

“ON AUTOPILOT”: A THEMATIC ANALYSIS OF PSYCHOLOGICAL DISTRESS IN SOCIAL MEDIA POSTS

*Habil Otanga¹, Susan Wamae¹, Stephen Katembu¹

¹Department of Psychology, University of Nairobi

*Corresponding author

Email: habil@uonbi.ac.ke

Abstract

Individuals often experience psychological distress, but its prevalence and severity are often underreported and hence underestimated by mental healthcare providers. Inadequate expression especially among men often results in worse mental health outcomes. Therefore, this study explored the online discourse around psychological distress among mainstream population's experiences and perceptions. The qualitative study analysed 1,078 relevant responses to a post from X (formerly Twitter) over a 1-month period. Thematic analysis revealed three major themes related to psychological distress: (1) despair, (2) triggers, and (3) getting by. The findings reveal that social media provides an avenue for expression of psychological distress, and hence the need for mental healthcare providers to tap into emerging technology for localised understandings of the framing, nature and causes of psychological distress to enable formal diagnosis and management. Additionally, the study points to the existing correlation between material wellbeing and psychological distress.

Keywords: Psychological/emotional distress; X (former Twitter); despair; idioms of distress; depression; deprivation.

1. Introduction

There exist cross-cultural differences in ways that individuals express symptoms of psychological distress (Haroz et al., 2017). These culturally salient expressions of distress are based in part in contextual differences in how people construct their stories (Adame & Hornstein, 2006; Backe et al., 2021). Much of these symptoms are shared on social media platforms including X (formerly Twitter). Social media-related qualitative studies on distress set out to find what people talk about when asked how they feel. For instance, in one study, individuals expressed distress through use of narratives of drowning and crashing,

medical-related terms, for instance, depression and anxiety and in references of worthlessness and hopelessness and suicidal thoughts (Mallinson & Popay, 2007). In another study, participants used battle metaphors combined with metaphors of descent to describe falling or descending into distress (McKenzie et al., 2024). In response to the question "How are you at the moment?" participants expressed a lack of joy and happiness and physical complaints to describe distress (Shala et al., 2020).

Literature shows that the Internet constitutes a huge source of health-related information, much of which is shared through social media platforms such as X and Facebook (Prieto et al., 2014). For many people, social media provides a publicly-available, "open data" (Cai et al., 2022; Cavazos-Rehg et al., 2016) and an anonymous setting where unbiased experiences, including psychological distress can be shared (Akbari et al., 2016; Guntuku et al., 2017; Mowery et al., 2017). These social media platforms are increasingly used for sharing intimate thoughts and opinions in real time (De Choudhury, 2013), freely and unfiltered (Bademli et al., 2023) including posting status updates that reveal mental health symptoms (Moreno et al., 2011, 2012a, 2012b). This essentially acts as a stethoscope or snapshot for inferring wellness (Prieto et al., 2014; Akbari et al., 2016). Social media sites also provide health information seeking and sharing including day-to day challenges and personal relationships and questions on mental illness (De Choudhury & De, 2014; Park et al., 2012) with immediate feedback (Prieto et al., 2014) in most cases. Therefore, social media provides individuals a voice to articulate mental health issues from a lived experience perspective (Pavlova & Berkers, 2022).

With increased anonymity and decreased social cues, social media increases self-disclosure which allows individuals to share stressful experiences and taboo subjects (Kang et al., 2013). These include suicidal thoughts, self-harm and depression (Cavazos-Rehg et al., 2016; Moreno et al., 2012a, 2012b; Park et al., 2012). Therefore, social media provides insights into and understanding of mental health including emotional distress (Akbari et al., 2016; Mowery et al., 2017; Cheng et al., 2015; Ruder et al., 2011); and in providing population-wide information for estimating prevalence (Cai et al., 2022) and predicting future occurrence of mental health issues (De Choudhury, 2013; De Choudhury et al., 2013). For instance, one ecological cohort study found significant positive correlations between Twitter-based prevalence of anxiety and depression symptoms and CDC-reported prevalence (Cai et al., 2022). Another study found that individuals' Facebook posts about feeling depressed

corresponded to ratings on a self-report depression clinical scale (Moreno et al., 2012a, 2012b). Further, data from Twitter has been used to analyse schizophrenia-related stigma (Bademli et al., 2023).

From the foregoing, it is evident that first-person social media posts provide opportunities for understanding the framing, nature and causes of psychological distress. This is important for mental health diagnosis and management. Therefore, the purpose of this study was to explore individuals' anecdotal accounts of psychological distress on one social media platform to understand their lived realities of distress. Thus, the research question that guided the study was: How is psychological distress expressed in a sample of X users?

2. Materials and methods

This section outlines the methodological approach adopted for this study.

2.1 Study design

This was a qualitative study of an online discussion from the social media site X (formerly Twitter) to explore lived experiences of psychological distress. It was based on a social constructivist approach which assumes that reality is constructed contextually (Creswell & Poth, 2017).

2.2 Study participants

Data for the study came from X, a widely used social media site. As of January 2025, the site had 2.33 million users (25.8% female) in Kenya equivalent to 26.5% of social media users, and 4.1% of the entire population (Kemp, 2025). Membership on the site is free. Its rich data on topics related to subscriber's lived experiences was the justification for its use (de Fresno García & Peláez, 2014; Patton et al., 2013). The sample consisted of a thread in response to a question submitted by a subscriber in March 2025 on how other people were getting by in their lives (MethoDman, 2025). The post was liked by 8500 subscribers and retweeted 1200 times for the period of interest to the study.

2.3 Data collection and analysis

We selected a total of 1078 relevant response comments on the thread in one month. Comments were manually counted and recorded. These posts were captured, downloaded and transcribed in July 2025 for the period between March 25th and April 25th, 2025. Translation

was done verbatim without edits to capture the spirit of the comments. No identifying information was attached to the responses.

We used the six-step thematic analysis process outlined by Braun and Clarke (2006) to identify and categorise statements on lived experiences of psychological distress. After transcription and translation, we familiarised ourselves with the data by reading through several times. This enabled generation of an initial set of themes for coding. Data elements were then tagged with theme codes and a list of themes and sub-themes developed and reviewed. Themes were then labelled.

2.4 Ethics

This study was approved by the Technical University of Mombasa Ethics Committee (Approval Number: TUM SERC EXT/003/2025). Data were collected from an open group. No identifying information was available in the data, and none was used in reporting. We also increased the study integrity by using a systematic process in analysis and through discussions between team members.

3. Results

In this section, we present the major themes and sub-themes extracted from the data. Three main themes about psychological distress emerged from the data: (a) “Despair,” (b) “Triggers,” and (c) “Getting by”. Within the three major themes are sub-themes which share interactional content.

Theme 1: Despair

This theme describes people’s personal experiences of psychological distress specifically the emotional hardship they endured. This theme was aptly summarised by one person as, “I cannot put my situation in writing”, and had two sub-themes which revealed the extent of overall loss of direction, heightened despair and material hardship, and their interactions.

Almost at the edge

People expressed despair that put them in positions of helplessness. Inability to provide for themselves produced strong negative emotional states. Expressions of “losing mind”, “stressed out”, “on autopilot”, “not stable”, “in pits”, “going crazy”, and “no longer living but surviving” were dominant. Expressions also centred on fighting losing battles against overwhelming forces – mostly economic, that resulted in “insomnia and endless thoughts”

and “overwhelming grief”. Other respondents disclosed that they felt like living in a “vacuum” or simply “existing”.

Some responses referred to people who needed immediate material and emotional help including needing to “talk to someone” because of stress, while others were overwhelmed and could only broadly describe their situation without delving into specifics. Such sentiments were emotionally laden and reflected respondents’ inability to make sense of their lives. Expressions like ‘between a rock and a hard place’ and ‘at the edge’ were frequently used or implied.

Negative emotional states were also indicated by expressions “I have nothing” or “nothing is going for me”. For many, deep emotional pain was juxtaposed with outward expressions of normalcy. For one respondent, outward behaviours and routines like smiling, eating and sleeping masked their inner emotional turmoil. Such posts highlighted the sense of emotional loss that people experience when overwhelmed by unbearable day-to-day life situations.

Out in the cold

An oft-repeated expression of emotional pain was in being homeless after eviction due to rent arrears, or in facing debtors especially landlords. Respondents shared their eviction stories and sought help. Disclosures of eviction attracted sympathy from even those who were equally suffering, especially if it involved young mothers and their children.

Taken together, this theme illustrates that whereas people are faced by almost similar life stressors, the indicators of mental distress are varied. Secondly, many of these mental distress indicators are not explicit because people tend to suppress them. Finally, responses relayed the inevitability of psychological distress due to ongoing life stressors, especially hard economic times.

Theme 2: Triggers

Many of the responses to the original question of how people were getting by focused on the causes of their current states. Theme 2 therefore describes people’s attributions of their psychological distress under two sub-themes:

Loss of livelihood

Loss of livelihoods echoed prevailing economic strain – from loss of jobs, job-hunting, the loan burden and unproductive investments and their intersections with responsibility for

family, siblings and parents. Psychological distress was also expressed as reversed roles where previously employed individuals lost their jobs and were “pained” to be under the care of their parents or other guardians. Many described the shame and dehumanization accompanying job loss including rent default, being a burden to parents and friends, selling household property and inability to care for family. Despair at job loss or search was compounded by family responsibility in terms of siblings or children.

Individuals also shared the pain of borrowing credit for business ventures or paying medical bills and leaving them to suffer pecuniary embarrassment. Some expressed despair at using loans to start businesses which failed or had very poor returns. Expressions of regret and inner pain included “hell”, “nothing to go back to”, and “losing it”.

Many posts described situations of extreme want owing to reduced earnings occasioned by loans from financial institutions. This applied to individuals who remained actively employed. For many individuals, loan deductions took up almost all their entire earnings leaving little to care for themselves and families. For many who had very low paying jobs especially those doing odd jobs (e.g., construction work), the fear of the unknown stressed them. For instance, the inevitable maternity fees for expectant partners led to individuals reporting insomnia and depression.

College and after

A specific variety of psychological distress was associated with being in college and as fresh graduates. Many responses revealed how college students lacked the most basic needs, deferred studies and missed attachment opportunities because their parents could not afford, and the hard reality of simultaneously completing college and hustling for work. Many described situations where individuals could not afford necessities. For such cases, their poor parents could neither supplement the meagre government grant nor expressly support them. Phrases including “survive on one meal” and “lives cold” capture college students’ lived reality.

The uncertainty of completing college due to repeated industrial action by lecturers in public universities in Kenya and where to go after graduating caused distress. Many individuals were distressed at not knowing where to go – whether to stay in the city where they had no relatives or go back to their rural homes where there were no opportunities. For those who

split time between studies and hustling for jobs, phrases like “it is not easy” were frequently used.

Other related posts relayed the distress of job hunting after graduation, showing that college students’ problems did not end with earning a degree. Fresh graduates grappled with a job market which required work experience that they lacked and society that expected dividends from the education investment.

Theme 3: Getting by

The concept of “getting by” was woven throughout individuals’ expressions of psychological distress and described attempts to cope with the situation. Coping was organized into three sub-themes ranging from the adaptive to the maladaptive. Individuals dug deep into personal resources including optimism and hardiness while doing what they could to survive economic realities that caused emotional distress.

Survival

The sub-theme reflects diverse approaches to surviving. They range from practical steps when one finds themselves jobless or stressed, and ideas on how to plan. For many, it was important to ensure adequate and advance provision of food. Others suggested not staying too long in rural homes after losing jobs in the city or taking walks to avoid endless thoughts while enclosed indoors. Others encouraged individuals to learn skills, such as, baking using YouTube videos and interact with new people because in the search for “opportunities”.

Some suggested the need to “let go” for the sake of mental health, hence indicating the need for closure in the event of job loss. Some responses indicated an inner attempt to find peace while in distressing situations. The phrase “make peace” was frequently used as an example of respondents’ attempts to deal with overwhelming situations.

Some approaches pointed towards escapism in dealing with the pain of not having a job. For instance, one individual posted that he would leave the house in the morning till dusk so that his mother feels that he is making attempts at getting a job. Some posts expressly pleaded for a job by saying “please help me find a job”.

Finally, some individuals dealt with mental distress by crying. Whereas African culture looks down upon men who cry when in distress, one individual shared that it has become normal to

close themselves in a room and cry. Put together, data points to the use of practical and available approaches to deal with mental distress. Such approaches were adaptive in nature. Unfortunately, respondents also reported on the use of substances to deal with mental distress. These include khat, alcohol, and cannabis. The use of substances was justified by the phrase “no one cares”, a reflection of prevailing hopelessness and the lack of a helping hand.

Optimism

Despite the overwhelming psychological distress, individuals showed remarkable optimism that things could get better. Many spoke of “hopeful”, “thankful” and “thank God” and “do your best”. Many described the temporary nature of problems using phrases like “storms don’t last forever”, “keep pushing”, and “keep believing”.

Some posts infused minimalist philosophy in describing the need to have everything finely balanced. Such philosophical approaches saw life as a balance of good and bad, and hence the need to appreciate both. Individuals also focused on making small steps in expressing hope for a better tomorrow. Such responses expressed optimism and discouraged giving up.

These posts reflected on hardiness as a strength to survive psychological distress. Phrases like “no giving up”, “I am breathing”, “we are fighting”, “no one to run to” and “still grinding” were often used. This shows an inner strength which in some cases was dictated by the need to care for dependents, especially children. The realities of living in tough times demanded inner toughness. This was derived from a shared awareness that there was “nowhere to run”, an indicator of individual agency.

Acceptance

An overbearing internalization of despair was woven throughout the discussions. There were two ways that this phenomenon manifested: in an adaptive sense where individuals minimized the effect of mental distress where “now nothing scares me anymore”, and a maladaptive one connected with suicide. As stated earlier, individuals opted to adapt to distress and “make peace”.

The second perspective was destructive. Some posts spoke of going back to “factory settings” and “no longer interested in anything”. Other posts expressly spoke of suicide using phrases like “take my life” and “if the sun does not shine tomorrow”. Put together, it seems that

taking any of the two perspectives ensured that individuals preserved their internal peace amid mental turbulence.

4. Discussion

This qualitative study aimed to understand the lived experiences of psychological distress of users on X. Findings show localised causes, framing and management of distress. First, findings reveal participants' candid expression of distress using global terms such as "depressed", "stressed," "anxious" and the use of idiomatic language such as "going through hell", "I'm down", and "life's cold", as evident in previous literature (McKenzie et al., 2024). Metaphors like "on autopilot," and "shrinking room," illustrate how distress is articulated through culturally resonant imagery. These idioms diverge from clinical terminology, underscoring the need for contextually grounded mental health frameworks. Somatic complaints, (including insomnia) and suppressed emotions, (for instance, smiling while "drowning") further reflect non-Western modes of expressing psychological pain, consistent with studies on "thinking too much" in African contexts (Mendenhall et al., 2019). These findings underline the cross-cultural nature of expressions and descriptions of psychological distress derived from personal experience. First-person knowledge of these cross-cultural descriptions and accounts of distress is important in mental health management by providing alternative explanations to medical conceptions, identification and diagnosis especially in non-Western cultures (Kaiser et al., 2015); and in explaining how global concepts can find meaning in a cultural milieu (Backe et al., 2021) and integration into context-relevant care (Greene et al., 2023).

Findings also reveal a wide spectrum of socioeconomic factors associated with experiences of psychological distress. Participants framed their suffering through material deprivation (e.g., evictions), suggesting that mental health struggles are often inseparable from systemic inequities. This aligns with global research linking financial struggles to psychological distress (Mendenhall et al., 2019; Kaiser et al., 2015; den Hertog et al., 2016; Gungor et al., 2021) but emphasizes localized pressures, such as informal labour (hawking), dependency, economic disruptions and youth unemployment. More specifically, financial hardship, the mismatch between expectations and current realities, interpersonal relationships, and grief were the main triggers of psychological distress.

Several coping strategies against distress were revealed. Adaptive coping (e.g., optimism, skill-building) highlights resourcefulness amid adversity, and the belief that mental health

challenges can be overcome through willpower and determination especially in the context of scarce formal support. However, maladaptive strategies like substance use and suicidal ideation reveal the desperation bred by prolonged hardship. The duality of resilience and despair underscores the absence of safety nets, pushing individuals to varying degrees of resilience, self-reliance and/or self-destruction. This supports earlier findings on the use of both adaptive and maladaptive strategies (Graham & Clarke, 2021). Additionally, it is evident that professional help for distress was not sought, pointing to perceptions of distress as a "normal" life challenge or to lack of formal diagnosis and management.

An interesting finding is the role of culture in coping. For instance, African culture that frowns upon men who cry likely limits avenues through which men can experience a cathartic release of emotions. Additionally, men's accounts of silent suffering and breadwinner pressures exemplify how cultural norms exacerbate psychological distress. Women's narratives were mostly centred on relational betrayal and caregiving burdens. These gendered differences are intensified by local expectations of the male as provider and may explain the use of maladaptive strategies including substance use and suicidal ideation.

Further, findings support the notion that social media platforms such as X provide anonymity for personal disclosure, acting as a barometer of collective psychological distress. Contrastingly, responses that imply the lack of support for men also reveal isolation, suggesting that while social media enables visibility, it rarely translates to tangible social support. This mirrors studies on digital venting (De Choudhury et al., 2013) and its limits in fostering real-world intervention.

This study had some limitations that need to be considered. First, the sample size may not be representative of the mainstream population of social media users experiencing psychological distress. Additionally, since data were de-identified for anonymity, it is difficult to provide demographic information including participants' distribution, gender, education level and socioeconomic status among others; and to know the truth behind the statements provided. Second, tweets have an upper character limit, which may not be enough to fully express the message. Additionally, some responses were provided in *Sheng* (slang used in Kenya) which we may have misunderstood or lost meaning. Despite its limitations, this study provides insight into the lived experiences of psychological distress as expressed on a leading social media platform. The study underscores the utility of social media as a medium to aid in the

understanding, diagnosis and management of distress. Future research may employ a multi-platform approach and collect data over longer periods.

Conclusions

The personal narratives reveal an interplay of socioeconomic adversity, cultural norms, and psychological distress, and attempts to cope with adversity. This study adds voice to the need for a more personalised approach to the understanding of mental health that takes into consideration local contexts including socioeconomic status and culture. Finally, it provides insight into patterns of expression of psychological distress online and suggests that social media platforms may provide avenues for both diagnosis and management. This suggests that platforms such as X may function as an outlet for catharsis and a source of information through which stakeholders may understand the population's experience of psychological distress.

References

- Adame, A. L., & Hornstein, G. A. (2006). Representing madness: How are subjective experiences of emotional distress presented in first-person accounts? *The Humanistic Psychologist*, 34(2), 135–158. https://doi.org/10.1207/s15473333thp3402_3
- Akbari, M., Hu, X., Liqiang, N., & Chua, T.-S. (2016). From tweets to wellness: Wellness event detection from Twitter Streams. *Proceedings of the AAAI Conference on Artificial Intelligence*, 30(1). <https://doi.org/10.1609/aaai.v30i1.9975>
- Backe, E. L., Bosire, E. N., Kim, A. W., & Mendenhall, E. (2021). "Thinking too much": A systematic review of the idiom of distress in Sub-Saharan Africa. *Culture, Medicine and Psychiatry*, 45(4), 655–682. doi: 10.1007/s11013-020-09697-z.
- Bademli, K., Kaya Kiliç, A., & Kayakuş, M. (2023). Using Twitter to assess stigma to schizophrenia and psychosis: A qualitative study. *Turkish Journal of Psychiatry*, 34(3), 154–161. doi: 10.5080/u27280.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Cai, R., Zhang, J., Li, Z., Zeng, C., Qiao, S., & Li, X. (2022). Using Twitter data to estimate the prevalence of symptoms of mental disorders in the United States during the

- COVID-19 pandemic: Ecological cohort study. *JMIR Formative Research*, 6(12), e37582. doi: 10.2196/37582.
- Cavazos-Rehg, P. A., Krauss, M. J., Sowles, S., Connolly, S., Rosas, C., Bharadwaj, M., Bierut, L. J. (2016). A content analysis of depression-related Tweets. *Computers in Human Behaviour*, 54, 351–357. doi: 10.1016/j.chb.2015.08.023.
- Cheng, Q., Kwok, C. L., Zhu, T., Guan, L., & Yip, P. S. (2015). Suicide communication on social media and its psychological mechanisms: An examination of Chinese microblog users. *International Journal of Environmental Research and Public Health*, 12(9), 11506–11527. doi: 10.3390/ijerph120911506.
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among the five approaches* (4th ed.). Sage Publications.
- De Choudhury, M. (2013). Role of social media in tackling challenges in mental health. In Proceedings of the 2nd International Workshop on Socially-aware Multimedia (pp. 49–52). ACM.
- De Choudhury, M., Counts, S., & Horvitz, E. (2013). Social media as a measurement tool of depression in populations. In *Proceedings of the 5th Annual ACM Web Science Conference* (pp. 47–56). ACM.
- De Choudhury, M., & De, S. (2014). Mental health discourse on reddit: Self-disclosure, social support, and anonymity. *Proceedings of the International AAAI Conference on Web and Social Media*, 8(1), 71–80. <https://doi.org/10.1609/icwsm.v8i1.14526>
- de Fresno García, M., & Peláez, A. L. (2014). Social work and netnography: The case of Spain and generic drugs. *Qualitative Social Work*, 13(1), 85–107. <https://doi.org/10.1177/1473325013507736>
- den Hertog, T. N., de Jong, M., van der Ham, A. J., Hinton, D., & Reis, R. (2016). "Thinking a lot" among the Khwe of South Africa: A key idiom of personal and interpersonal distress. *Culture, Medicine and Psychiatry*, 40(3), 383–403. doi: 10.1007/s11013-015-9475-2.
- Graham, R., & Clarke, V. (2021). Staying strong: Exploring experiences of managing emotional distress for African Caribbean women living in the UK. *Feminism & Psychology*, 31(1), 140–159. <https://doi.org/10.1177/0959353520964672>
- Greene, M. C., Ventevogel, P., Likindikoki, S.L., Bonz, A.G., Turner, R., Rees, S., Misinzo, L., Njau, T., Mbwambo, J.K.K., & Tol, W.A. (2023). Why local concepts matter: Using cultural expressions of distress to explore the construct validity of research instruments

- to measure mental health problems among Congolese women in Nyarugusu refugee camp. *Transcultural Psychiatry*, 60(3), 496–507. doi: 10.1177/13634615221122626.
- Guntuku, S. C., Yaden, D. B., Kern, M. L., Ungar, L. H., & Eichstaedt, J. C. (2017). Detecting depression and mental illness on social media: An integrative review. *Current Opinion in Behavioral Sciences*, 18, 43–49. <https://doi.org/10.1016/j.cobeha.2017.07.005>
- Gungor, A., Young, M. E., & Sivo, S. A. (2021). Negative life events and psychological distress and life satisfaction in U.S. college students: The moderating effects of optimism, hope, and gratitude. *Journal of Pedagogical Research*, 5(4), 62–75. <https://doi.org/10.33902/JPR.2021472963>
- Haroz, E. E., Ritchey, M., Bass, J. K., Kohrt, B. A., Augustinavicius, J., Michalopoulos, L., Burkey, M. D., & Bolton P. (2017). How is depression experienced around the world? A systematic review of qualitative literature. *Social Science & Medicine*, 183, 151–162. doi: 10.1016/j.socscimed.2016.12.030.
- Kaiser, B. N., Kohrt, B. A., Wagenaar, B. H., Kramer, M. R., McLean, K. E., Hagaman, A. K., Khoury, N. M., & Keys, H. M. (2015). Scale properties of the Kreyòl Distress Idioms (KDI) screener: Association of an ethnographically-developed instrument with depression, anxiety, and sociocultural risk factors in rural Haiti. *International Journal of Culture and Mental Health*, 8(4), 341–358. <https://doi.org/10.1080/17542863.2015.1015580>
- Kang, R., Brown, S., & Kiesler, S. (2013). Why do people seek anonymity on the internet?: Informing policy and design. *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems*, 2657–2666.
- Kemp, S. (2025). *Digital 2025: Kenya*. DataReportal. <https://datareportal.com/reports/digital-2025-kenya>
- Mallinson, S., & Popay, J. (2007). Describing depression: Ethnicity and the use of somatic imagery in accounts of mental distress. *Sociology of Health & Illness*, 29(6), 857–871. doi: 10.1111/j.1467-9566.2007.01048.x.
- McKenzie, S. K., Mathieson, F., Das, T., Genuchi, M. C., & Oliffe, J. L. (2024). Understanding men's lived experience of mental distress through metaphors. *American Journal of Men's Health*, 18(3). doi: 10.1177/15579883241260920.
- Mendenhall, E., Rinehart, R., Musyimi, C., Bosire, E., Ndeti, D., & Mutiso, V. (2019). An ethnopsychology of idioms of distress in urban Kenya. *Transcultural Psychiatry*, 56(4), 620–642. doi: 10.1177/1363461518824431.

- MethoDman [@polo_kimani]. (2025, March 25). *It's been a while since I asked this. How are you doing mentally? This is a safe space.* [Post]. X. https://x.com/polo_kimani/status/1904445618061255149
- Moreno, M. A., Jelenchick, L. A., Egan, K. G., Cox, E., Young, H., Gannon, K. E., Becker, T. (2011). Feeling bad on Facebook: Depression disclosures by college students on a social networking site. *Depression and Anxiety*, 28(6), 447–455. doi: 10.1002/da.20805.
- Moreno, M. A., Brockman, L. N., Wasserheit, J. N., & Christakis, D. A. (2012a). A pilot evaluation of older adolescents' sexual reference displays on Facebook. *The Journal of Sex Research*, 49(4), 390–399. doi: 10.1080/00224499.2011.642903.
- Moreno, M. A., Christakis, D. A., Egan, K. G., Jelenchick, L. A., Cox, E., Young, H., Villiard, H., & Becker T. (2012b). A pilot evaluation of associations between displayed depression references on Facebook and self-reported depression using a clinical scale. *The Journal of Behavioral Health Services & Research*, 39(3), 295–304. doi: 10.1007/s11414-011-9258-7.
- Mowery, D., Smith, H., Cheney, T., Stoddard, G., Coppersmith, G, Bryan, C., Conway, M. (2017). Understanding depressive symptoms and psychosocial stressors on Twitter: A corpus-based study. *Journal of Medical Internet Research*, 19(2), e48. doi: 10.2196/jmir.6895.
- Park, M., Cha, C., & Cha, M. (2012). Depressive moods of users portrayed in Twitter. In *Proceedings of the ACM SIGKDD Workshop on Healthcare Informatics (HI-KDD)* (pp. 1–8).
- Patton, D. U., Eschmann, R. D., & Butler, D. A. (2013). Internet banging: New trends in social media, gang violence, masculinity and hip hop. *Computers in Human Behavior*, 29(5), A54–A59. <https://doi.org/10.1016/j.chb.2012.12.035>
- Pavlova, A., & Berkers, P. (2022). "Mental Health" as defined by Twitter: Frames, emotions, stigma. *Health Communication*, 37(5), 637–647. doi: 10.1080/10410236.2020.1862396.
- Prieto, V. M., Matos, S., Álvarez, M., Cacheda, F., & Oliveira, J. L. (2014). Twitter: A good place to detect health conditions. *PLOS ONE*, 9(1), e86191. doi: 10.1371/journal.pone.0086191.
- Ruder, T. D., Hatch, G. M., Ampanozi, G., Thali, M. J., & Fischer, N. (2011). Suicide announcement on Facebook. *Crisis*, 32(5), 280–282. doi: 10.1027/0227-5910/a000086.
- Shala, M., Morina, N., Salis Gross, C., Maercker, A., & Heim, E. (2020). A point in the heart: Concepts of emotional distress among Albanian-speaking immigrants in

Switzerland. *Culture, Medicine and Psychiatry*, 44(1), 1–34. doi: 10.1007/s11013-019-09638-5.

Author contributions: Conceptualization, H.O.; methodology, H.O, S.W., and S.K.; data analysis, H.O, S.W., and S.K.; writing— original draft preparation, H.O.; writing—review and editing, H.O, S.W., and S.K.; supervision, H.O. All authors have read and agreed to the published version of the manuscript.

Data availability statement: Data supporting these findings are available within the article, and at. https://x.com/polo_kimanii/status/1904445618061255149

Conflict of interest: The authors declare no competing interests.