full self-disclosure and of eliminating any separation between frontstage and backstage (Goffman, 1959). Although the production team studied here provided participants' co-determination through informal feedback and discussions, the quest for wide reaching openness produced substantial and detrimental feelings of vulnerability for several of the participants. This finding is relevant beyond the specific case studied here. In general, when TV productions build authority and rhetorical ethos by including professional health therapists in their productions, careful consideration of the opaque relations of power asymmetry and instrumental production interests involved is called for.

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