Narratives About Mental Illnesses in China: The Voices of Generation Y

Lu Tang & Bijie Bie

a Department of Communication Studies, College of Communication and Information Sciences, University of Alabama
b College of Communication and Information Sciences, University of Alabama

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Lu Tang
Department of Communication Studies, College of Communication and Information Sciences
University of Alabama

Bijie Bie
College of Communication and Information Sciences
University of Alabama

This study explores the cultured understanding of mental health and mental illnesses among members of Generation Y in China through a narrative approach. Five prominent narratives are identified through the analysis of stories about mental illnesses collected through semistructured interviews with college students. These five narratives feature the tragic genius, the psychotic criminal, the fragile victim, the antisocial recluse, and the homosexual. These narratives are gendered, in that women are the primary protagonists in the narrative about the fragile victim, while men are featured prominently in the narratives about the tragic genius, the psychotic criminal, and the antisocial recluse. Our study demonstrates that these narratives are based on, and will further reinforce, highly cultural-specific stereotypes and biases about mental illnesses in China. Theoretical and practical implications of this study are discussed.

According to World Mental Health Surveys, 100 million people in China, or 7.1% of the country’s population, will suffer from some form of mental illness in a 12-month period (Kessler et al., 2009). This puts mental illness ahead of heart disease and cancer as the heaviest burden on the country’s health system (Kessler et al., 2009). Mental health is an especially acute issue among young adults in China. Labeled Generation Y (Gen Y), this group of young people born in the 1980s and 1990s is typically described as well-educated, individualistic, confident, assertive, achievement-oriented, and yet hypersensitive (Lynton & Thogersen, 2010). Growing up in more affluent circumstances than any previous generations of Chinese, members of Gen Y have been facing heightened competition and intensified academic pressure since their kindergarten days (Stanat, 2006).

Chinese people suffering from mental illnesses are less likely to seek professional help than Westerners. A survey of a nationally representative sample in China showed that among individuals with a diagnosable mental illness, only 8% had ever sought professional help, and only 5% had ever seen a mental health professional (Phillips et al., 2009). Culture is a cause of the underutilization of mental health services in China. Etiology beliefs about mental illnesses in the Chinese culture might discourage Chinese people from seeking medical help for mental illnesses developed based on Western psychiatric theories (Chen & Mak, 2008). Furthermore, the stigma associated with mental illnesses is pervasive and severe in China, which further discourages the Chinese from seeking help (Phillips, Pearson, Li, Xu, & Yan, 2002). Hence, it is imperative to investigate the cultured understanding of mental illnesses in China in order to create effective messages that will promote the use of mental health services and dispel the stigma associated with mental illnesses.

Recently, health communication researchers have promoted the study of health narratives as a theoretical and methodological anchor for the understanding of health-related issues. Since human beings are homo narrans—those who use stories to understand and construct the realities around them (Fisher, 1984)—investigating how people tell stories about mental illness can provide insights into
the cultured assumptions and beliefs about mental health. Furthermore, narratives not only reflect a culture’s understanding of an issue, but also shape such understanding (Garro & Mattingly, 2000). Studying stories about the mentally ill can shed light on how such stories can either perpetuate or reject the cultured stereotypes about mental illnesses.

Presented here is a study of China’s Gen Y’s cultured understanding of mental health and mental illnesses through an analysis of the stories collected from 30 college students in China. Theoretically, it answers the call of Sharf and Vanderford (2003) to “incorporate cultural sensitivity” into health narrative studies (p. 25). It demonstrates how meanings of mental illness are constructed within the changing culture of China through narratives. Practically, the findings of this study demonstrate the biases and stereotypes about mental illness popular among the younger generation in China, and provide baseline data for public health professionals in creating public health campaigns to dispel stereotypes and stigmas about mental illness.

LITERATURE REVIEW

Mental Health and Chinese Culture

The definitions of mental health and mental illness are socially and culturally constructed (Gary, 2005). In tracing the evolution of the idea of madness in Europe from the Middle Ages to the 18th century, Michel Foucault (1988) concluded that in each different era, the meaning of madness was based on the cultural, political, and legal conditions of the day, and these varied notions of madness all functioned as disciplinary mechanisms. Today, mental health and mental illnesses are largely defined by a biomedical model in the West, which describes mental illnesses as diseases of the brain, attributes them to genetic abnormalities or chemical imbalances, and relies heavily on pharmacological treatment (Deacon, 2013). Studying how people talk about mental health and mental illness in non-Western countries can allow researchers to explore how these concepts are constructed in specific cultural contexts and to develop indigenous theories about mental health.

A few studies have provided theoretical discussions on how Chinese culture shapes the ways in which mental health and mental illness are defined, explained, and experienced (e.g., Kuo & Kavanagh, 1994; Lam et al., 2010). Kuo and Kavanagh (1994) identified three core Chinese values that affect the perception of mental illness: balance, harmony, and family. A mentally ill person, in this context, is viewed as someone who deviates from the cultural norm, lacks self-control and self-discipline, fails to fulfill family and social expectations, and brings shame to the entire family. Because of this culturally based stigmatization, patients and their family members generally feel more comfortable if a mental disorder is treated as a physiological one. Lam et al. (2010) theorized that because of China’s collectivist culture, the stigma of mental illness is associated with not only individuals but also their families and villages, which leads to a heightened stigma of mental illness in China and Chinese communities abroad. Following these theoretical assumptions, several studies have investigated the relationship between Chinese culture and mental illness empirically. Hsiao, Klimidis, Minas, and Tan (2006) interviewed 28 Chinese-Australian, middle-aged or elderly patients and their caregivers and found that their interpretations and experiences of mental illness were largely shaped by traditional Confucian values, including the hierarchy of familial/societal roles and cultural expectations of appropriate behavior. Hsiao et al. (2006) further concluded that harmonious interpersonal relationships and traditional Chinese family values as defined by Confucian ideals are key factors in Chinese people’s mental well-being. Based on the analysis of 21 personal narratives about experiences with mental illness published in a Chinese medical journal, Ramsay (2008) found that “gaining control” was a dominant theme throughout these narratives. Different from the idea of “social support/coping” in the West, the concept of gaining control involves not only taking care of one’s own life and health, but also “overcoming dependence on others and pharmacotherapy” to maintain social order and stability (Ramsay, 2008, p. 196). In other words, mental illness was considered to be more detrimental to family interests and social welfare than to a patient’s personal life.

Mental illnesses are frequently associated with suicides. Empirically, studies in both China and the West observed a strong association between mental illnesses and suicidal behaviors (Phillips, 2010; Phillips et al., 2002). Culturally and linguistically, Chinese people tend to make this association as well. Instead of using the medical term “mental illness,” Chinese people often use the metaphors of heart and brain in making sense of mental disorders (Pritzker, 2007). Mental illnesses are often considered an illness in the heart, and suicide happens when an individual loses her heart.

While offering important insights into the relationship between mental health and Chinese culture, these studies also share a few limitations. First, the empirical studies focus on the perspective of individuals suffering from mental illnesses and provide insights into their individual experiences. To better understand the health belief systems or myths about mental illnesses (Burgoon & Hall, 1994), it is important to investigate the knowledge, attitudes, and beliefs held by the general public. Second, these studies are based on the principles and values of the traditional Chinese culture, such as Confucian values (including order, family, harmony, and collectivism), and on a dichotomy of Chinese versus Western cultures. However, the culture of China has undergone significant transformations, especially in the last few decades, in the contexts of economic development, social transformation, and globalization. A true comprehension...
of the cultured understanding of mental health and mental illnesses in today’s Chinese culture calls for a grounded theory approach with no prior assumptions about cultural characteristics. To that end, the current study examines the narratives about mental health and mental illnesses collected from China’s Gen Y, a generation that not only embodies the traditional Chinese cultural values, but also has grown up during the decades of great cultural transformation in China.

A Narrative Approach to Mental Health and Culture

The narrative approach is based on the assumption that human beings are natural-born storytellers, who make sense of the world and their own experiences by choosing among competing narratives. These narratives are evaluated based on narrative probability and narrative fidelity, which are constructed based on personal and cultural knowledge (Fisher, 1984). In the past decade, health communication scholars have adopted the narrative paradigm as a new way of studying the lived experiences of illness, health, and healing.¹

On the individual level, the narrative approach is an important tool for the study of individuals’ sensemaking, healing, and identity construction. First, human beings are natural storytellers who make sense of their experiences by telling stories (Fisher, 1984), and health communication researchers have used the narrative approach to study the lived experiences related to health, illness, and medicine. Bute and Jensen (2011) collected low-income women’s stories about their sex education experiences and found that these women adopted three narratives to make sense of them: narrative of satisfaction, narrative of regret, and narrative of uncertainty. Carmack (2010) studied doctors’ stories about medical mistakes and found that they used the narrative of “the disruption of good medicines” in bearing witness to such errors (p. 449). Furthermore, health communication researchers have studied “narrative medicine,” that is, how health care providers use stories in the process of diagnosis and treatment (Harter & Bochner, 2009, p. 113). Identity construction is another area where the narrative approach has been applied. For instance, Bokhour, Powel, and Clark (2007) studied the narratives of prostate cancer patients and showed how they recreated their identity as “whole, complete, and no less a man” by drawing upon alternative discourses (p. 99). Ott Anderson and Geist Martin (2003) examined how cancer survivors and their spouses used narratives to express their changing identities.

Furthermore, narratives function as the link between micro-level individual experiences and macro-level cultural values and ideologies. Narratives are told and retold within their specific cultural contexts (Sharf, Harter, Yamasaki, & Haidet, 2011). They draw upon the discourses in a particular culture and can be used to perpetuate such discourses or to create changes. Hence, it is important to investigate the relationship between the “individual’s stories of personal experience and cultural knowledge” (Garro & Mattingly, 2000, p. 3). On the one hand, people use stories to perpetuate the dominant cultural values and beliefs; as Meyer (1995) stated, “While the story is heard, the values and world view which constitute it must be taken as given in order to understand the story” (p. 211). For instance, in studying African American women’s narratives about depression, Beauboeuf-Lafontant (2007) found that these women drew upon the discourse of strong Black women to normalize their powerlessness, and in doing so, further silenced themselves. On the other hand, narratives can function as resistance toward dominant ideologies and values. In studying the stories told by persons with chronic illnesses and disabilities, Cardillo (2010) found that they resisted the limitations put on their disabled or ill bodies through the use of four narratives: difference as devaluation, difference as hard reality, difference as oppression, and difference as integrated.

The use of the narrative approach is especially effective in gaining an understanding of people’s attitudes toward highly stigmatized issues such as mental illness. Studying the narratives of mental health and mental illnesses will provide insights into how people make sense of these issues on a personal level. Put together, these narratives will shed light on how meanings about mental health and mental illnesses are constructed by people within a specific culture and will provide insights into culturally rooted myths, stereotypes, and values. Practically, when such narratives are based on biased or incorrect perceptions of mental illnesses, they are likely to bring negative health consequences. For instance, in making sense of their depression, African American women often use the narrative of strong Black women, which views Black women as superhuman. Doing so will further entrench themselves in the sociocultural expectations put on them and further compromise their health (Beauboeuf-Lafontant, 2007). In talking about their experience of depression, Chinese people are found to use the narrative about the need to take control, which may discourage them from seeking social support from their relatives and acquaintances or getting help from professionals (Ramsay, 2008). Hence, in order to uncover the cultured understanding of mental health and mental illnesses among members of Gen Y in China, we ask the following research question:

RQ: What are the narratives about mental illness among young adults (Gen Y) in China?

METHOD

Recruitment

The proposed study was reviewed and approved by the institutional review board at the authors’ institution. To assess China’s Gen Y’s perception about mental health and mental
illnesses, we recruited participants through a key contact person who was a college student in Wuhan, a large city in central China. This student reached out to personal acquaintances and friends, as well as contacts on social media, to recruit other undergraduate college students who were willing to participate in the study. In the end, the contact person and 29 recruits participated. The participants ranged from 18 to 22 years in age \( (M = 19.7, \ SD = .95) \). Among these 30 participants, 15 were men and 15 were women.

**Semistructured Interviews**

Semistructured interviews were conducted using a series of prepared questions asking participants their definition of mental health, their knowledge about mental illnesses, and their perceptions of mental illnesses. More importantly, we encouraged participants to tell stories about mentally ill persons whom they knew in person or learned about through the media. Eliciting stories is an effective way to explore the cultural understanding of health and illness because “hearing narrative accounts is a principle means through which cultural understandings about illness—including possible causes, appropriate social responses, healing strategies, and characteristics of therapeutic alternatives—are acquired, confirmed, refined or modified” (Garro & Mattingly, 2000, p. 26). In telling stories, participants were encouraged to give details, describe the persons in question, discuss how they felt about them, and imagine how they would discuss these stories with their friends and families.

All interviews were conducted by the second author in a private room on a university campus to protect the privacy of the participants. As most of the interview questions focused on participants’ understanding and perceptions of other people’s stories rather than their own personal issues, the participants appeared relaxed and willing to talk. All interviews were recorded with the written consent of the participants. Interviews generally lasted between 30 and 50 minutes. Each participant was given 50 Chinese yuan (approximately US$8) for his or her time. All interviews were transcribed verbatim by the second author, which resulted in a total of 248 single-spaced pages of transcripts in Chinese. The first author compared the recordings and the transcripts to ensure accuracy. Furthermore, 114 stories about mental illnesses were extracted from the transcripts for the purpose of narrative analysis. A story was defined as an account about a specific person who suffered from mental illness. The length of the stories ranged from one-third of a page to two pages in single-spaced Chinese. Each story was assigned a unique ID number.

**Data Analysis**

Narrative analysis was used to make sense of the stories collected. Lieblich, Tuval-Mashiach, and Zilber (1998) proposed four strategies for narrative analysis based on whether it examines the entirety or parts of the stories and whether it focuses on the content or the structure of these stories: holistic-content reading, holistic-form reading, part-content reading, and part-form reading. In this project, we used a combination of holistic-content and holistic-form readings. The holistic-content reading dealt with entire stories and their contents, and the holistic-form reading focused on the structures of stories in terms of setting, characterization, and plot development. In terms of the content of these stories, we paid special attention to the general themes that emerged. With regard to the forms of the stories, we focused on three aspects: the characterization of the protagonist, the development of the plot (in terms of the narrator’s account of the cause of the mental illness and how the protagonist and his family dealt with it), and the cohesiveness of the story (Lieblich et al., 1998). Using a grounded theory approach (Glaser & Strauss, 1967), we read all the stories independently for prominent themes and structures. Next, we adopted the constant comparative method and compared the stories for recurring themes and structures until several preliminary narratives emerged. We then compared these preliminary narratives to the collection of stories to refine our characterization of the narratives. In the end, five prominent narratives were identified: narrative about the tragic genius, narrative about the psychotic criminal, narrative about the fragile victim, narrative about the antisocial recluse, and narrative about the homosexual. A story usually adopted one of the five narratives. Occasionally, a story would fit into multiple narratives. To ensure the internal reliability of the interpretation of the stories, we read all the stories independently again to assign them into one of seven categories—the five narratives, multiple narratives, or no narrative—and agreed on 90% of the stories. We then discussed the remaining 10% of the stories to resolve the discrepancies. Following the advice of Twinn (1998), we analyzed the transcripts in Chinese instead of translating them into English, in order to capture the richness of the language and to preserve the cultural-specific idioms and phrases used by the participants. Later, the authors translated some of the quotations into English for the purpose of this article.

**RESULTS**

Most of the participants’ stories about mental illness adopted one of the five narratives, which differed in terms of characterization of protagonists (i.e., how narrators portrayed their mentally ill protagonists), attributed causes of mental illness (i.e., how narrators explained the causes of mental illness), and emotions expressed toward protagonists (i.e., how narrators felt about their protagonists in terms of emotions expressed and value judgment passed). Occasionally, stories used multiple narratives simultaneously \( (n = 16, 14.0\%) \). About 13.2\% \( (n = 15) \) of the stories did not use any of the five narratives. Very often these stories were too short...
to allow any narrative to emerge. (See Table 1 for a summary of the characteristics of these five narratives, and the frequencies at which they were used.)

**Narrative About the Tragic Genius**

The narrative about the tragic genius centered on how a gifted person suffered from mental breakdowns. The protagonist of this narrative was someone exceptionally talented either intellectually or artistically. In introducing such a protagonist, the narrators often emphasized his genius as his primary identity. In the narrative, the tragic genius suffered from mental illness because of the pressure he felt as part of the elite. The narrators often expressed respect for their protagonist and felt that his mental breakdowns were a loss. In total, 20 stories (17.5%) adopted this narrative.

The protagonists in the narrative about the tragic genius were invariably described as gifted and outstanding in whatever they did. The identities of protagonists included classmates, acquaintances, artists, philosophers, and even fictional characters. Several participants told stories of their classmates who, despite being extremely successful academically, became mentally ill or took their own lives. For instance, participant Chen² (20, female) started her story about a high school classmate by saying, “It is so sad. He was so brilliant. He was admitted by Stanford, but still he hung himself from a rope.” Participants usually attributed the mental breakdowns to competition and pressure. For instance, Chen went on to say:

> Nowadays, the competition is fierce, and everyone wants to excel. So people feel lots of pressure. . . . Chinese people have to be exceptional. Many people around us are brilliant. So we want to be even better. Being surrounded by the elite gives one even more pressure.

Alternatively, celebrities represented another type of protagonist in such stories. They included Chinese TV show host Cui Yongyuan, American popular rock singer Jim Morrison, German philosopher Fredrick Nietzsche, and even the fictional musician Jean-Christophe. Three narrators mentioned the story of Cui Yongyuan, a long-time popular TV show host and a public intellectual in China who was famous for his critique of social issues such as genetically modified foods. Cui was very public about the fact that he had suffered from severe depression for a decade. Narrators often attributed his depression to the pressure of his work. While the stories about celebrities were typically very short, they were often told in conjunction with the stories about narrators’ acquaintances and friends categorized as tragic genius to support the argument that exceptionally gifted people have a greater tendency to develop mental illness.

Typically, narrators showed a great deal of admiration for these tragic geniuses and expressed that their mental breakdown was a tragic loss. For instance, in telling the story of how a very gifted doctoral student from a neighboring university took his own life, Jay (20, male) said, “I felt it is so sad. Such a loss.” Narrators usually refrained from passing value judgments on tragic geniuses. Jay continued to tell this above by saying:

> I don’t want to judge him. I don’t think I am entitled to judge. I don’t know the specifics of his condition, and I have not experienced the condition myself. . . . I guess he had no way out. He couldn’t find help and there was not anything that could give him hope.

**Narrative About the Psychotic Criminal**

The narrative about the psychotic criminal discussed how a dangerous lunatic committed violent crimes against others. The protagonists were described either as victims of social injustice in China or as individuals with an evil nature. They were invariably characterized as “extreme,” “perverted,” and

![Table 1](https://example.com/table1.png)

**Table 1: Five Narratives About Mental Illnesses by Generation Y in China**

<table>
<thead>
<tr>
<th>Narratives</th>
<th>Characteristics of the Protagonist</th>
<th>Cause of Mental Illnesses</th>
<th>Emotions Expressed</th>
<th>Frequencies (n, %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative about tragic genius</td>
<td>Gifted</td>
<td>Pressure of being elite</td>
<td>A sense of loss, sympathy, respect</td>
<td>20 (17.5%)</td>
</tr>
<tr>
<td>Narrative about psychotic killer</td>
<td>Violent, perverted</td>
<td>Social injustice or evil nature</td>
<td>Detest, anger, pity</td>
<td>13 (11.4%)</td>
</tr>
<tr>
<td>Narrative about fragile victim</td>
<td>Weak</td>
<td>Failed relationship</td>
<td>Pity</td>
<td>26 (22.8%)</td>
</tr>
<tr>
<td>Narrative about antisocial recluse</td>
<td>Antisocial, idiosyncratic</td>
<td>Problematic upbringing</td>
<td>Annoyance, pity</td>
<td>17 (14.9%)</td>
</tr>
<tr>
<td>Narrative about homosexual</td>
<td>Different</td>
<td>Homosexuality</td>
<td>Sympathy</td>
<td>7 (6.1%)</td>
</tr>
<tr>
<td>Multiple narratives</td>
<td></td>
<td></td>
<td></td>
<td>16 (14.0%)</td>
</tr>
<tr>
<td>No narrative</td>
<td></td>
<td></td>
<td></td>
<td>15 (13.2%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>114 (100%)</td>
</tr>
</tbody>
</table>

² All names of participants are pseudonyms created to protect their privacy.
“dangerous.” Narrators often expressed the ambivalent emotions of disgust, fear, and pity in telling such stories. There were 13 stories (11.4%) that adopted this narrative. The majority were based on media reportage.

Most of the stories fitting the narrative about the psychotic criminal were centered on a few recent high-profile violent crimes in China. For instance, several participants told the story of Ma Jiajue, a college student who murdered four roommates to death because of a dispute over a card game in 2004. Another story told by many interviewees was that of Yao Jiaxin, also a college student. His car hit and injured a woman by accident; instead of offering help, he produced a knife and stabbed the woman to death, claiming that he was afraid that the woman and her family were going to extort money from him. Both murders were so well known that narrators did not have to provide any details about them. Instead, participants’ storytelling focused on making sense of these horrendous crimes. Despite the fact that these two criminals were not mentally ill, at least based on court rulings of their respective cases, our participants overwhelmingly considered them as mentally ill. This demonstrated the widespread misconception in China that people committed violent crimes because they were mentally ill.

Furthermore, participants predominantly attributed these murderers’ violent crimes to social injustice. Zhang (18, male) discussed the story of Ma Jiajue by saying:

Participant (P): It is caused by the problem of the entire society.
Interviewer (I): Tell me more.
P: My friends and I think that this was a student from a poor family. He had to work so hard to pass the college entrance exam and enter a somewhat good university. He might have hoped that this would change his life and his family’s circumstances. However, after entering college, he found that he was not learning much and was not likely to be able to change his life. Then he might have felt a sense of loss. Furthermore, today, […] the gap between the rich and the poor is widening. So it is possible that those from well-to-do families do not understand those from poor families, because the gap is so wide. As a result, when they enter college, they cannot really talk to each other.

As a result, while participants often described these murderers as detestable, they also felt pity and even sympathy toward those psychotic criminals who were also underdogs in society. Even when talking about a mass murderer of kindergarteners in China, participant Zhao (19, female) said, “I was angry and shocked”; Zhao also said, “On the other hand, I pity him [the killer]. He was a member of the disadvantaged and vulnerable group. He has probably been treated unfairly by society, which might have led to his psychological abnormality.” However, in telling stories about violent crimes committed by people in power, participants made no attempt to come up with extenuating circumstances. For instance, two participants briefly told the story of how an elementary school principal raped several sixth-grade girls, and neither of them made any effort to understand such crimes.

Narrative About the Fragile Victim

The narrative about the fragile victim described how people, almost always women, developed and suffered from mental illnesses due to unhappy relationships or family lives. The protagonists of such narratives were predominantly characterized as weak and powerless victims. Their unhappy relationships made them withdrawn from social interactions or even become suicidal. Narrators often described these protagonists as “pitiful,” “pathetic,” and “silly.” In total, 26 stories (22.8%) enlisted this narrative.

A typical story adopting the narrative about the fragile victim would discuss the experience of a relative or an acquaintance who suffered from mental illness because of relational problems. For instance, Yuan (21, female) told the story of her aunt who struggled with depression: The aunt and her husband had no children, so the aunt became obsessed with her spouse. However, the couple had a rocky relationship and the husband would not come home. As a result, the aunt developed depression.

Narrators often described these fragile victims as strange and different. For instance, Yuan described her depressed aunt as “very sensitive, suspicious of everything, and not communicative.” Also, telling the story of his mentally ill aunt, Bai (19, male) said, “She is kind of scary. She would talk nonsense all the time and was suicidal.”

Narrators often expressed pity and sympathy toward their protagonists. Sometimes they felt guilty for not offering help. In the story already discussed, Bai went on to say, “I pity her. She has some mental illness and cannot control herself. I often feel sad for her, but there is nothing I can do. I often feel very bad about it. I couldn’t really describe this feeling.” Fang (19, male) told the story of a relative who suffered from depression and later committed suicide and said, “It is so sad. We could have helped her more, and her family should have kept her depression a secret.”

Narrative About the Antisocial Recluse

The narrative about the antisocial recluse described people who were extremely introverted, taciturn, inconsiderate, idiosyncratic, or belligerent. A story adopting this narrative typically started with a description of the “strangeness” of the protagonist, and went on to attribute such strangeness to external factors: The protagonists were either spoiled or mistreated by their families and other people around them. The narrators often expressed mixed feelings of sympathy
and annoyance toward the protagonists. In total, 17 stories (14.9%) adopted this narrative.

Being antisocial meant deviating from the norms of social interaction. Stories in this category often started with a detailed description of the eccentricity of the protagonist. For instance, Wang (20, female) told the story of her extremely introverted younger brother:

- He talks to himself and is addicted to online games. He does not communicate with others and does not have friends. [...] He has extremely bad interpersonal communication skills. So he has no friends. He just plays games online day in and day out.

In stories using this narrative, our participants often attributed protagonists’ mental illnesses to the circumstance: They believe that the protagonist had been either mistreated or spoiled. For instance, in the preceding story, Wang explained that her brother was extremely introverted because he was bullied as a child for being overweight. Alternatively, narrators attributed protagonists’ mental illnesses to physical deficiencies. In telling the story about her cousin, who “has some problem with her head,” participant Yan (19, female) said, “She has some physical defect, which causes her to be immature.” Similarly, Li (19, male) talked about an introverted friend in the following manner:

- He doesn’t like to talk. It is because he is a sickly person. He has had asthma since birth and has always been on medication. So he doesn’t hang out with other guys his age much, which affects his psychological problem.

Narrators were likely to express not only sympathy but also annoyance toward the antisocial recluse. Some of them used the Chinese saying, “Those who are pitiful are often detestable (ke lian zhi ren bi you ke hen zhi chu).” For instance, in discussing how he felt about a former roommate who was extremely idiosyncratic and unsocial, Huang (male, 21) said, “I think he must have some mental illness. [...] I couldn’t put up with him anymore and moved out of the dorm.”

Narrative About Homosexuality

The narrative about the homosexual emerged unexpectedly as a prominent storyline about mental health and mental illnesses. Based on this narrative, gays and lesbians were likely to develop mental illnesses or commit suicide either because of a biological link between homosexuality and mental illness, or because gays and lesbians faced considerable social pressure and discrimination, which made them more susceptible to mental illnesses. Seven stories (6.7%) adopted the narrative about the homosexual. More often, this narrative was used in combination with other narratives (n = 13, 11.4%).

This narrative was partially based on the link between homosexuality and mental illness. Some believed that homosexuality was caused by psychological disorders. For instance, participant Sun (20, female) talked about her friend:

- Many people become homosexual because of psychological problems. For instance, I have a friend. Her parents are divorced and she has never met her birth father and was mistreated by her stepfather. As a result, she has never received affection from the opposite sex. [That’s why] now she only likes girls.

Alternatively, other stories argued that homosexuality and mental illness were both caused by psychological abnormalities. For instance, when asked if he knew anybody who suffered from depression, Zheng (19, male) said:

- Participant (P): Do homosexuals count?
  - I: Do you think homosexuals are depressed?
  - P: I think homosexuals think differently. That’s why they develop abnormal emotional attachment. So I think they are probably psychologically different from us. [...] I think probably homosexuals think differently, and that’s why they have different sexual orientations.
  - I: So you think homosexuality is a mental illness?
  - P: I am not saying they are mentally ill. What I meant was that their way of thinking is different from that of us, who have normal sexual orientation. They probably like their same sex friends and develop romantic attachment toward them. I think they must have some psychological problem.

The narrative about the homosexual centered on the theme of difference. Rather than passing explicitly negative judgment toward homosexuals, narrators mostly described them as different, as shown in the preceding quote. Due to their belief that homosexuality was a mental illness, many participants expressed sympathy toward gays and lesbians and believed they needed help. For instance, Wang (20, female) said, “My parents think that homosexuality is perverted, but I would tell them that [gays and lesbians] really need help. For instance, we should communicate with them more. We should not discriminate against them, and help them more.”

Gendered Narratives

The narratives about mental health and mental illnesses were gendered in that men and women were more likely to be associated with different narratives. Overall, men were much more likely to be the protagonists of stories about mental illnesses. Among these 114 stories, 105 mentioned the biological sex of their protagonists: 74 were men and 31 were women. A series of chi-squared tests found that men were more likely to be associated with the narrative
about the tragic genius (statistically significant), the narrative of the psychotic criminal (statistically significant), and the narrative about the antisocial recluse (nearly statistically significant), while women were more likely to be discussed in stories adopting the narrative about the fragile victim (statistically significant). See Table 2 for more detailed statistics. We also examined whether men and women were likely to use different narratives but did not find any significant differences between them.

All protagonists in stories about psychotic criminals were men, which was not surprising, and consistent with findings in the West. In both contexts, people tended to imagine a criminal as young, male, poor, radical, or socially marginalized (Moeller, 1999). Interestingly, the narrative about the tragic genius who succumbed to the pressure of being elite was also applied primarily to men. Sixteen of the 17 stories adopting the narrative about the tragic genius were about men and only one was a story of a woman. In fact, several participants talked about how men were more likely to suffer from this plight than women. For instance, Chen (20, female) noted how women were less likely to suffer from this kind of tragedy by saying, “Because I am a woman, my parents do not expect too much from me. They just want me to be happy and live well. They will not require me to make a lot of money or achieve great things.” Even more interestingly, most of the stories adopting the narrative about the antisocial recluse were also about men. Out of the 17 stories adopting this narrative, 15 of them were about men.

On the other hand, women were much more likely to be the protagonists in stories adopting the narrative about the fragile victim. In the few stories that participants told of promising young men in their prime who suffered from mental illness or committed suicide due to relational problems, there was always a twist in the storyline. After telling the usual story, the narrator would inevitably comment that while it was understandable for women to lose their mind for love, men should not be as weak. Furthermore, men who allowed themselves to become the victims of failed relationships did not receive the kind of sympathy that female victims typically got. For instance, Zhou (18, male) told the story of a guy at another university who committed suicide because of a failed relationship. According to him, upon hearing this story, a woman in his class commented, “A man who killed himself for love was too weak” and was a “wimp.” Zhou went on to say, “I do not want to discriminate between men and women. They are equals. But probably they think differently. Women are more impulsive or rather sensitive. So they have a higher tendency for suicide, just a little higher. Men commit suicide too, but they are a little bit more rational. Men and women are biologically different.”

### Intersection of Multiple Narratives

Occasionally, a story would adopt more than one narrative. In these cases, there was often a pecking order among narratives. Such stories could provide insights into the relationships among different narratives and the hierarchical relationships among beliefs and values embedded in these different narratives.

#### Narrative About the Tragic Genius and Narrative About the Fragile Victim

In a few instances, participants combined the narrative about the tragic genius and the narrative about the fragile victim when telling stories about very gifted women who developed mental illnesses or committed suicide due to relational problems. In this combined narrative, the protagonists’ failed relationship, which was a distinctively female problem, took priority over their talent. Narrators tended to discuss extensively how these women suffered from relationship problems and how they reacted to these issues. Then, almost as an afterthought, they would mention that these women were actually very successful career-wise. In one of the stories adopting this combined narrative, participant Wu (20, female) talked about an upper class woman who committed suicide by jumping off a bridge into the Yangzi River. Wu started by talking about why this woman committed suicide: The guy she loved did not reciprocate the emotion. In addition, she felt very lonely because she did not have any real friends in college. She needed a substitute teacher for a class she was teaching, but nobody offered to help her. After a rather extensive discussion of the causes of the suicide and how she felt about this tragedy, Wu added that this upper class woman was very successful in her academic career.

### Table 2

Results of Chi-Squared Tests Comparing the Sexes of Protagonists in Stories Adopting the Five Narratives

<table>
<thead>
<tr>
<th>Narratives</th>
<th>Man (n, %)</th>
<th>Woman (n, %)</th>
<th>χ²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative about the tragic genius</td>
<td>16 (21.6%)</td>
<td>1 (3.2%)</td>
<td>5.45</td>
<td>.02*</td>
</tr>
<tr>
<td>Narrative about the psychotic killer</td>
<td>12 (16.22%)</td>
<td>0 (0%)</td>
<td>5.68</td>
<td>.02*</td>
</tr>
<tr>
<td>Narrative about the fragile victim</td>
<td>8 (10.81%)</td>
<td>16 (51.61%)</td>
<td>20.63</td>
<td>.00*</td>
</tr>
<tr>
<td>Narrative about the antisocial recluse</td>
<td>15 (20.27%)</td>
<td>2 (6.45%)</td>
<td>3.08</td>
<td>.08</td>
</tr>
<tr>
<td>Narrative about the homosexual</td>
<td>6 (8.10%)</td>
<td>1 (3.22%)</td>
<td>.84</td>
<td>.36</td>
</tr>
</tbody>
</table>

*Note: The degree of freedom of all chi-squared tests is 1.

*p < .05.
and was admitted by Tsinghua University. In other words, in making sense of the mental breakdowns of exceptionally gifted women, participants were more likely to attribute these breakdowns to female relational problems than to the pressure experienced by these gifted individuals.

In comparing the stories about regular fragile victims and the stories about victims who were also geniuses, participants were more likely to feel “pity” (kelian) toward the former and express a sense of loss (kexi) toward the latter. In fact, some participants commented that pity was almost a negative or even insulting emotion that was unsuitable for a genius. Wu, who told the story of the upper class woman described in the previous paragraph, said, “One has no right to judge her, thinking she is kelian (pitiful) or kebei (pathetic).” Instead, she felt that the upper class woman’s suicide was a loss (kexi).

**Narrative About the Tragic Genius and Narrative About Homosexuality**

A few stories adopted the narrative about the tragic genius in conjunction with the narrative about the homosexual. In such stories, the tragedy of the fallen genius was accentuated by society’s discrimination against their sexual orientation. Not surprisingly, the protagonists were always men. For instance, Zhang (18, male) told the story of British mathematician Alan Mathison Turing. After talking about his brilliance, he went on to discuss how Turing was persecuted by the British government because of his homosexuality and took his own life. Nine participants told the story of Leslie Cheung, a famous actor and singer in Hong Kong who suffered from depression and committed suicide in 2003, combining the narrative about the tragic genius and the narrative about the homosexual. In most of these stories, Cheung’s suicide was attributed to his homosexuality. In this case, instead of describing him as different, which was typical of the narrative about the homosexual, participants highlighted Cheung’s artistic achievements and lamented his death, which was supposedly caused by depression over his homosexuality. For instance, Peng (19, male) started the story of Cheung by saying, “He committed suicide probably because at that time people in Hong Kong did not accept homosexuality. So he was under a lot of pressure and developed depression.” Then he went on to comment, “I felt it is such a loss. Very sad loss. He was very popular. He was such a gifted actor and singer.”

**Narrative About the Fragile Victim and Narrative About Homosexuality**

Two stories adopted the narrative about the fragile victim and the narrative about the homosexual at the same time. Interestingly, both protagonists were women. In this combined narrative, the primary identity of the protagonists was defined by their homosexuality. In both accounts, the narrators started their stories by disclosing that the protagonists were lesbians. However, in attributing the cause of the mental illness, the narrative about the fragile victim dominated the narrative of the homosexual. According to the narrators, their protagonists developed mental illnesses because of relationship problems rather than because of their sexual orientation. For instance, in telling the story of her lesbian friend who suffered from depression, participant Yang (20, female) said, “The root of her suffering is not her homosexuality, but her personal relational problem, the question of ‘Why doesn’t she love me?’” Similarly, in another story about her lesbian classmate who committed suicide, Wei (19, female) attributed the suicide to the protagonist’s weakness, which was an attribution seen across the board in the stories adopting the narrative about the fragile victim. She commented, “Probably she lacks psychological resilience. She could not handle the pressure. That’s why she took her own life.”

**DISCUSSION**

Applying the narrative approach to the study of cultured understanding of mental health and mental illnesses among China’s Gen Y, this article analyzes the stories about mental health and mental illnesses collected through semistructured interviews with 30 college students. It identifies five distinct narrative frameworks: narrative about the tragic genius, narrative about the psychotic criminal, narrative about the fragile victim, narrative about the antisocial recluse, and narrative about the homosexual. Overall, these narratives reflect both traditional Chinese cultural values and new influence from the West.

**Culture and Narratives About Mental Illnesses**

Traditional Chinese culture is a highly masculine one characterized by clearly defined gender roles: Men are expected to be assertive and successful, while women are supposed to be tender and modest (Hofstede & Hofstede, 2005). Our analysis clearly reveals a gendered understanding of mental illness in China. It shows that men are much more likely than women to be associated with mental illnesses, which stands in contrast with the Western association between mental illnesses and femininity (Meyer, Fallah, & Wood, 2011). Furthermore, men can potentially develop mental illnesses due to a number of different reasons: fierce competition among the elite (the narrative about the tragic genius), pressure from being an underdog in a highly unjust and unfair society (the narrative about the psychotic criminal), and problematic upbringing (the narrative about the antisocial recluse), while women’s mental illnesses are caused by failed relationships (the narrative about the fragile victim). This can be interpreted that even in today’s China, a
woman’s role in society is still very much limited to the domestic realm.

While Gen Y’s narratives about mental illness reflect traditional Chinese culture in terms of clearly defined gender roles, they also demonstrate a deviation from such culture. First, Chinese culture has traditionally been characterized as highly collectivistic with an emphasis on family duties, harmony, and group loyalty (Hofstede & Hofstede, 2005). However, our young participants are likely to discuss mental illnesses as personal instead of family tragedies. When they discuss the impact of mental illnesses, they mainly focus on how these illnesses affect individual patients. When they express their sympathy or anger toward mentally ill persons, these feelings mostly target at individuals instead of their families. This represents a sharp contrast to the findings of studies in earlier decades based on older generations of Chinese, who are more likely to discuss the repercussions of mental illness in the family context (e.g., Hsiao et al., 2006).

Our results reflect the dynamic nature of health narratives (Harter, Japp, & Beck, 2005). For the younger generation in China who are more influenced by Western culture, individualistic values surpass traditional group-oriented values (Faure & Fang, 2008).

Furthermore, compared to the older generations of Chinese whose narratives about mental illnesses are centered on “gaining control” (Ramsay, 2008), the members of Gen Y in China take a comparatively fatalistic view. The five narratives demonstrate several characteristics of the situational model defined in previous research, including defining mental illnesses as situations or as emotional responses to situations, attributing mental illnesses to situational factors, and preferring to seek help from lay persons instead of professionals (Karasz, 2005). If the causes of mental illnesses are a toxic social environment, women’s powerlessness in dealing with relational problems, one’s upbringing, or one’s sexual orientation, there is not much one can do to change them. This might explain narrators’ downplay of the importance of professional help.

Social and Public Health Implications

Health narratives can serve as disciplinary mechanisms (Sharf & Vanderford, 2003). The fact that the narratives identified in this study reveal very problematic conceptualizations of mental illness among members of Gen Y in China has its social implications. The narrative about the psychotic criminal attributes violent crimes to mental illnesses despite the lack of confirmed link between the two. The media have played an important role in constructing the link between mental illness and violent crimes (Klin & Lemish, 2008). When asked whether they learned about people with mental illness from the media, our participants were most likely to recall stories about people who committed violent crimes, even though these people were not necessarily mentally ill. As a result, mass media and personal narratives might be reinforcing each other in creating the stereotype of violent mental patients. The narrative about the fragile victim is based on the assumption that people who suffer from failed relationships are mentally ill and these victims are almost always women. The narrative about the antisocial recluse assumes that extreme introversion is a type of mental illness, and this criterion only applies to men. Together, these two narratives reinforce the traditional gender roles according to which women are confined to the domestic realm while men are required to be assertive and social. Finally, the narrative about homosexuality is based on the unsubstantiated link between homosexuality and mental illness. Even though homosexuality has been officially removed from the list of mental illnesses in China since 2001 (Gu, 2005), such misconceptions about mental illness among lay persons can contribute to the stigma associated with mental illness and the stereotypes about gay men and lesbians in the Chinese society.

Our findings offer a number of practical implications for health communication scholars and professionals. First, narratives about mental illnesses suggest a situational approach to mental health, which is distinct from the biomedical model prominent in the West. As a result, in creating public health campaigns with the purpose of educating the public about mental health and dispelling stereotypes, public health professionals should be very cautious in adopting the content developed in Western countries. Second, our study finds that Chinese Gen Y’s narratives about mental health are highly gendered and might contribute to further gender-based discrimination. Hence, public health campaigns about mental health should take gender into consideration and pay attention to gender-based stereotypes.

REFERENCES


