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**Identity Commitments in Personal Stories of Mental**

**Illness on the Internet**

**Raya A. Jones**

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## Abstract

The Internet augments the informational flows that organize biographies in late modernity. Sufferers of bipolar disorder (manic depression) may turn to the Internet for accessible information, to learn about others' experiences and impart their own knowledge. Personal accounts posted in the public domain become themselves part of those informational flows, and thus acquire a dual life at a boundary between private and public domains. This poses certain challenges for the investigation of computer-mediated autobiographical telling, which are identified in this paper and negotiated in an analysis of downloaded personal accounts of bipolar disorder. Two of the stories are selected for a close look. Story 1 tells about achieving long-term remission through personal resolve and psychological alternatives to medication. Story 2 tells about becoming able to talk about the illness through the achievement of a social identity as 'manic depressive'. The stories' similarities, differences, and comparability with the other texts are discussed with a view to theorizing how such texts position their implied author in the illness experience. Building upon Bakhtin's idea of a text's plan and its realization, a concept of 'identity commitments' as textual properties is proposed.

The psychiatric literature describes bipolar disorder (BPD), commonly known as manic depression, as a cluster of severe disorders characterized by cycles of extreme mood swings (e.g., Bearden, Hoffman, & Cannon, 2001). It is believed to be chronic, of organic etiology, possibly genetic, and controllable chiefly by medication. As with any serious illness, sufferers may turn to the Internet not only for accessible information, but also to learn about others' experiences and impart their own (cf. Davison, Pennebaker & Dickerson 2000). The Internet augments what Giddens (1991) described as "a vast and more or less continuous outpouring of writings, technical and more popular" that "serve routinely to organize, and alter, the aspects of social life they report on or analyze" (p. 14). These flows of information organize the biographies that we reflexively live in late modernity, according to Giddens. At the same time, personal stories posted in the public domain become themselves part of those informational flows. They thus acquire a kind of dual life at a boundary between private and public domains. The next section will elaborate this claim.

The fluidity of boundary, in turn, poses epistemological and methodological challenges. The present study aims to identify and negotiate some of those challenges through my interaction with the empirical material. The dilemma of the study stems from the sides-of-a-coin relationship between the private and public aspects of personal stories—a coin that is flipped one side or the other under the scholarly gaze, insofar as analytic tools have been developed primarily to examine one aspect or the other. Consequently, it is difficult to 'insert' this study in some already established framework. The study implicitly links to a voluminous body of literature investigating the implications of computer-mediated communication (CMC) for self, identity, and relationships (e.g., Brothers, 1997; Cavin, 1999; Gergen, 1991; Gordo-Lopez & Parker, 1999; Granic & Lamey, 2000; McKenna & Bargh, 2000; Talamo & Ligorio, 2001; more cited below). This literature could not be duly reviewed, partly due to space constraints and partly because doing so would involve a digression from the specific issue at hand. Likewise understated below is the overlap of the study in the diverse literature on mental health and illness, the experience of chronic illness, and especially the application of narrative inquiries in this context (e.g., Williams, 1984; Faircloth, Boylstein, Rittman et al. 2004; see Stone 2004 for mental-illness relevance). A concept of 'identity commitments' emerged as a partial answer to the

above dilemma in my initial efforts to pull together the various meanings of the downloaded texts, and subsequently was ‘read off’ from the same empirical material. This process is emulated in the structure of the paper, in that I shall in turn describe the sample of texts, take a close look at two stories, and then elaborate and apply the idea of identity commitments.

### **The problematic of autobiographical telling online**

Long before the Internet Walter Benjamin (1936/1999) wrote nostalgically about how the storyteller “takes what he tells from experience” and “makes it the experience of those who are listening to his tale” (p. 87). He envisaged factory workers engaged in such storytelling to relieve their workaday tedium, for instance. However, storytelling was being eroded by information technology and mass media: “If the art of storytelling has become rare, the dissemination of information has had a decisive share in this state of affairs” (p. 88). Kearney (1998) interpreted Benjamin’s thesis as a dire prediction foretelling the end of community: “A new culture of instantaneous and fragmented sensations would soon replace the inherited wisdom of tradition, dissolving history into a series of isolated presents bereft of past and future” (p. 241). The Internet belies this prediction in some respects and confirms it in other. It enables people to share their experiences on an unprecedented scale, and in this way revitalizes storytelling—but virtual communities are created and sustained solely by informational flows among individuals who enter and exit each other’s remote company at will and exchange their stories in physical solitude. It is as if traditional ways of community building are being replaced by a new culture of instantaneous and fragmented selves, in whom personal histories dissolve into fleeting subject positions immanent in snippets of text (cf. Turkle, 1997). The virtual community is defined solely in terms of ‘who’ participates in the production and consumption of particular stories. CMC breaks down the interpersonal interaction whereby into a discrete sequence of acts separated in time and place. The story is ‘spoken’ by typing it, with the possibility of editing and censoring, and is made ‘heard’ by sending it. This is further severed from the involvement of the remote audience, whose reactions arrive (if at all) at a time lag, sometimes years later. In this respect posting one’s story online is similar to publishing in print. Unlike print, one’s story could be ‘published’ whether anyone listens or not, provided Internet access and minimal IT literacy. Although the

online story is more permanent than an oral one, it is malleable, could be revisited and revised many times by the writer without a trace of earlier versions, just as an oral story is altered in successive performances. Even in synchronous CMC (such as chat rooms) the menial act of typing one's utterance confronts users with their own 'voice' in ways that oral conversations don't.

Online the human subject becomes "a storyteller who both finds herself in stories already told and strives for a self-constitution by emplotting herself in stories in the making" (Schrag, 1997, p. 26), as was envisaged by the postmodernists ahead of CMC (see Turkle, 1997, for a similar thesis). Giddens (1991) submitted that in late modernity "the altered self has to be explored and constructed as part of a reflexive process of connecting personal and social change" (p. 33). Ironically, CMC induces the kind of narcissism that Touraine (1995) argued was an untenable premise of Giddens' thesis; and accentuates the strategic or 'cognitive' reflexivity, to the conception of which Lash and Urry (1994) objected in their critique of Giddens. The reflexive project takes a twist online in the creation of fictional and 'censored' identities. Turkle (1997) reported that some MUD gamers experienced their imaginary personae, created for the game, as more real than their real-life identity. Disabled people have identified the choice whether or not to disclose their disability in CMC interactions as an important resource, allowing them to experience 'normal' identities (Bowker & Tuffin, 2002). Weinberger (2002) has drawn attention to the "disturbing nature of what passes for normal" in cyberspace: private preoccupations are publicly exposed in a highly censored manner in weblogs (online diaries), thereby bringing about a "redrawing of the line between public and private" (p. 15).

Alternatively, the private/public boundary could also be viewed—not as a moveable line, redrawn according to changing conventions—but as a domain where two continua flow into each other. When someone participates in illness 'self-help' exchanges whilst keeping the illness a secret in everyday settings, the public becomes enfolded into the private. Davison et al. (2000) indeed found that the likelihood of participating in CMC rather than face-to-face self-help groups is greater when the illness carries a social stigma. In this case the identity negotiation is not a playful experimentation or 'time off' from one's biography. On the contrary, it is coextensive with narrative reconstruction in the wake of the biographical disruption associated with the onset of a serious illness (see, e.g., Williams, 1984; Faircloth et al. 2004). Illness-related autobiographical telling may occur as brief stories in synchronous

CMC contexts, such as studied by Davison et al., and in asynchronous CMC, such as monologues, correspondences, or diary entries (this study's material). Generally, synchronous CMC has attracted more research attention than asynchronous communication, which might seem more mundane. However, personal stories conveyed asynchronously could be viewed as a distinct class of life documents, deriving its class distinctiveness from a unique 'situatedness' at the fluid private/public boundary.

The 'phenomenon' of such documents should be located historically. During the 1990s, a rising interest in autobiography opened spaces for personal testimonies, and the increasing accessibility of the Internet has enabled 'ordinary' people to do so. Gullestad (1996) attributes the rise in 'popular' consumption of autobiography to the weakening of the 'grand narratives' of science and politics, trends that have "put autobiography, morality, and self-fashioning into the foreground in new and forceful ways" (p. 10). This is mirrored in the attenuation of narrative research to issues of self-identity. In the 'postmodern' disciplines, personal stories have come to be seen as primarily sites for identity constructions and as the primary site for identity. Self-identity is understood as based in "the capacity to *keep a particular narrative going*" (Giddens, 1991, p. 54). The psychological twist is that the narratives we live by need not (or cannot) be told at all (cf. McAdams, 1993). Whether or not there are such inner narratives, a research interest directly in how individuals understand their illness situation calls for a different kind of data than that used here. Lucius-Hoene and Deppermann (2000) contend that spontaneous (i.e., not solicited by researchers) short-range personal stories, because they are "induced by situationally motivated tasks like explaining, entertaining, or giving an account of a certain situation or experience," sustain narrative identities that are ephemeral and therefore of doubtful generality (p. 201). Gergen's (1994) view of autobiographical narratives as "forms of social accounting or public discourse" (p. 188) clearly applies to autobiographical telling online, for the story is told with an audience in mind. If the purpose is to communicate the message that things *can* get better and a good life *is* possible despite BPD, a narrative begins at a negatively evaluated situation or 'crisis' contingent on the illness and ends up positively will be more effective. In accentuating the difference between past ordeal and present redemption for the sake of the helpful message, some biographical accuracy might be forfeited (as Story 1 below demonstrates). Personal stories are posted on the Internet for a variety of reasons such as those listed by

Lucius-Hoene and Deppermann—but in asynchronous CMC they are not induced by any immediate conversation. Rather, their spontaneity is more closely related to their writer's attempt to keep a particular narrative going—a narrative that is not necessarily expressed in the specific contents and form of the online story, but in the *act* of telling it (as my analysis of Story 2 will show). Ephemeral as online narrative identities might be, they arise from the 'selfing' function. An analysis of personal accounts potentially shows *how* selves are produced, although not necessarily *which* 'self' could be justifiably pegged upon a particular person.

In the 'private' life of the text, the story and its telling are a function of the identity processes of the teller. In its 'public' life, the story participates in cultural discourses in ways that are 'decoupled' from that person. For example, 10-year-old Peggy who sent her story of BPD to a web site for sick children in the late 1990s would be in her late teens or older now, but online the child's voice lingers on. There is a photo of her hugging a cat with a cheerful caption ("I Love cats! In fact I love all kinds of animals. Bet you guessed that already!"). Despite the photo, to readers who never met her she represents 'any' white girl who loves animals, has friends and foes in school, likes and dislikes, and happens to have a chronic illness. Peggy's Story commits its protagonist to the identity of a 'normal child in spite of the illness' long past its writer's childhood and irrespective of whether this characterization was ever salient to her (though it probably was; see Fleitas, 1998). The text performs a discourse action (cf. Edwards & Potter, 1992) that the 10-year-old could hardly be aware of. Among other things, it reinforces the psychiatric model of BPD as a neurobiochemical disorder, the pediatric forms of which have been acknowledged relatively recently (e.g., Findling, Gracious, McNamara et al. 2001). In the public life of this story, 'Peggy' becomes an *implied subject* (Kerby 1991), a function of the text itself, merely one of possible positions that the text opens up. Taking the idea to its Foucauldian extreme, the author is evacuated from the flesh-and-blood person upon whom it is pegged. "So much so that what comes first is ... an anonymous murmur in which positions are laid out for possible subjects: 'the great relentless disordered drone of discourse'" (Deleuze, 1988, p. 55). Yet 'behind' the embedding of the story in the anonymous murmur of public discourse there is, as Freeman (1997) put it, a "living, loving, suffering, dying human being" (p. 171). There is someone to whom the selection of certain subject-positions and the rejection of other possibilities is neither arbitrary nor trivial (Jones, 1997, 1999).

As a form of social accounting, autobiographical telling is enacted within culturally embedded social activities in which various norms and conventions apply (Gergen, 1994). In this regard, online autobiographical telling could be approached as the kind of performances traditionally studied by anthropologists and folklorists; i.e., with a focus on the performance as data, not on the performer as a psychological subject. Propp (1984) recommended that the unit of analysis would be the singular piece—the whole “poetic system” of the folktale, chant, etc.—along with its “application to everyday life”, i.e., when or why it is performed (p. 42). The same applies here. Up to a point, this study’s rationale also coincides with the discursive psychological focus on the “actual working of discourse as a constitutive part of social practices situated in *specific* contexts” (Potter, Wetherell, Gill & Edwards, writing in Parker, 2002, p. 165). The study concerns how personal stories function to produce ‘identities’; more specifically, how texts construct conditions for their authors’ ownership of the experience being narrated. By virtue of such construction the text commits the implied author (the writer as seen by readers through the text) to some particular social-moral position. An identity commitment is therefore a function of the text, not a mental state of the person whose story it is. Discursive-psychological studies typically chart a range of themes and rhetorical moves (interpretative repertoires) at the aggregate level of analysis, abstracting the ideational units from ‘pooled’ texts (interview transcripts, etc.).

In contrast, the present effort to acknowledge the private life of autobiographical telling requires a consideration of how elements of the same text interrelate so as to produce identity commitments (which could subsequently be compared at the group level of analysis). My thinking is indebted to Bakhtin’s view of a literary text as an ‘act’ or utterance that orients itself towards the aspect of life to which it refers. In an early essay published posthumously, Bakhtin (1993) argued that it is “an unfortunate misunderstanding (a legacy of rationalism) to think that ... the truth of a situation is precisely that which is repeatable and constant in it” (p 37). He pointed to the uniqueness of an unrepeatable whole and its actuality:

The actually performed act—not from the aspect of its content, but in its very performance—somehow knows, somehow ... orients itself within that being, and it does so, moreover, in its entirety—both in its content-aspect and in its actual, unique faculty. (p. 28)



Bakhtin was grappling with the so-called Kantian problem of the relationship between experience and its representation (Holquist, 1993). An obvious problem with the ‘Kantian problem’ is that it posits experience as if outside discourse—and experiencing certain physiological states as *illness* is intrinsically discursive. Taken pragmatically, however, a story about the teller’s illness does refer to something that has been experienced (and already understood in some way) by that person outside the specific ‘actually performed act’ of the story. In the specific text, memories, feelings, and ideations constellate in a creative and unrepeatable way, like a dream (which theme-wise could be recurrent or common). Also like a dream, the text locates its implied author in some relation to the referent experience whether or not the narrator is aware of it. The text thus actualizes a particular consciousness of the world independently of the conscious intentions and reflections of the person telling the story. Unlike a dream, the story is told to actual other people or with a ‘generic’ other in mind. Therefore considerations of rhetorical performance and social positioning are ultimately relevant (though understated in the present analysis).

### **The material**

Setting out to observe situated performances means specifying the situation, not abstract features of the performance. The data collection was therefore approached as the ‘open’ task of retrieving any asynchronous first-hand account of BPD rather than seeking out accounts that conform to some definition of narrative or story. ‘Story’ is usually equated with a narrative that has a beginning, middle and end (e.g., Sarbin, 2004). Polkinghorne (1995) uses *story* to signify “narratives that combine a succession of incidents into a unified episode” (p. 7). Whereas Labov had narrowed his definition of *narrative* to the recapitulation of a specific past experience, Barton (2000) has widened it up to include accounts of future events and habitual or generalized experience. For clarity’s sake I shall refer to the sampled texts generally as ‘accounts’ and apply *story* only to those accounts that do have a plot. Poems about the illness were excluded from the sample on grounds that a poem validates personal experience in different ways than does narrative, at least in Western culture.

Suitable material was retrieved during several months with the aid of search engines and links found in various sites. The cut-off date was May 2, 2001, when 23 texts satisfying the criteria were available (any interim updates of previously

downloaded ones were incorporated into the analysis). The texts were obtained from five web sites and written by 12 individuals (7 female, 5 male) ranging in age, where known, from 10 to 57 year old (4 under 20). Despite the 'globalizes' ethos of the Internet the sample is geographically limited: six people indicate a US state in which they live, and the rest except one (from Australia) seem to be North-American on the basis of clues in the text, such as references to schooling. This might be due to the fact that only accounts in English were sought, although the absence of British and other English-speaking nationalities is noteworthy. Two of the web sites are personal home pages, which need not be named. The other three are support and self-help resources. As it would do injustice to their creators not to mention them, I obtained permission to do so. *Band Aides & Blackboards* is an institution based site created by Joan Fleitas (1997, 1998) primarily for sick children, but also inviting adults' reflections on their childhood experiences of any chronic illness. *Jane's Mental Health Source Page* is a mixture between a weblog and resource center dedicated to depression, which also hosts other people's stories. Michael Crawford's *Learn about Manic Depression* page is chiefly a resource center, though containing his personal story (Story 2 below). The nature of the material moots some of the ethical conventions regarding anonymity and confidentiality (Smythe & Murray 2000). All the texts from which extracts are given below can be easily traced with a search engine. Importantly, they were intentionally put in the public domain—a form of publication—and the writers already took precautions to protect their privacy to the extent that they wished to remain anonymous. The report below does not go beyond what is given in the public domain with one exception (the background to Story 1), for which informed consent was granted. The two men whose stories are examined in depth had been contacted and gave their consent for my analysis and its publication. The writer of another text that had been initially selected couldn't be contacted, and therefore this analysis was abandoned.

The texts range in length from 223 to 5,355 words (mean: 1,233; median: 848) and are diverse in style. In terms of type, seven could be classed as stories, inasmuch as their chief theme is the writer's illness history. The remainder consists of informative or contemplative essays, in which personal experiences illustrate various points, and diary entries. The heterogeneity of the sample is a theoretically germane finding. It could be concluded that asynchronous CMC invites 'genre slippage'—even when the accounts concern the same topic, serve a similar purpose (e.g., telling others

about BPD), and indeed even when they conform to the conventional definition of story. In writing for the CMC setting, some writer seem to model their storytelling on the FTF interaction:

I'm glad you stopped by. My name is Joe, and I wanted to share my experience of bipolar illness.

My name is Lynn, and I'm so pleased you've come to visit my page. Here's a story that's sad but true.

Other writers take the modern novel as their model, and 'hook' the would-be reader with some thought-provoking or dramatic statement that is intrinsic to the topic at hand, as these first lines illustrate:

Once your mind has breached the thought of suicide there is no turning back.

I've decided tomorrow to make an appointment with a doctor because I want to get help.

A classification of the texts in terms of 'oral' versus 'literary' openings did not reveal either strategy as predominant.

Most of the sampled texts are skillfully written. It might well be that people who lack confidence in their ability to write eloquently don't post their accounts. This auto-regulation of the virtual community might determine not only 'whose' voice is heard, but also what 'voice' (i.e., what consciousness of world) becomes more prominent in the 'anonymous murmur' or 'relentless disordered drone' of which Foucault and Deleuze spoke.

### **The representation of BPD in the sample**

This section provides a tour of the sample as a prelude to the analysis of the two stories, so as to place them in a hermeneutic context. It is not a comprehensive review of themes found in the material, but a narrative about it. A convenient tool for structuring this section's narrative is Moscovici's social representation theory. Bauer and Gaskell (1999) define *social representation* as the meaning of something that arises from its joint interpretation by two or more individuals or groups, each bringing

into the joint construction their memories of past understanding and plans for a future project. Here, a representation of BPD arises as a consequence of psychiatric knowledge being circulated, resisted, and transformed, alongside with diffused psychological ideas, all of which is interpreted from the writers' intimate phenomenological knowledge of the illness experience.

People diagnosed with BPD must cope, not only with the distressing symptoms and disruptions to day-to-day life and close relationships, but also with social stigma:

This illness has been embarrassing, and because it is a hidden disability, I don't have the freedom to talk about it. ... I wish society had a healthier awareness of the nature of mental illness. If only that were to happen, the stigma that so many people experience might go away. (Joe)

The devastating experience of being diagnosed is vividly captured in the following narrative juxtaposition:

I will never forget the Earthquake of 2001 ... as a couple days later within that same week I was told something I've always suspected. (Jen)

Being told that she had BPD was earth shattering for her because it confirmed a life-long dread due to her mother's mental illness. However, the onset of BPD is seldom sudden. The diagnosis usually follows a long time, sometimes many years, in which mood cycles are experienced but not recognized as BPD. A central premise of social representation theory is that the contents of a representation form through 'anchoring' something novel and disturbing in something already known, and the 'objectification' of the newly anchored ideas (Moscovici, 1984). To some, the diagnosis comes as a relief. Lynn's story starts:

When I was in junior high and high school, I felt like I was a space alien dropped into the world and left there. It was awful. I had an illness that was invisible.

It ends happily:

But now—at last—this illness has a name. And the name is not ‘space alien’ or ‘worthless person’ or ‘social leper.’ It’s just Depression.

Yet mental illness is seldom, if ever, experienced as ‘just’ a medical ailment:

Just as people can fall sick to a cold or the flu, people can fall sick to depression or a neurobiochemical disorder that *takes courage to reveal* so treatment can be initiated. (Jane; italics added)

The symptoms of BPD strike at the core of what it means to be a person, affecting emotional stability, self-control, ‘touch’ with reality, and intimate relationships:

Bipolar illness prevents the one thing that is essential to a lasting relationship ... This one thing is ‘stability’. Bipolar illness at its essence is a disease of instability or variability ... Who can endure this madness? Most often not even those who love someone very deeply. (Christopher)

Themes of guilt, self-blame, and self-loathing abound in the sample. The following extract is from diary notes written in the grip of a depressive episode:

It is horrible to be me because I strip Life of all peace and happiness. I am a Black Gob of Slimey Goo, absorbing all that is good and leaving destruction and sadness in its wake. People I come in intimate contact with, I destroy their minds ... I am drowning in fear of being myself yet cannot run away. ... I am wrought with guilt, regret, and horror at the holocaust I have created with my mind, manifesting into actions. (Jane)

The analogy with a cold or flu is one of three strategies (in the sample) for anchoring and objectifying the illness. A second strategy externalizes it by blaming human nature, i.e., not self:

Mental illness at its core is a behavioral problem. ... Essentially the will is weakened and therefore the ‘will to power’ is not sufficient to deny that which makes us behave. This may manifest itself in emotional outbursts, reckless spending, uncontrollable anger, inability to sleep, irrational

responses, overtly sexualized behaviour, and in its ultimate form of unrestrained passion – murder and suicide. (Christopher)

A third strategy coincides with the theme that Hayne (2003), in a phenomenological study on being diagnosed with mental illness, has labeled the “destructive gift of difference”:

There is an ironic twist to being manic depressive. We are often creative and intelligent people. Poets and artists have long had a reputation for being moody and tormented people. (Michael)

The view of manic depression as a ‘creative illness’ (Michael’s phrase) echoes an older clinical perspective. Vojta, Kinosian, Glick, et al. (2001) quote a psychoanalyst, Fenichel, who in 1945 described the euphoric presentations of manic and hypomanic episodes as “a positive, driving, forceful state” associated with an increase in self-esteem, and patients as “hungry for objects ... to express their own potentialities” (p. 190). Yet the statistical analysis of patients’ self-reported quality of life carried out by Vojta et al. supports the opposite view of mania as thoroughly debilitating, characterized by “reduced rather than enhanced self-reported quality of life ... suboptimal states of function, even from the patient’s point of view” (p. 194). Likewise, descriptions of manic episodes in the sample, even when evaluated positively, are offset by the negatively evaluated depressive episodes:

I really enjoy the mania. I can get a lot of work done. ... I jump around a lot and move really fast ... Sometimes I’d put on some very grand and fast music ... I would probably be laughing a lot and having lots of fun no matter what I’m doing.

And then—then the realization that it’s all going to end soon. The feelings of happiness and joy will slowly seep back into the recesses of where they came from. And in their place the dark and searing pain of depression would ooze out. (Anakin)

Whereas in the above description the problem lies in the uncontrollable oscillation, the following identifies the downside of mania itself:

When I get my ‘ups’ I get feelings of elation. ... It’s fun to begin with, but it gets very scary pretty soon since I lose my grip on reality. I’m easily angered during my up periods ... I’m charging full steam ahead. It can get very exhausting for everyone I’m around, too, including me! (Emmie)

Up to a point, the tension between the romantic and medical views could be put down to the difference between ascertaining how patients feel when they are in symptomatic states and asking how they feel *about* these states. The latter question calls for considering how the person’s narrative indexes those states in the whole of the illness experience, and how the illness is indexed in relation to self:

Luckily, there are ways to control a bipolar illness so that I can live fairly normally ... I hate taking medication, and I hate being constantly monitored, but it’s part of who I am. (Emmie)

Medication is commonly talked about not only as a medical necessity, but also as instrumental for getting one’s ‘normal self’ back:

Taking medication and going to therapy helped ... It’s like one morning, I suddenly woke up and felt calm. Not sedated or drugged, just Normal. (Jane)

Testimonies of desirable outcomes often carry idealized images of ‘normal life’ or what ‘normal’ people have or aspire to have:

I’m happy to report that I have a wonderful loving wife who has helped me grow and has learned to understand my illness. ... The great thing is that I no longer address my illness very much since my medication has been so successful!!! I owe my recovery and my happiness to God. (Joe)

Verkuyten (1995) defines social representations as knowledge structures “used in dynamic context-sensitive ways and against a background of actions and goals” (p. 276). The structuring core of the representation emerging in the sample has, not only ‘positive’ content, i.e., explicit statements of what BPD is (albeit negatively evaluated) but also ‘negative’ content, consisting of implicit, often unvoiced, statements of what it is not (positively evaluated normality). As a counter-movement

to cultural constructions of madness as the dark ‘otherness’ of rationality and moral integrity (cf. Foucault, 1967; Szasz, 1961), a myth of normality underpins the illness discourse in the sample. Malinowski (1926/1971) understood *myth* as “a vital ingredient of human civilization ... a hard-working active force” (p. 19). According to Malinowski, various short accounts of the particular myth are each only a part, “and a rather insignificant one”, of a bigger story that is not told but lived, and what really matters about it is its social function (p. 43). Similarly, the sampled texts could be viewed as fragmentary accounts of a bigger story at the foundations of modern society. However, in late modernity what passes for normal has been challenged and fractured, so much so that reading the myth of normality from the sample is not simply a matter of identifying and classifying normative themes. Rather, the myth may reside in the tensions arising from juxtapositions of various claims about achieving a normal life.

Both stories below tell about such achievement, but in contrasting ways. In reporting each story, my strategy will be a partial ‘narrative analysis’ insofar as this method entails a process that is “actually a synthesizing of the data rather than a separation into its constituent parts” (Polkinghorne, 1995, p. 15). The present ‘synthesis of data’ is designed to bring out a common narrative image (cf. Frye, 1957) embodied in these stories, so as subsequently to address the theoretical issue of identity commitments.

### **Story 1: “Manic depression was a problem for me”**

The 598-word long text was posted in 1998 on *Jane’s Mental Health Source Page*, where it opens a section reserved for contributions by other people (i.e., not Jane), and carries the heading “An Introduction”. I contacted the writer, Larry Miles, by email in March 2001, and during the following months we corresponded regularly about the work in progress. Story 1 is unique in the sample in that it tells of a non-medical cure: at the time of writing it Larry claimed to have been free of the symptoms 18 years after stopping to take the medication. The story thus presents a memory of the illness from a biographical distance, although Larry’s continuing involvement in self-help exchanges implies that it remained a salient matter to him. His past illness empowers him to offer his experience as an example to others; but (as



will transpire) he does so by trading off some biographical accuracy for the sake of a strong message.

The story begins with a disclosure of the illness as a problem for in the past, which sets up the expectancy of a happy end, and immediately holds back (suspense building):

My name is Larry Miles and manic-depression was a problem for me for a long time. Before I tell any of my story I'd like to say up front how important it is to stay on your medication and do everything your doctor tells you. I did for eight years.

The stress on saying it up front foreshadows a twist, the nature of which is given in the statement, "I did for eight years" (he's not doing it anymore). This is the first in interwoven ironies characteristic of Larry's storytelling style. The advice given up front would be completely turned around by the end of the story.

There follows a detailed case history, specifying the medication taken and other treatments, the year of diagnosis, and the duration of hospitalization in named hospitals. In the communicative context, the account functions like a résumé that establishes the writer's credibility as someone who knows about the illness. Within the dynamics of the story, it has the dramatic effect of the chronotope (a literary representation of the relationship between person, time and place) that Bakhtin (1981) called 'adventure time in an alien world'. In tales of this genre, the hero leaves home and moves through alien landscapes, where dangers abound, and his interaction with that world is passive and reactive. Likewise, Larry at this stage has little control over his life. He is sent to a maximum-security ward, yet this terrifying environment is introduced ironically through positive emotion:

I was glad when they locked me in a cell by myself at night. There were murderers and rapists and every other kind of violent mental deviant there.

The 'alien world' is accentuated by the fact that he did not belong there:

I was a benevolent manic with no violent behavior whatsoever.

After his release, he vowed to do everything he was told, which he did:

I just wanted to live a normal life and didn't see any value in being so high that you couldn't accomplish anything or take care of yourself.

The narrative seems to switch here to another chronotope genre, in which biographical time unfolds in a predetermined sequence of personal states. In Bakhtin's example for this genre, the 'seeker of knowledge' has to undergo sequential stages of personal transformation from ignorance through compliance with elders and finally to wisdom. For the moment, Larry is a seeker of normality speaking from a stage of compliance. He sympathetically disapproves of those manics (*sic*) who resist taking their medication:

They like being high but if you can't control it what good is it? A lot of them said that the doctors were just trying to take away their power. Well what were they doing with all that power? Nothing.

This negative valuation of mania as power that you can't control reveals the crisis at the heart of the story. The villain in the tale is that which robs Larry of the power of autonomy.

The story soon slides back into its true genre of the ordeal adventure story. The hero has arrived at what appeared to be a safe haven, but he hasn't passed the ultimate test of virtue. Sooner or later the illusion of safety shatters and he faces an ordeal worse than ever before:

No major problems for about 6 years then started having nervous problems like panic attacks which terrified me.

The major turning point in the story now takes place. Deciding that it was time to "take control of my life in some manner" Larry read a self-help book:

I followed [the author's] advice and learned to relax and accept my symptoms without fear. One day they vanished of their own accord which gave me more confidence in myself than you can imagine. I knew I was free from any type of nervous disorder.

Mapping the story onto the plot axis of traditional folktales (Propp, 1928/1958), the book functions like the magical element that appears to help the hero in the hour of

greatest need. Typically in tales, the unexpected magical element is a reward for some good deed earlier in the journey (e.g., helping a wounded creature, sharing bread with a poor old man, etc.), when the hero first exercises free will. Larry's 'good deed' is deciding to adhere to the book's advice. Leading to the final confrontation, the hero of tales demonstrates his prowess and, at last, becomes actively engaged in the enactment of his destiny. Likewise, with the predictability of a fairytale, mastering his fear of the symptoms brings about the successful resolution of Larry's crisis:

Without my fear and co-operation they could not live. I cured myself by doing nothing! ... Nothing was attacking me I was simply pinching myself in a mysterious sort of way. I tell people this all the time and they end up saying that that's too easy.

Three rhetorical devices communicate the image of a miraculous cure: a metaphor of the symptoms as malevolent creatures ("they could not live"; nothing attacking him); the paradox of curing himself by doing nothing; and a sense of enigma (pinching himself; people's incredulity).

Yet this fairytale narrative underpins precisely the opposite message—that there *is* a rational explanation according to Larry. The distinction between reality and the wishful fantasy of an easy cure is made clear next:

Well let me tell you that it is not easy accepting and relaxing into a panic attack that leaves you so dizzy and disoriented that you can barely stand. But if you can do it consistently and learn the knack you too will know you freedom from any type of nervous illness.

The rational explanation is a psychological one:

I've been free of medication and worries about it for 18 years now. The major difference? Acceptance, and a changed attitude towards the symptoms.

The moral of the story is its ultimate double irony, overturning the advice given up front: accept the symptoms, not the doctor's advice; embrace them, and they go away.

The deep movement of the story is from external to internal control. It is a healing story, expertly performed in natural storytelling that utilizes the powerful

archetype of the hero's journey. In our correspondence, Larry explained that it was originally emailed as a 'pep talk' (his phrase) to someone who had been recently diagnosed (personal communication, 14 March 2001). He stressed that his recovery was hardly the consequence of reading one book, but the culmination of several therapies over an extensive period of time. When we know that the story originated in a personal email, we 'receive' it as one side of a conversation, and may wonder how relevant was Larry's experience for the addressee of the email. In contrast, when it is encountered as a monologue on the Internet without knowledge of its background, it might be read as missionary and invite ideological arguments. Some people read it as subversive and dangerous, and wrote their objections to Larry. Online the article is now followed with a response, posted in 2000, which stresses that people diagnosed as bipolar must remain on medication for the rest of their life. The writer of the response concedes the possibility that Larry was misdiagnosed, and therefore it was possible for him to stop taking the medication. The insinuation is that Larry either deludes himself or is not a genuine bipolar. Either way, the healing message is discredited.

Bakhtin (1986) posited that a text as an utterance is defined by "its plan (intention) and the realization of the plan"; it is the "dynamic interrelations of these aspects, their struggle, which determines the nature of the text" (p. 104). Whilst readers' reception of the plan-and-realization of the story may vary according to assumptions about its communicative context and the writer's purpose, there is also a struggle intrinsic to this story which remains constant across different contexts. It is the dramatic struggle between the specific crisis contingent on the illness and the conditions for its resolution. A further point is that the plan of the text is not identical with the writer's intention, although in this case the two are confluent (I shall argue that in Story 2 they are not). Larry's intention to offer hope to the other person is actualized in the text's plan (a pep talk) which is realized through a brief, simple narrative conforming to a universally recognized pattern. It is the pattern that Propp found to be at the core of the morphology of Russian folktales, and which Bakhtin associated with the ancient 'ordeal adventure' genre. Central to such stories is the hero's journey through trials and tribulations towards achieving his goal. It is archetypal in Frye's (1957) non-Jungian definition of 'archetype' as a highly communicative narrative unit or image (although Jungian theory purports to explain why it is highly communicative).

## Story 2: “I am Manic Depressive”

The 1,724-words essay entitled “I am Manic Depressive” introduces the web page created by Michael Crawford, which also contains a very brief article (“The Creative Illness”), annotated bibliography, and relevant links. It is part of a highly personal web site, rich in textual and visual information about its creator. I contacted Michael in March 2001 and was granted his informed consent for this study. The essay in focus can be spliced into two threads: (1) impersonal information about BPD, symptoms and medication, illustrated with personal anecdotes; (2) a personal story about writing the web page, interwoven with an ‘impersonal’ thesis on the construction of social realities, germane to the story. I shall refer to the whole text as the essay and to the latter thread as the story; this is Story 2. Its deep structure conforms to the archetypal pattern as identified in Story 1, though here the image is submerged. To bring out, I shall signpost the plot axis identified by Propp (1928/1958) with verbatim quotations kept in their original sequence as in his scheme (pp. 130-134).

Tales begin with a statement of “the initial situation” (Propp). The essay opens with a one-sentence paragraph:

I am manic depressive.

This repeats the essay’s title, immediately above it, creating a visual emphasis. A verbal ‘eye contact’ with the reader is established next with a statement about the purpose of the web page:

I’d like you to know more about manic depression, so you can better understand the other manic depressive people you know, and if you’re manic depressive yourself, I’d like to offer you a bit of encouragement and companionship. Eventually I should have some [useful resources](#) [hyperlink] linked from here.

Throughout the essay, the predominant mode of thought is what Bruner (1986) calls *paradigmatic*, which is concerned with categorization, internal connections or logical relationships, and truth in terms of a universal abstraction. Bruner contrasts this with the *narrative* mode, which is concerned with personal and social ramifications of events and relationships, strives to establish and affirm consensual meanings, and

utilizes framing devices to separate story from reality. The paradigmatic is never relinquished in the essay, but the narrative mode of the embedded story provides an undercurrent.

From the outset, the writer is self-positioned as a facilitator of knowledge, which positions the reader in the complementary role of a seeker of knowledge. As in Story 1, the biographical detail that follows functions like a résumé establishing the writer's expertise:

I have been through some very difficult times. But through hard work, therapy, and medicine, I am able to live quite a good life.

Unlike Story 1, this is not the story of Michael's ordeal. We are yet to find out what it is about and that there's a story at all. There follows details of Michael's diagnosis, specific terms are explained paradigmatically, and the jargon is light-heartedly challenged:

I don't particularly like the term "bipolar" because it lacks the romantic flair of "manic depression."

In the traditional tale, the adventure is set in motion when "the hero receives information about the villain" and an act of "villainy" takes place (Propp). Here the adventure of creating the page begins with something preventing it:

I have wanted to write about being manic depressive for quite some time. I have been hesitant to do so for several reasons...

The dramatic crisis here is not the illness, but the inability to talk about it. One of the reasons for the hesitation is a perceived lack of skill (Propp: "Elements lacking, missing"):

It's hard to write something good enough to get into print in a magazine or a book. It's much easier to put my writing on the web.

The more profound lack is that of courage to disclose the illness:

I'm afraid I'm also quite worried about what some people would think of me. ... But I hate keeping secrets. I sure don't like living in a closet.

This repositions the writer as someone seeking a sympathetic ear. Plot-wise, these statements frame a period of hesitation, deliberation, and not communicating. In keeping with the paradigmatic style, the personal lack is pinpointed through generalization:

There are a lot of people in this world who are discriminated against because of their race, their religion, [etc.] ... and many of these people have been able to improve their lot by working together and making their voices heard. But crazy people don't stick together. In fact we are usually quite isolated, from each other and from normal human companionship.

The chronotope here accords with the most recent of novelistic genres identified by Bakhtin (1981), the cultural-historical variant of the *Bildungsroman* in which psychological emergence is inextricably linked to historical processes, and personal development is no longer a private affair. In accordance with this chronotope, the source of villainy is not external—it is not the social stigma of “crazy people”—but an internal group process, its collective reticence and lack of solidarity. Realizing this prescribes a specific course of action that involves assigning to group members the duty to speak out and change history (Propp: “Consent to counter-action”):

We need to be known, and to be heard. There's really only one way for us to change that, and it is for each of us to individually stand up and speak out.

In Propp's sequence, the consent to counter-action is followed with the “dispatch of the hero from home.” As in tales, a definite dramatic event compels the hero to seek out and challenge the villain:

I decided to put this page up right now in particular because of something that has happened that has quite shocked and horrified me.

The event was the mass suicide of the Heaven's Gate cult.

There follows the “struggle with the villain” (Propp). News of the event brought back memories of past suicidal feelings, but more poignantly initiated a questioning about the truth of the reality in which the accountability of the mentally ill is discredited:

Most people think that the things they experience and that they believe are real. The Heaven’s Gate members were not depressed ... and they seemed to sincerely believe they were doing the right thing.

A long and well-articulated argument unfolds: social influence in cults is normal in-group processes, and therefore all our realities are socially constructed. Michael’s social constructionist thesis validates the reality of the mentally ill as equal to any other:

The news depicted this event as something very unusual, strange and uncommon. What disturbs me though, is ... that I think that the grip we have on reality is a lot more tenuous than most people believe. By “we” I don’t mean just mentally ill people, I mean everyone - including average, normal people. Including you.

“Including you” brings about another repositioning. Whereas up to now readers may interact with the story as a sympathetic but uninvolved listener, now the twist is that we are “in” it, it is also our story (and the writer again is in the position of having knowledge to impart).

Next, “victory over the villain” (Propp): if the villain in this story is the self-imposed silence, victory is not simply asserting one’s right to be heard, but more fundamentally, asserting the *duty* to speak. The right may be externally granted, but overcoming a silence that is self-imposed is an internal process, empowered by the conviction that one has something important to say:

In some ways the mentally ill people have the advantage; once we have been through some time of treatment, we learn to construct a reality that is more reliable than the one that just happens to everyone else.



According to Propp, victory over the villain is often followed with putting some gain to an immediate use; e.g., breaking of a charm, freedom from captivity, or doing away with misfortune through the application of a magical agent (“The liquidation of a loss or harm”). Here, the realization that realities are constructed is applied to the immediate purpose of the web page. The advice now given is a direct gain from the social construction thesis:

To recover from an illness like manic depression, one must learn to construct a better reality, and to keep a hold of it even as the forces of one’s own feelings struggle to overturn it. There are things that can help, like medicine and psychotherapy, and I use these, but ultimately it is up to the individual to learn the skills ...

In Propp’s scheme, the initial reprieve from misfortune could be transient or a transitory stage, trials and tribulations might yet follow (“Difficult task”):

The medicines are not completely effective though. Staying sane takes work.

The final triumph over the villain of silence concludes the story and also brings the essay to a close:

I just finished a little particularly challenging bit of that work. My parents came to visit, and I showed them my nice office and successful company, my spacious house ... and had a dinner in a Thai restaurant. All very genteel activities calculated to set the parental mind at ease ... I had printed out this web page and planning on showing it to them. I was shaking and sweating this whole time, and came very close to canceling it. But in the end we were able to talk about it, with great difficulty and much shyness and embarrassment. I think this may have been the first time they actually were able to understand my condition.

The vignette creates a narrative time warp (reporting the outcomes of showing his parents the page in which the outcomes are told) and its insertion in the essay significantly alters the plan and realization of the text. It dramatically pulls together all the threads and retrospectively makes the whole essay read as a truly personal tale

of deliverance; and, by a kind of ripple effect, repositions the reader as a witness to the writer's private struggle. "This web page" which is printed and shown to the parents functions like a transitional object (cf. Winnicott 1971)—a concrete object representing Michael's transition from being merged with the illness to relating to it as something external and separate, hence being able to talk about it.

Fairytales end with "the solution (accomplishment) of a task" (Propp). Likewise the outcome of the parents' visit is a definite, final and irreversible resolution of the communication crisis. In reality there is no 'ever after'—as insinuated in the framing of the event as recent and partial ("I *just* finished... *bit* of that work") and further in the final paragraph, which has the 'feel' of the denouement that Propp labeled "leave taking at a roadside post":

I want to say more but the door is open now, and we can send each other e-mail about it, and I can direct them to online resources for the parents of mentally ill.

### **The locus of identity commitments**

There are several dimensions of differentiation between the two stories. Whereas Story 1 is told retrospectively ("manic depression was a problem for me"), Story 2 has the immediacy of psychological emergence: by the end Michael emerges as someone who can declare "I am manic depressive" at the beginning. A similar narrative loop exists in Story 1, but there it is stated up front; in Michael's essay it takes us by surprise. Whereas Story 1 is a healing story that uses personal experience to empower its target audience, Story 2 is a story of self-empowerment through the prosocial act of creating the Internet resource. Put another way, Michael's act of communion enabled his agency; Larry's agency enables his act of communion. However, in common with each other and with the other sampled texts, the stories commit their implied authors to social-moral positions or 'identities' in relation to the illness.

The terminology of identity commitments is used mostly in adolescence research (to my knowledge). The identity status paradigm, developed by Marcia nearly 40 years ago, posits the presence or absence of exploration and commitment in areas of occupation, ideology, and interpersonal values as the criteria for determining

adolescents' identity status (e.g., Marcia 2001). In the present use, identity commitments are not viewed as an expression of personality states but as a function of texts that are told in the first person singular. The concept should be distinguished from McAdams' (e.g., 1993) concept of 'imago' as a personified, idealized image of the self that functions like a protagonist in life stories. An identity commitment is not a personification, not an image of 'person', but an implicit condition for the person-to-world *relation*. In this respect, it is closer to Jung's definition of imago as "an image of the subjective relation to the object" (1921/1971, para. 812; see Jones, 2003, for a comparison of McAdams and Jung). Keeping the focus on texts, 'identity commitment' resembles Bakhtin's chronotope; however, whereas chronotope is a function of the plot, identity commitments are a function of the authorial 'voice', i.e., the particular consciousness of the world embodies in the specific account. In this respect the concept resembles Foucauldian subject positions and Harré's positioning (see Harré & van Langenhove, 1999). My thesis is that identity commitments arise from the confluence of three aspects of the personal account, demonstrated in turn through a comparison of Stories 1 and 2.

*(1) The text's plan and realization*

As mentioned, Bakhtin (1986) attributed the nature of a text to the struggle between its 'plan' the realization of the plan. Whereas the plan and realization of Story 1 are confluent with Larry's purpose of telling it (offering support), insofar as the plan of Story 2 is self-empowerment, it strays off from Michael's reason for telling it (explaining how the web page came to be). Although both stories contain the hero's journey archetype, only Story 1 'works' through this image. Story 1 realizes its plan (pep talk) through telling of an ordeal with a happy ending. Because it works through an image, it could be told in the third person without compromising its plan (I may tell about Larry as a pep talk to someone). In contrast, Story 2 realizes its plan (self-empowerment) through the reader/writer positioning and repositioning. Telling it in the third person would result in a story about Michael that I may tell for various reasons, but its plan would not be (my) self-empowerment.

As an analytic variable, the plan-and-realization construct is discrete, relatively independent from both the emplotment (cf. Ricoeur, 1984) and plot macrostructure (cf. Gergen, 1994), as could be seen in variations on similar themes in the sample. Other texts allude to the villainy of silence, but redemption through social

identity is unique to Story 2. Other texts in the sample tell about confronting the symptoms, but Story 1 is unique in telling about long-term remission without medication. There are other themes. For instance, as seen in earlier extracts, Lynn's story arches from the opening disclosure, "I had an illness that was invisible" to the concluding discovery, "this illness has a name." She attributes her childhood loneliness and peer victimization to ignorance about her condition. If the villain in her tale is ignorance, the way to overcome it is through scientific knowledge (which she obtains by studying psychology at university). In common, Lynn's, Larry's, and Michael's stories tell of a turn from bad to good fortune—a progressive plot (Gergen)—and all three writers express their wish to advise and encourage other BPD sufferers. In contrast, a brief narrative by a middle-aged woman, nicknamed Sunshine, has a regressive plot structure. It begins with a rosy though generalized depiction of life in Iowa "where people are friendly, except my neighbors" and the downward curve continues to the ending:

Life is no fun for me anymore except for music listening. I have Depression, anxiety and panic attacks. I have been in therapy and support groups many years.

It is part of a personal web page that also celebrates her love of music and is profusely decorated with cheerful animations of country music motifs. The autobiographical account has no message to fellow sufferers. If its plan is self-empowerment, it is realized through an assertion of her individuality, which effectuates a commitment to being alone in suffering the illness—in sharp contrast with the realization of the self-empowerment in Story 2.

## *(2) Domain transversality*

Schrag (1997) employed the metaphor of transversality as a way of locating the unitary narrative-self in a diagonal movement across 'culture spheres' (science, art, religion, and ethics). Identity commitments involve domain transversality at the micro level of the singular text, though not necessarily across culture spheres. Most texts in the sample posit some existential crisis, contingent on BPD, and its resolution across the three abstract dimensions of experiencing oneself that William James (1890) discussed as domains of the 'empirical self'. Namely, the *material self*,

comprised of one's body, clothes, house and so forth; the *social self*, based in the recognition one receives from others; and the *spiritual self*, a reflective process, the result of our ability "to think of subjectivity as such, to think ourselves as thinkers" (p. 296). Story 1 identifies a crisis of the material self and finds its resolution in the spiritual self. In Story 2 both crisis and resolution lie within the social self, but transverse the agency/communion dimension. The crisis-and-resolution dynamic is explicit in the storied texts (it 'makes' the story), but also implicit in most other texts.

The question of how fundamental is domain transversality for the narrative 'selfing' process remains a matter for further research.

### (3) *The moral space into which the text leads us*

Stories 1 and 2 both tell of redemption, mapping a pathway for a good life despite the illness, but the paths lead in opposite directions. Story 2 leads to accepting the illness by making it part of the sufferer's identity. Story 1 leads to getting rid of it, which denies its existence as part of the person, acknowledging it only as misfortune. The stories reproduce alternative moral spaces around the experience of mental illness, spaces that readers would invoke if they judge which story is 'better' in terms of mental health. If Michael's acceptance is viewed as healthier than Larry's denial, the invoked space reproduces a 'medical' discourse in which mind is subordinate to body (a rational mind accepts the inevitability of a neurobiochemical disorder such as BPD). If Larry's self-determination is viewed as more resilient than Michael's internalization, the invoked space reproduces a 'humanistic' discourse in which body is subordinate to the human spirit—and those who are not as fortunate as Larry might be positioned as lacking in resolve and strength of character. A resistance to this insinuation is evinced in readers' reactions to Story 1, as mentioned earlier, which deploy the medical discourse so as to query the message of Story 1.

In sum, identity commitments are not recurrent 'themes' to be abstracted from narratives, but ways in which the whole text uniquely orients to the experience they narrate. In their public life, texts such as examined above contribute to the 'myth of normality' by virtue of their juxtaposition in readers' reception. As a social force (cf. Malinowski), this myth does not lie in any particular discourse (the medical is no more the locus of 'myth' *qua* fallacy than is the humanistic one or any other) but in the intersubjective construction of certain accounts as morally incompatible with each other. A fuller exploration of this aspect of the study awaits future work (in progress).

The utility of ‘identity commitments’ as an analytic variable may lie in the scope for applying it at the intrapersonal level. As redefined in Jones (1997), reflexive positioning involves construing the subjective implications of two or more positions that the same situation affords the person. This could be explored through identity commitments made in various texts by the same person (cf. Jones 2002).

### **Reflection**

Taylor (1989) submitted that to ‘have’ a self entails grasping one’s life in narrative, i.e., having a story of where we come from and where we’re going, which is underpinned by an orientation in a space of moral questions. This is particularly poignant in the case of people whose lives are disrupted by bipolar disorder. Telling others about the possibility of healing is a deeply moral action, which the Internet enables to an unprecedented extent. Posting personal testimonies counters and is countered by the narcissistic or strategic reflexivity accentuated by CMC—a perpetual motion or ‘fluid’ boundary between private and public domains:

If you find yourself in my diary, that’s probably because you too are sick of suffering from something that is very treatable. (Jane)

Unless some communication is initiated between reader and writer, the writer’s private reflexive project remains opaque to readers. If we are moved by it, we are probably moved by projections of our own anxieties, desires, fears and hopes. Rather than diminish the power of the story, the anonymity of its teller focuses attention onto its universal message: “It is the universalizing of the plot that universalizes the characters, even when they have specific names” (Ricoeur 1984, p. 41). The implied author of the personal story becomes a generic figure, like the hero of a folktale.

The paradox of CMC storytelling is that even when the protagonists are anonymous, their story remains individualized. It is ‘received’ as someone’s intellectual property and evidence of his or her private journey—a fossil footprint that becomes an integral part of an altered landscape.

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