Virtual Recovery:
Governing Mental Health and Self-Improvement Online

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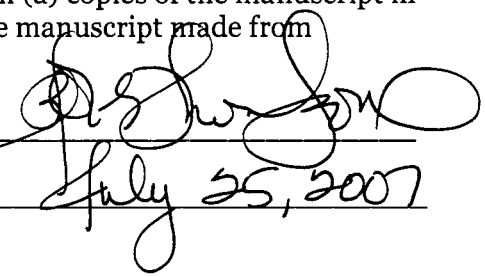
Signature 

Date July 25, 2007

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Abstract

Virtual Recovery: Governing Mental Health and Self-Improvement Online

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This dissertation argues that mental health has become an object of governmentality (Foucault), in which current mental health discourses normalize ongoing disorder and promote personal responsibility for attaining an idealized state of wellness. The broadening of mental health disorder categories has generated growing demand for psychotherapy and pharmaceutical products alongside a hegemonization of consumer-oriented mental health discourses. As mental health discourses increasingly target the general population, the project of the self (Giddens) becomes a widespread endeavor in which individuals engage in self-improvement practices that entail anxiety-producing, time-consuming, and exhausting emotional labor in the quest for health and wellness.

Internet technology provides a new site for institutional discourses of health and wellness to be (re)produced, taken up, and utilized in the project of the self. This dissertation provides a case study of the mental health community website *HealthyPlace* to explore how the internet serves as a site of governmentality and the (re)circulation of institutional discourses on wellness and healing. The project uncovers discourses of healing that privilege storytelling norms and particular ways of healing. Critical discourse analysis and social semiotics are employed to demonstrate how discourse technologies act upon site users while narrative analysis shows how individuals respond to such discourses through online storytelling practices.

Chapter one provides an overview of the community website and a critical analysis of the discourses normalizing conceptions of (un)wellness and the prescriptions for healing that are (re)produced on *HealthyPlace*; chapters two and three examine linguistic and visual discourses reproducing ideological notions of mental health

disorder and ideals of wellness through website composition and design; chapter four focuses on how individuals negotiate mental health discourses and (re)construct self-identity online through online journaling; and chapter five considers how semiotic resources are part of a branding strategy to sell a promise of wellness that promotes a never-ending cycle of working on self-improvement through therapeutic language practices and reliance on expert knowledge.

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ACKNOWLEDGMENTS

The task of thanking people carries with it a concern for giving credit to all those who have made the completion of such a lengthy and intense undertaking possible. After the task of writing a dissertation, the final words of acknowledgement allow a final reflection about the dissertation process and the power of language; to acknowledge the efforts of others does not come without deep thought and careful attention to language. As a critical discourse analyst, I write with anxiety about who and in what order to acknowledge people. Therefore, I begin by saying that the completion of this dissertation relied upon the support and encouragement of many, all of whom helped in unique and special ways that I value equally.

To resist the tradition of first thanking those most closely with the project, I will start with my friends and family who have remained largely behind the scenes, yet provided necessary emotional support. I must thank my other half, Garin Lee, for his unwavering love, support, and constant encouragement, especially on the days when I didn't believe in myself, Despite their lack of interest or investment in my academic work, my family, Maria Parisi, John Thompson, and Lea Gould, always encouraged me to pursue my dreams, for which I am grateful. To my wonderful friends, especially Kier, Georgia, Rebecca, Christine, Tim, and Angie, for luring me away from the computer as much as possible.

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I am grateful to HealthyPlace.com for granting me permission to user this community website as a case study for this dissertation. Finally, I would like to thank the *HealthyPlace* journalers for sharing their stories with the rest of us.

DEDICATION

To my mom
my biggest fan

CHAPTER ONE : THE PROJECT OF THE SELF & MENTAL HEALTH IN LATE MODERNITY

> *"The reflexivity of modernity extends into the core of the self. Put in another way, in the context of a post-traditional order, the self becomes a reflexive project."*
>
> - Anthony Giddens, *Modernity and self-identity*

As described by social theorist Anthony Giddens (1991), the "project of the self" has become a central concern in contemporary society in which individuals reflexively (re)create self-identity through sustaining coherent, yet continuously revised, biographical narratives filtered through expert and semi-expert systems (p. 5). In a period characterized by heightened reflexivity, self-identity becomes mobilized through language when individuals reach back to their early experiences and conceptions of self to (re)create[1] coherent narratives of self in the present. Couched in discourses of mental health and productivity, the project of the self is a product of our time in which individuals engage in narrative practices that entail anxiety-producing, time-consuming, and exhausting emotional labor.

The rise in self-improvement[2] practices and the reflexive project of the self creates an intersection of identity construction and negotiations of power and authority. Micki McGee, in *Self-Help, Inc.: Makeover Culture in American life,* critiques the system and discourses that perpetuate self-improvement as another "job" and declares that "we need to become belabored no more" (2005, p. 177). McGee finds that self-improvement has become a constant project that Americans feel obligated to keep up with in order to compete in work, love, and relationships. Engaged with emerging technologies, the project of the self and self-improvement practices continue to evolve

and provide additional spaces for emotional labor in which individuals "work" on themselves in complex discursive ways.

Just as individuals are said to be focused on understanding and representing a coherent self-identity through constantly revising their biography, the same type of heightened reflexivity applies to one's ability to relate to others. One aspect of the reflexive project of the self, according to Giddens (1991; 1992), includes maintenance of the "pure relationship" which requires an increasing attention to "working on" intimate relationships as a significant self-identity construction practice; specifically, "self-identity is negotiated through linked processes of self-exploration and the development of intimacy with the other" (Giddens 1991, p. 97). Therefore, individuals in late modernity are increasingly defined by their ability to self-improve and "do relationships" well. Despite critiques of solipsism and self-involvement, the time-consuming project of the self is often concerned with working on aspects of the self in order to improve relationships with others. This attention to self-improvement, then, does not end with self, but extends to relationships and sociality. The project of the self, especially for women, is intricately tied to the ability to be a "good social being" and is therefore not confined to the self. In late modernity, I argue that *technologies of sociality* work upon individuals to ensure that people achieve an optimized state of wellness in relation to others.

Therapeutic modes have become an important tool taken up by individuals attempting to repair a sense of self-identity, notably to meet ideals of wellness. Despite altruistic intentions by those in the psychotherapy profession, the disciplinary nature of contemporary therapy leaves it open to critique. For example, Deborah Cameron (1995; 2000) argues that while therapy may function as a space for individuals to pursue the

reflexive project of the self through ongoing autobiographic narratives, therapy also has a socially regulative role:

> I will suggest that [therapy] also has the function—a moral, even if not specifically religious one—of disseminating ideas about what it means to be a 'good person', and more concretely, of providing models for the behavior of such a person towards other people. (Cameron 2000, p. 4-5)

In other words, self-improvement practices explicitly provide users with recommendations about how to think and behave in order to be a mentally "healthy" individual. In conjunction with problematizing these explicit messages, this project seeks to uncover assumptions and implicit messages that set the parameters of mental "health" and "wellness."

In light of contemporary discourses that focus on wellness and health as an ideal state—often unattainable by the majority of a populace—texts that participate in reproducing these sorts of unrealistic ideals beg examination. In *Communicating Health and Illness,* Richard Gywn states:

> An illusory ideal of "perfect health" is more and more being regarded as the norm, the undisputed prerogative of an unmarked version of humanity; and any hint of waywardness or defect, variance from established norms of weight or shape, deformity or disfiguration, is perceived as a type of deviance, indicating a marked and a lesser humanity. (2002, p. 6)

This project is particularly interested in examining the conflict between the construction of disorder as the normal state of affairs, encouraging the pursuit of an illusory ideal of perfection, and a concept of wellness that fuels anxieties about self-identity. It examines the language practices that correspond to these social constructions.

With the heightened reflexivity and increased access to information in late modernity, lay people have both access to and the ability to utilize expert knowledge in increasingly meaningful ways. Such a shift in authority and power/knowledge (Foucault, 1980) allows for self-improvement and 12-step support groups that operate largely without expert guidance, with lay people serving as experts in their own healing. While psychotherapy and support groups encourage narrative practices that may appear as neutral tools for healing and self-discovery, the power of expert and semi-expert discourses to authorize and privilege specific practices and identities beg intervention from critical theorists who focus on issues of discourse and power.

Individuals engaged in self-improvement are no longer limited by the books sold at their local bookstore or pamphlets given out at counseling offices, nor by their ability to find (or afford) a counselor, psychologist, or support group in their neighborhood. In late modernity, technology has altered the ways individuals go about self-improvement; the internet provides a new space to find information, seek support, and (re)construct self-identity in response to problems.[3] The advent of the internet has significantly influenced the way individuals inform themselves and attend to mental health issues; virtual support groups have surfaced as an alternative social space for individuals to be governed and engage in the project of the self.[4] Thurlow, Lengel, and Tomic (2004) have pointed out that the internet, as "an almost global network connecting millions of computers," is influencing social relations and contributing to social and cultural transformation, specifically in regard to identity, relationships, and communities (p. 28). These sentiments are echoed by Giddens:

> Transformations in self-identity and globalization, I want to propose, are the two poles of the dialectic of the local and the global in conditions of high modernity.

> Changes in intimate aspects of personal life, in other words, are directly tied to the establishment of social connections of very wide scope. (1991, p. 32)

Online self-improvement communities exemplify the shifting nature of self-improvement as a global endeavor, indicative of the changing conditions of late modernity. Online forums,[5] chatrooms, and journals, the latter of which will be examined in-depth in this dissertation, specifically illustrate the late-modern trend of social connections on a global level as users form intimate and trusting relationships while working towards healing and recovery in a virtual space.

HealthyPlace journals, as well as the forums and chat rooms, serve as sites for advice collection, community building, knowledge demonstration, and life story production. When individuals find they struggle with any number of mental health "disorders," expert advice is often highly valued and sought out. In contemporary times, expertise is no longer confined to traditional experts; characteristic of late modernity's reflexivity, lay people also garner expert knowledge and have the capacity to use it for themselves and/or dispense it to others.[6]

This is not to say that the internet has created new ways of healing, but rather variations on traditional ways that individuals go about the discursive work of *mental hygiene*, a term I use to describe the hyper-awareness about one's sense of wellness and the regimes of self-regulation connected with self-improvement practices.[7] The project of the self, when engaged in service of mental health self-improvement, then, can be seen as a self-regulating activity in which individuals exert physical and psychic energy toward goals of attaining wellness as defined by societal norms and institutional discourses.

HealthyPlace (2005), a consumer[8] mental health website, provides an example of a virtual self-improvement community[9] space where individuals actively engage in

discursive self-management, analogous to the project of the self, through emerging technology. Although scholarship has focused on a variety of electronic group types, including professional, hobbyist, and political interest, few have asked how individuals use online practices to negotiate mental health issues and self-identity.[10] Galegher, Sproull, and Kiesler (1998), however, have analyzed online support groups to "understand how strangers use the electronic medium to seek and offer support on topics fraught with physical and emotional pain" (p. 493). This dissertation provides a case study of a mental health community website to explore how the internet—and *HealthyPlace* specifically—serves as a site for the (re)circulation of institutional discourses on wellness and healing at the level of discursive practice.

The project explores particular ways of healing that have become privileged on account of the institutional authority that is invoked by particular discourses on this mental health website. Webpages designed for *HealthyPlace* users and potential advertisers are analyzed to uncover institutional and expert discourses circulating on this site. Using a Foucauldian lens (1972; 1977; 1978), I examine the discourses that normalize conceptions of wellness and unwellness while simultaneously describing the prescriptions for healing that are (re)produced on *HealthyPlace*.[11] I uncover the discourses of healing that underpin *HealthyPlace*—and corresponding ideologies that privilege particular ways of healing via the institutional authority that imparts the discourses—to examine how language is being imagined as a remedy for mental health disorders.

To demonstrate how individuals internalize circulating ontological discourses and engage in the project of the self, I focus on *HealthyPlace* journals and mini-homepage user profiles. Such an analysis uncovers how individuals negotiate psychotherapeutic discourses and become experts in their own healing; thus, profiles

evidence how users take up and employ coherence systems (Linde, 1993)—lay versions of expert discourses—to make sense of disorder and display authority about mental health disorder and recovery. The prevalence of online self-improvement and members' belief in its effectiveness—and the potential consequences for those unable to construct themselves to meet particular standards of wellness—make this discursive site a potent venue for critically examining the discourses of wellness and healing. This dissertation focuses on the virtual support group and ultimately examines how language is applied to mental health discourses as part of the project of the self, a project carried out within the production and the proliferation of institutional discourses.

In the following pages, this chapter provides an overview of discourses informing self-improvement practices and mental health in late-modernity. Following this overview, I discuss Foucault's work on *governmentality* (Foucault et al., 2003) to demonstrate how the project of the self is not merely a project of self-identity construction, but rather a self-regulatory exercise connected to larger activities of social control. I provide a short analysis of information pages on *HealthyPlace* to show how governmentality operates, informing the in-depth analysis that follows in later chapters. This governmentality analysis provides evidence for the (re)circulation of beliefs about sociality as a demonstration of wellness and of the gendered nature of the project of the self in relation to mental health. Next, I discuss narrative practices as non-neutral exercises of self-discovery informed by ideological discourses participating in governmentality. The final section of this chapter concludes with a description of the methodological approach that informs my analysis.

Discourses Constructing the Self as an Improvement Project

Ideas about healing and recovery continue to filter through society in numerous forms (i.e., talk shows,[12] self-help books, community websites, 12-step groups); commonsense notions informed by and discursively mirroring expert discourses have replaced what was once knowledge held only by experts. With the ubiquitous nature of expert discourses about wellness and healing, individuals have become experts on their own disorders through reading literature and participating in self-help groups and online communities (N. Fox, Ward, & O'Rourke, Mar 2005). Discourses of mental health and self-improvement influence individual behavior and beliefs about what constitutes mental illness and an inverse state of wellness.

Commonsense notions about health, wellness, and transformative work on the self are largely influenced by previous discourses such as Freudian psychology and the language of 12-step programs.[13] In the Foucauldian sense,[14] these two discourses participate in and reproduce ways of knowing mental health and recovery through language practices.[15] One hundred years after their inception, Freudian notions of emotional trauma and psychotherapy (1989a; 1989b; 1909; 1953) underpin a great number of commonplace beliefs and remain foundational to current ideologies surrounding healing and recovery practices in the United States; concepts such as the talking cure,[16] the unconscious, repression, and psychic trauma have become part of everyday ways of thinking about mental health. As Freudian notions of the psyche have evolved into commonsense in contemporary society, complete with a recognizable vocabulary and belief system to talk about the psyche and the self, laypeople often wield these ideas in discursive self-improvement practices. Practices that encourage the talking cure beg critical examinations of their impact upon self-identity construction, as well as

the ways users take up commonsense notions and expert systems in a hybrid discourse of social control.

Similar to the way in which the language of Freudian psychology has influenced current understanding about mental health and healing, the language of 12-step programs—beginning with Alcoholics Anonymous in 1938—have also been influential. The prevalence of 12-step slogans, such as "recovery is a process" and "you can't do it alone," in mainstream society suggests that particular ways of healing and recovering have progressed to commonsense governing notions. For example, "recovery is a process not an event" once circulated almost exclusively through the church basements and meeting halls that house 12-step meetings.[17] With the spread of recovery discourses into mainstream culture, the cliché now circulates broadly without any interrogation of its implications. The literal meaning of the phrase suggests that recovery takes time and may be never-ending; thus recovery is constructed not as an event that can be marked by a particular moment in time, but instead by a continuous action or systemic series of actions directed to some end. Recovery is the project of working on the self while attempting to reach the ever-elusive point of wellness—a point at which the individual will have "gotten over" or "moved on." The process implied by the cliché connotes an arduous and vigilantly self-disciplinary way of being.

The mass circulation and reproduction of recovery discourses have been problematized by scholars concerned with the ways ideological messages about social behavior are actually inconspicuous methods of social control; individuals are prompted to re-program themselves to attain a model state of mental health, rather than question social conditions contributing to problems and engage in affecting social change (Cameron, 1995, 2000; Rapping, 1996). Rapping (1996) notes that the prevalence of

recovery discourses in everyday life has granted them authority as technologies of power in contemporary society:

> As AA and its philosophy and teachings have been circulated and adopted and repeated and employed in the policies and doctrines of more and more social institutions, and as these teachings have come to be instinctively invoked and adhered to as 'common sense' in more and more social, work, school, family, church, and medical settings as the obvious, only, way to address 'addictive' problems, they take on a hegemonic authority which is hard to resist. (p. 79)

Rapping's critique of the recovery movement as a seductive form of therapy in which social problems are constructed as "illnesses" requiring 12-step intervention and adoption of 12-step teachings to ensure health makes a compelling case for critical attention to recovery discourse. Because 12-step teachings promote lifelong treatment in response to illnesses that have been constructed as incurable, primarily through confessional storytelling and social engagement in the 12-step network, the suggestive power of recovery discourses are relevant in explorations of self-transformative practices.

While recovery discourses advise individuals to "talk through" problems in order to heal, discourses of recovery simultaneously suggest that "recovery is not a destination" and that individuals must respond to the chronic nature of mental health disorders through psychotherapeutic practices. Treatment, while not expected to eradicate the problem, is based on a recovery process in which individuals are encouraged and expected to self-reflect and self-discipline. Individuals "in recovery" engage in a variety of communicative and social practices in hopes of solving problems. Rapping (1996) states that "It is the recovery movement's ability to communicate its ideological message, far more than its ability to 'cure' or 'heal,' that gives it its greatest impact" (p. 16).

Twelve-step programs suggest that individuals must remain vigilant about the behaviors and ways of thinking that are counter-productive to living a healthy life. In the literal sense, regaining, restoring, or returning to a previous or better state can never be achieved based on a recovery discourse, and the individual remains permanently in the gerund state of doing recovery: forever recover-ing. The "recovery as process" cliché thereby creates dependency on a process that does not promise the possibility of attaining success. These contradictory messages are troubling, in that they encourage a life-long reliance on mental health consumer products and therapy.

Governmentality and Mental Health

Michel Foucault's lectures on governmentality (1977; 2003; 1988) provide a useful theoretical apparatus to think about how individuals are made complicit in their own regulation in ways that are often subtle and thereby seemingly invisible, leading to normalization and acceptance of such systems. Foucault's work reflects a concern with unequal power relations and the control of people, especially when that power is for the benefit of the economic capitalist system and is largely undetectable. Governmentality focuses on gathering information and data to create equilibrium and prevent situations in which individuals negatively contribute to the potential force of production; those deemed to create a drain on resources, like the poor and the mentally ill, are examples of highly regulated groups that are subject to governmentality in late-modernity.

Foucault professes that past concerns to combat deadly epidemics have been replaced in the industrialized world with attention to endemics that slowly diminish the capacity to live a long—and productive—life. The shift from protecting society from death to sustaining longevity and life has created a need for different management strategies. Mental health issues fall within this category and have thus become a concern for

population management. Experts provide knowledge that can be taken up and utilized by people to discipline and manage themselves through regimes of physical and mental hygiene with the goal of maintaining a state of wellness.

Governmentality is made possible by the creation of specific "knowledges" and the construction of experts, institutions and disciplines (e.g., medicine, psychology, psychiatry) in which "experts" can claim the knowledge necessary to command the power of governmentality. The combination of governmentality and discourse technologies creates what I call *technologies of sociality*: a combination of technologies of power, the self, and discourse, which, when used together, instruct individuals about how to be good social beings. Self-improvement discourses, a technology of sociality, explicitly advise individuals that it is in their best interest to behave and use language in particular ways to live an optimally healthy—and self-managing—existence.

To lay the groundwork for understanding governmentality, a discussion of discipline and bio-power is required. Populations are controlled, specifically with respect to fostering "life," by exercising multiple technologies of power–referred to as "bio-power"—to subjugate individual bodies to attain an optimized social being who consequently benefits society through participation as an efficient laborer within the capitalist system. In a disciplinary society, power is exercised through surveillance, individualization, and normalization (Rose, 1999). Thus, the individual body is not the focus of improvement in and of itself; rather, the body is focused upon solely for the value it provides to the goal of improving society at large.

Through disciplinary and regulatory technologies, individuals and populations are subjected to discourses that act on them in powerful ways.[18] In the case of disciplinary technologies, the individual serves as the site of regulation, and more

specifically as an "object and target of power" (1977, p. 136). In *Technologies of the Self*, Foucault defined two major types of technologies:

- Technologies of power: determine the conduct of individuals and submit them to certain ends or domination, an objectivizing of the subject.
- Technologies of the self: permit individuals to effect by their own means, or with the help of others. a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality. (1988, p. 18)

Through "technologies of power" the body is made "docile" so that it "may be subjected, used, transformed and improved" (1977, p. 136) for the 'good' of society, whereas through "technologies of the self," individuals, especially with the assistance of "experts," become self-policing agents of self-improvement, again for the "betterment" of society.

Foucault coined the term *governmentality* to account for the point of "contact between the disciplinary technologies of domination of others and those of the self" (1988, p. 19), stating that the goal of governmentality is to maintain a "productive" population, with all subjects contributing to the greater good of society. Rose (1999) suggests that a useful way of understanding Foucault's evolving positions on society and power is to consider that sovereignty, discipline, and bio-power are all "reorganized in the context of the general problematics of government, which concerns the best way to exercise powers over conduct individually and en masse so as to secure the good of each and of all" (p. 23). Governmentality thus describes the interplay between technologies of discipline that focus upon the individual body and bio-politics that concentrates on bodies as part of a population to extract and maximize forces for the good of the individual and the group.

Governing HealthyPlace

To situate the importance of this project, I begin with an illustration of how governmentality is enacted on *HealthyPlace* through the creation of a perceived need for information and services in response to an increase in mental health problems in contemporary society. *HealthyPlace* producers harness the power of governmentality to present mental health problems as an endemic that requires attention on the part of the individual to better the self and society in general; mental health problems are described as detrimental to personal relationships, familial harmony, and economic productivity. *HealthyPlace* is prescribed as a source of information and support that can help individuals "weather the ups and downs" of dealing with an increasingly common problem of mental illness. As products of governmentality, individuals at *HealthyPlace*, with the help of expert discourses, become managers of their own health and wellness.

As discussed earlier, governmentality is of greatest concern when economic motivations are masked or obscured, as is common on the *HealthyPlace* website. While *HealthyPlace* does not deceive users about its mission as a "consumer" website, it does employ language and images to contrive familiarity and casualness, thus exemplifying how discourse technologies can be employed to obscure the relationship between producer and consumer. On the *HealthyPlace* homepage (Figure 1.1), following an informal greeting that tells readers, "We're glad you found us," producers shift to an advertising register, telling readers:

> HealthyPlace is the largest consumer mental health site, providing comprehensive information on psychological disorders and psychiatric psychological disorders and psychiatric medications from both a consumer and expert point of view.

Throughout this project, the issue of style shifting between informal and formal

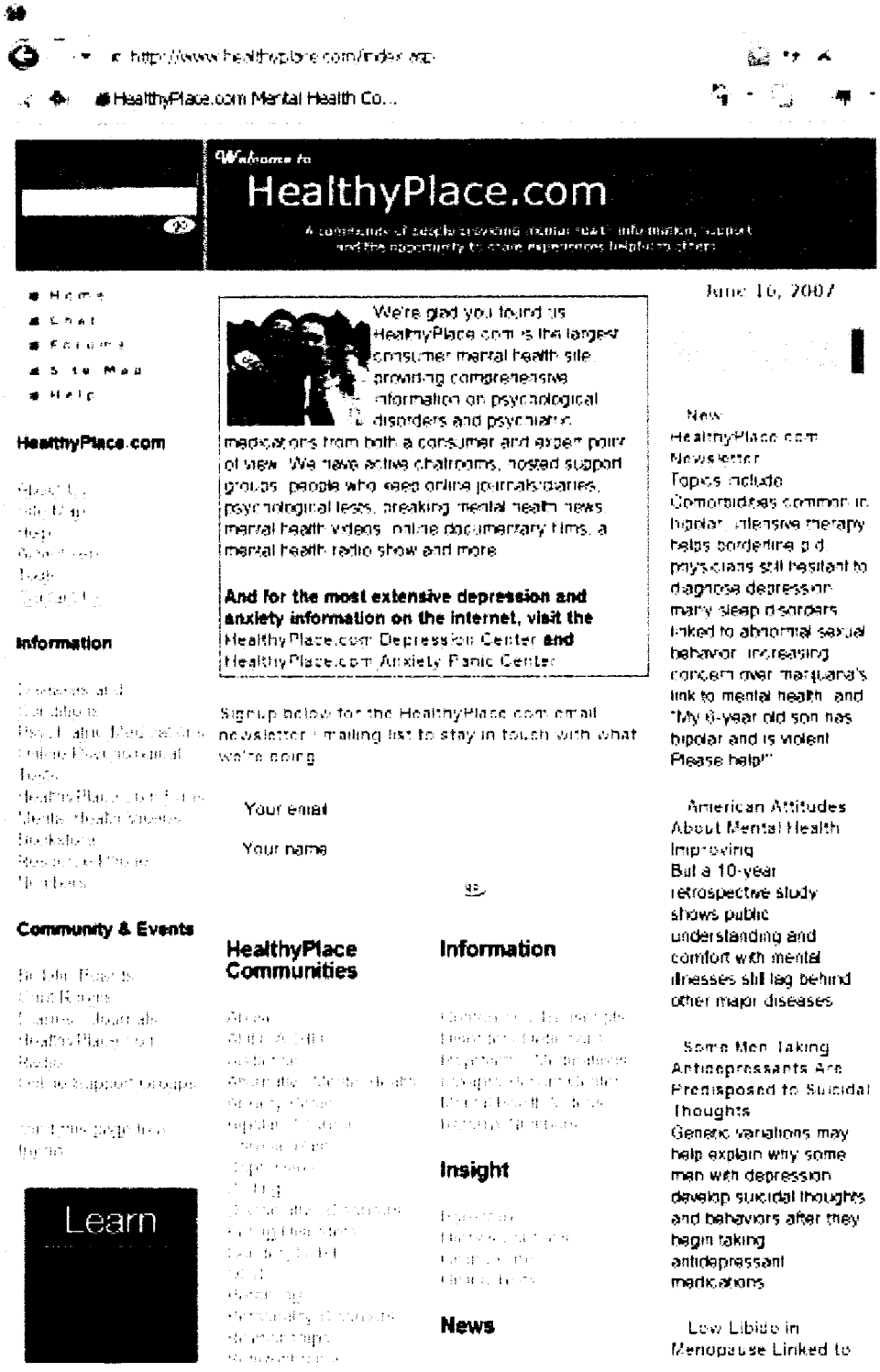


Figure 1.1: *HealthyPlace* Homepage

registers is examined to demonstrate how *HealthyPlace* users are governed through the promotion of goods and services that attempt to teach them how to be better social beings for the good of society at large.

According to the "Editorial Policy" page, HealthyPlace Inc. is funded by private individual investors and is a private corporation, "free from influence by sponsors, partners, or other sources," yet it sells advertising and sponsorship—primarily to pharmaceutical companies (Figure 1.2). Though it provides a statement to reassure users that the website remains free from the biased influence of commercial organizations, it includes a direct contradiction because advertisements are sold and posted on the site. *HealthyPlace* producers contend that:

> No commercial or non-commercial organizations have contributed funding, services or material for the site (except for paid advertising or sponsorship material which is clearly marked on the specific pages of the HealthyPlace Site as being "Sponsored By" or an "Advertisement").

Despite the fact that *HealthyPlace* assures users that "commercial organizations" do not finance—and presumably do not possess power over *HealthyPlace* affairs—this information does not reveal who the "we" of *HealthyPlace* are and why readers should trust that producers of the site have primarily altruistic intentions. Though producers attempt to position the site as unbiased and purely philanthropic, the lack of information should be read with suspicion.

Figure 1.2: *HealthyPlace* Editorial Policy

On the "About Us" page (Figure 1.3), *HealthyPlace* producers construct mental illness as a common problem that requires recognition and treatment. Statistics about mental illness are used to gain credibility with users while legitimizing the governing function of institutional discourses that encourage self-improvement practices. Data about the frequency of mental illness in the American population are employed on information pages to create a sense of distress and the need to take action:

> One in five Americans has some form of mental illness in any given six months. That means between 30 million and 45 million people, possibly your friends, family members and co-workers, suffer from symptoms that cause distress in their lives, but that can be effectively treated.

Quantifying mental illness as a problem faced by "one in five Americans" escalates anxiety by making it common. Moreover, the articulation of the fraction into a large numeric value, in which the total of "between 30 million and 45 million people" further intensifies mental illness as both ubiquitous and in need of intervention. According to *HealthyPlace*, family, friends, and co-workers—not necessarily the reader—are subject to the ubiquitous nature of mental illness and the distressing symptoms that are metaphorically described as possibly infecting tens of millions of people. The metaphoric construction of mental illness as an epidemic, both linguistically and numerically, has the potential to generate concern about behaviors, moods, and indicators of mental illness in self and others, especially when used in conjunction with excessive quantitative statistics, which have been said to instill a sort of "statistical panic" (cf. Woodward, 1999) that can be used to (re)produce social anxieties (Thurlow, 2006). To respond to the growth in mental health disorders—as constructed on this site—*HealthyPlace* producers sell the site as a storehouse of services and products

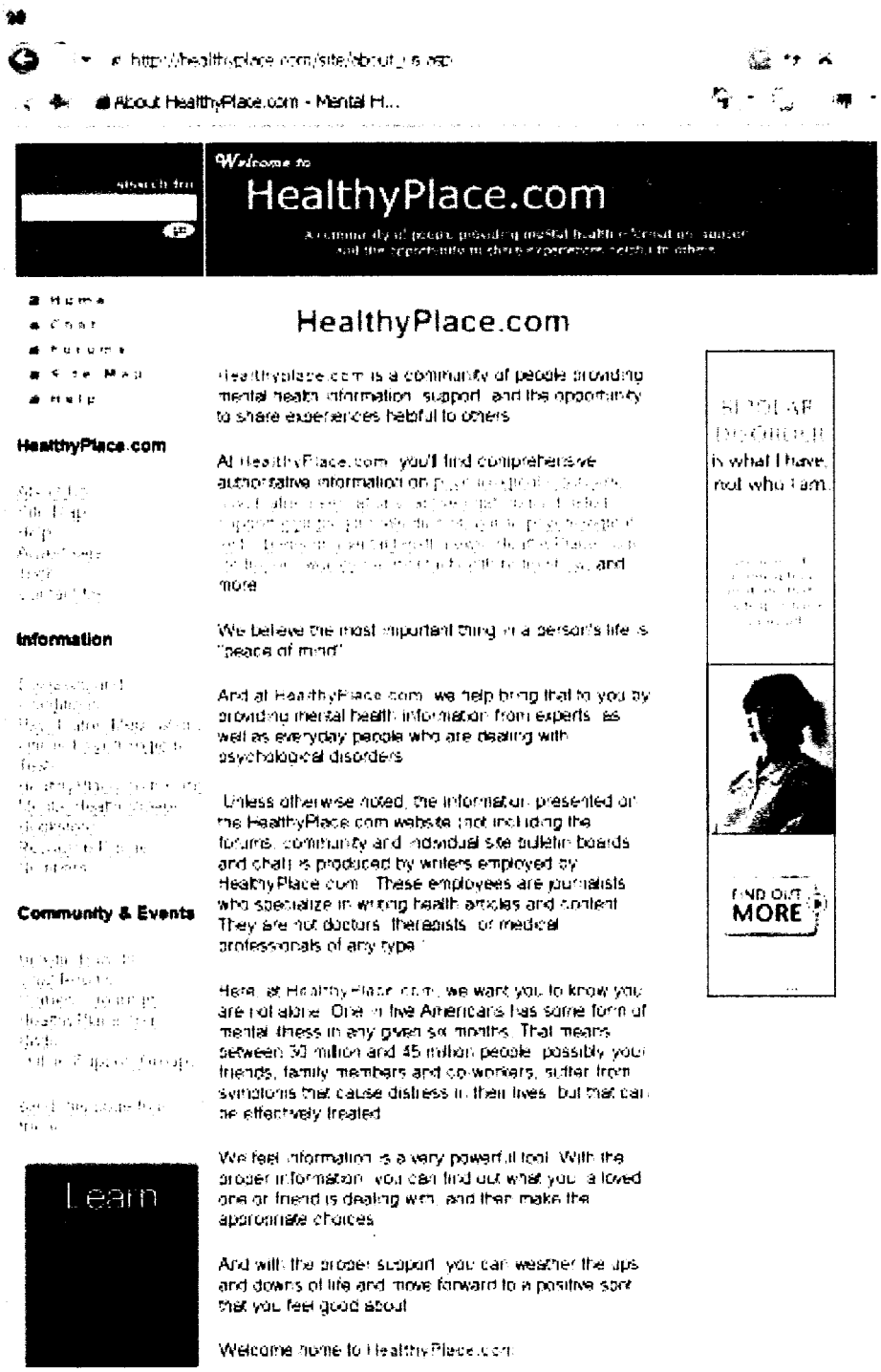


Figure 1.3: About *HealthyPlace*

available in one convenient virtual location so that users need not exert energy searching in multiple locations. On the page designed for advertisers, *HealthyPlace* claims that "In a little more than one year,[19] solely by word of mouth, we became the **largest consumer mental health site on the internet**" (emphasis in original). It is unclear whether "large" refers to the quantity of webpages that comprise the site, the quantity of information and/or services available on the site, and/or the amount of user traffic to the site and its reach to internet users. It seems from the statistics posted on the page titled "Sponsoring the HealthyPlace.com Mental Health Communities Website" that the superlative is used to create a sense of supremacy among virtual mental health communities in regard to all of these categories (Figure 1.4). As of August 31, 2005, they claimed that:

- **over 1M unique visitors a month** come to our award-winning website (emphasis in original).[20] That number continues to grow by about 5-10% a month.
- **pageviews run about 7-10 per visitor** session. The site has over 15,000 pages of content. We add about 100 pages of new content every week.

Producers provide measures of popularity to create credibility through bold-faced type and numeric values. Emulating the McDonald's billboard strategy of documenting "Over (N) Billion Served," user traffic is given as a monthly average of "over one million (1M)" and continuously growing by "5-10%." User interest and website content are juxtaposed by placing the "7-10 page views" under the same bullet point as the "15,000 pages of content," which is said to continue to increase by "100 pages" a week. Large numeric values accounting for user traffic and website content are employed to sell the website as credible through statistics and measures that appear to evidence a continuous supply of

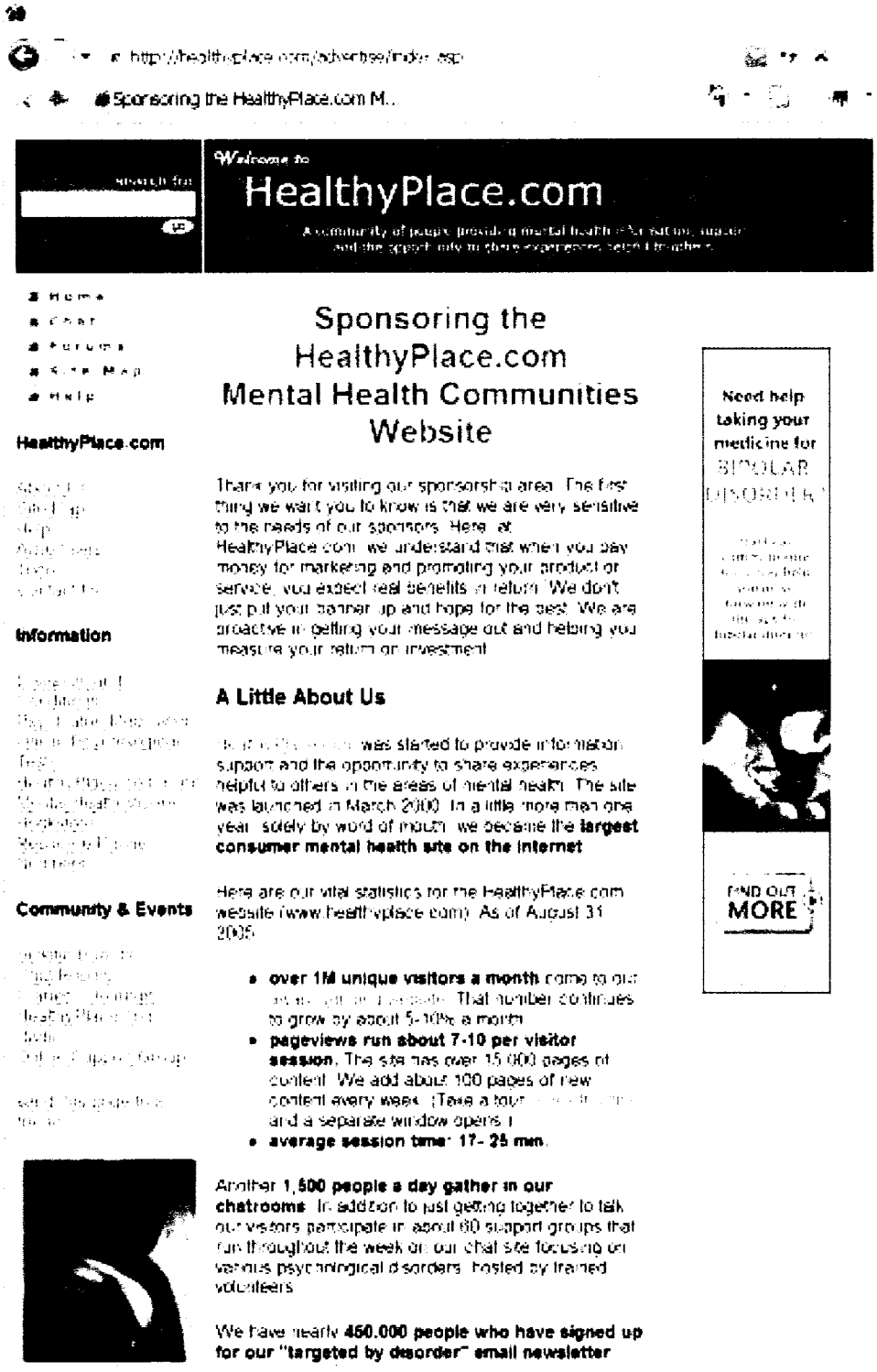


Figure 1.4: Information for Advertisers

goods in response to a demand measured in monthly visitors and page views per session. The quantification of demand for *HealthyPlace* continues on this page as users are also told that "1,500 people a day gather in our chatrooms," that "visitors participate in about 60 support groups," and that "we have nearly 450,000 people who have signed up for our "targeted by disorder" email newsletter lists." Statistics, a common mechanism of governmentality, are employed to create an image of *HealthyPlace* as the dominant virtual support group environment.

Returning to the "About Us" page, producers construct the website as a source of knowledge that advises individuals about how to go about bettering themselves through engagement with expert information and social participation in a mental health community that promotes its own exhaustiveness (see Figure 1.3):

> At HealthyPlace.com, you'll find comprehensive, authoritative information on psychological disorders, psychiatric medications, active chatrooms, hosted support groups, journals/diaries, online psychological tests, breaking mental health news, HealthyPlace.com Radio, our weekly live mental health radio show, and more.

Various types of information and virtual support group areas are listed to construct the website as "comprehensive" and credible.

The list is followed by a statement that producers "believe the most important thing in a person's life is 'peace of mind'" to imply that the availability of information and spaces for self-improvement relieves stress and offers individuals a sense of serenity. Furthermore, producers tell users that "at HealthyPlace.com, we help bring [peace of mind] to you by providing mental health information from experts, as well as everyday people who are dealing with psychological disorders." Here the concept of "everyday people" is juxtaposed to "experts" in a way that sets up *HealthyPlace* as an inclusive

website that values both institutional knowledge and the personal experiences of non-experts. The packaging of *HealthyPlace* as a professional website providing information from an expert and consumer point of view neutralizes the following disclaimer and operationalizes governmentality in a number of ways:

> [Unless otherwise noted, the information presented on the HealthyPlace.com website (not including the forums, community and individual site bulletin boards, and chat) is produced by writers employed by HealthyPlace.com. These employees are journalists who specialize in writing health articles and content. They are not doctors, therapists, or medical professionals of any type.]

This move to simultaneously construct credibility with readers while protecting their corporate interests from liability places the onus on the reader to critically read and evaluate the truth value of website content that is specifically packaged to promise expertise and credibility.

The contradiction between *HealthyPlace* as a source of valid and trustworthy information is troubling in its consistency across the website. Within the "Information" section of the homepage, users are provided with links accessing an extensive list of disorders definitions, psychiatric medications, and referral numbers—an amount of information that implies exhaustiveness. This is countered by the claim that "The information in the 'psychiatric medications pharmacology section' of HealthyPlace.com has been selectively abstracted from various sources." (Figure 1.5). Notwithstanding this disclaimer to mitigate responsibility for actions of users who may believe *HealthyPlace* to be an authoritative source for information about mental health issues, producers regularly construct the site as "comprehensive" and "authoritative," promote its own exhaustiveness, and provide indicators of how *HealthyPlace* governs users through mechanisms of power in the form of "information," documenting disorder and remedies.

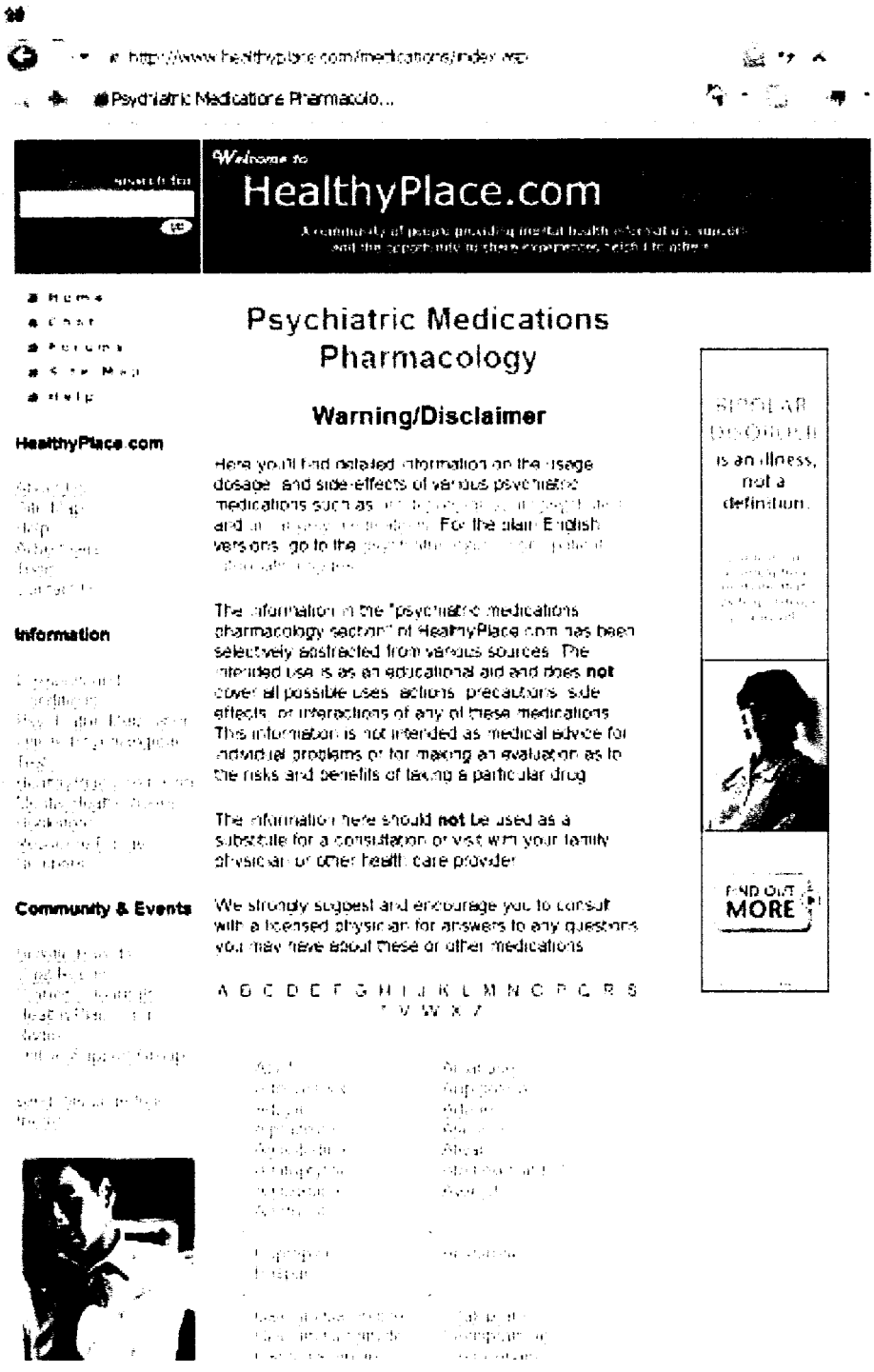


Figure 1.5: Information about Psychiatric Medications

If *HealthyPlace* is a major contender amongst mental health community websites, as they suggest, the possibility of their impact must be taken seriously. In order to evaluate the reach—and possibility for influence—I turned to *Alexa Internet*[21] to verify the validity of *HealthyPlace's* claims of incomparability and found that *HealthyPlace* is in fact a top 100,000 site, with a traffic ranking of 33,353 as of September 1, 2006 (Table 1.1). Websites with traffic rankings over 100,000 should be regarded as unreliablebecause the amount of data may not be statistically significant, while those under 100,000 are increasingly reliable as the ranking gets closer to one.

Table 1.1: Websites Frequented by *HealthyPlace* Users. (Alexa.com Sept. 1, 2006)

Website Name	International Traffic Ranking	Website URL
Healthy Place	33,353	healtyplace.com
BBC Health	24	bbc.co.uk/health/mental
Mental Health Net	56,016	mentalhelp.net
Psycho-Babble	94,034	dr-bob.org/babble
The Bright Side	993,010	the-bright-side.org
Finding Stone	1,128,633	findingstone.com
Angel Survive	1,609,432	angelsurvive.com
Health In Mind	1,722,086	healthinmind.com
Madnezz	3,640,953	madnezz.com

The *HealthyPlace* ranking in the range of 30,000 includes international internet traffic and therefore may be under-representative of primarily English speaking countries because almost half of the user traffic for *HealthyPlace* originates in the United States,[22] where the site ranks much higher at 13,593. In generating a report about *HealthyPlace*, *Alexa Internet* provided traffic rankings for other websites frequented by *HealthyPlace* users for comparison. As shown in Table 1.1, *HealthyPlace* is extremely popular and only falls lower in traffic ranking to *BBC Health*, which is inflated because the number is based on traffic to the BBC main homepage. Furthermore, in a search for Top 10 sites by

category,[23] out of a total 5,332 "mental health" websites, *HealthyPlace* was rated ninth (Table 1.2). Of these Top 10 sites, *HealthyPlace* is the only "community" website offering both information and social networking options in the form of community support groups. Despite similar grouping under the heading of "mental health," the other Top 10 websites actually differ in content, in that five are solely informational, three are motivational, one is occupational, and one is multi-functional.

Table 1.2: Traffic Rankings for Top 10 'Mental Health' Websites (Alexa.com, Sept. 1, 2006)

Website Name	Traffic Ranking	Website URL
Focus on Depression	3,156	www.focusondepression.com
Steve Pavlina – Personal Development for Smart People	3,515	www.stevepavlina.com
Self-Improvement Online	10,817	www.selfgrowth.com
Psychology Today	13,698	www.psychologytoday.com
American Psychological Association	23,265	www.apa.org
*Psychology Today**	13,698	www.psychologytoday.com/articles/index.rss
Service Corps of Retired Executives (SCORE)	33,175	www.score.org
TUTs Adventurers Club: Explore the power of thought & creativity	32,285	www.tut.com
HealthyPlace.com Mental Health	37,681	www.healthyplace.com
National Institute of Neurological Disorders and Stroke	322	www.ninds.nih.gov

The self-promotion statements made by *HealthyPlace*, in combination with the results generated by *Alexa Internet*, confirm a cause for concern about the impact of this website upon those turning to the internet as a possible solution to mental health problems. Clearly, *HealthyPlace* has the potential to (re)produce ideological discourses to a sizable audience of internet users.

Technologies of Sociality and Storytelling

Part of this project considers how individuals (re)construct their sense of identity—representing and managing the self—through profiles posted on journalers' mini-homepage. This (re)construction of self can be seen in the language choices used to categorize the self as (un)well and/or disordered in conjunction with evaluations of healing practices and outcomes. An examination of profiles shows that users take up expert knowledge—along with popular notions pertaining to mental health—and utilize such knowledge as a semi-expert system used to evaluate the effects of disorder upon their mind, body, and self-identity. Looking to narrative analysis, I illustrate how *HealthyPlace* users negotiate their sense of self-identity through the use of online journaling practice, focusing on the introductory profile as a summarizing narrative. I examine how journalers reflect and take up, possibly unknowingly, dominant discourses of wellness, healing, and the recovering self.

Such conceptions of the role of stories to construct one's identity lends itself to research that is concerned with the types of identity constructions presented in discourse communities that depend on constant revising of self-identity through language. With this in mind, self-improvement practices observed on *HealthyPlace* serve as prime examples of the various ways in which individuals are employing narrative to construct a perceived conception of an acceptable and preferred self-identity through creating a mini-biography in the form of the journaler profile. Through sharing their narratives of personal experience and recovery, *HealthyPlace* users exemplify those who often negotiate a private sense of self in public spaces, in hopes of (re)creating a sense of identity that is less damaged and disordered. Dominant discourses about what constitutes a "healthy" man and woman participate as *technologies of sociality*

reproducing beliefs about what constitutes a good social being [What is this:]and governed by institutional discourses.

Understanding and Revising Self through Story

Linde's (1993) life story model and Giddens' (1991) work on the project of the self both suggest that constant revising of one's life story is inherently tied to one's sense of identity; with each retelling of the biographical moments of one's life, the idea of the self is further revised to fit the story. Anthony Giddens (1991) makes claims about the importance of perpetually revising one's life story in autobiographical terms as fundamental to the construction of identity in late modernity, claiming that "[s]elf-identity is not a distinctive trait, or even a collection of traits, possessed by the individual. It is the self as reflexively understood by the person in terms of her or his biography" (p. 53). Through the process of narration, the individual weaves a self, either similar to, but slightly evolved, or completely different from, the self that began the telling.

In the case of written narrative practices, such as online journaling, attention to reflexivity is heightened as the narrator not only creates an identity through the story, but can be expected to have edited and revised the text to some degree before (or even after) posting the narrative for consumption. As journalers progress along the path to recovery, their life stories will evolve and change as a consequence. Van Dijck (2004) noted that "as a quotidian habit, diary keeping gives meaning and structure to someone's life. Quotidian acts such as diary writing should thus not only be regarded as stilled reflections of life, but as ways of constructing life." Thus, diary/journal writing in its various forms offers rich cultural artifacts ripe for analysis. In order to consider how online journals serve as an alternative space for the continuing project of the self, this

dissertation focuses on journaler profiles to show how individuals frame self-identity for this particular telling of the life story.

Sharing Self with Others through Story

Community-specific narrative practices are discursively informed and influence self-identity (re)construction; therefore, to explore how individuals take up and reproduce these commonsense notions through narrative practices, I employ narrative analysis and theories of identity construction. In speaking to the importance of narrative as a resource for personal identity creation and maintenance, Linde (1993) argues, "Narrative is a significant resource for creating our internal, private sense of self and is all the more a major resource for conveying that self to and negotiating that self with others (p. 98). The narrative genre of the online personal journal gives individuals a space to (re)create self-identity and communicate that identity to others. Through sharing narratives of personal experience and recovery, *HealthyPlace* users negotiate a private sense of self in a public space in hopes of (re)creating a sense of identity that is less damaged and disordered.

Storytelling practices within discourse communities promoting rituals of reflexivity provide data about identity (re)construction in contemporary society. A classic example of the life story as a dynamic identity re-construction tool can be found in the rituals of 12-step support groups, such as AA and Al-Anon.[24] In 12-step fellowships, regular meetings provide the physical space for individuals to actively and reflectively reconstruct their ever-changing life stories in relation to daily events in their lives. At the beginning of every AA meeting, members introduce themselves by name and disorder; members each chime out the well-known phrase, "I'm Bill" or "I'm Jane" followed by the admission, "I'm an alcoholic." Thus, self-identity becomes tied to the disorder of

addiction.

In addition, it is this reflexivity that illustrates how narrative serves as a sense-making tool, such that the social self engages in narration to reflect on and come to a deeper understanding of one's sense of self. Through attending to the ever-changing elements of one's biography, self-identity reflects transformations deemed meaningful by the narrator during storytelling moments. Giddens asserts that "reaching back to one's early experiences"—as is done by *HealthyPlace* storytellers—reflexively mobilizes self-identity not only during moments of crisis, but rather as a characteristic of modern daily social activity in relation to psychic organization. Online journaling can be viewed as a reflexive project of the self, as they maintain (or revise) aspects of their biographical narratives, individuals continuously (re)work and reflect on their life stories to attain goals of a healthy self.

Prescribing Self-Identity through Story

Though narrative may be seen as a site of expression in which narrators are the most visible agents in narrative production, such a conception of narrative does not account for the regulatory component of narrative, in which individuals are also acted upon by social conditions which may also affect and/or constrain what gets told and how it gets told. Narrative acts as a site for negotiation between active intentionality by individual narrators and prior discourses that constitute, but do not strictly determine, possible narrative forms that may be produced. In the collection *Narratives, Health, and Healing: Communication Theory, Research, and Practice*, scholars interested in the power of narrative argue that stories about health and illness have the power to constitute a "social pedagogy" in which "they teach people who we can expect to be, who we should want to be, and what we ought to do (and not do) to fit the identity templates

that different stories project" (Harter, Japp, & Beck, 2005a, p. xiii). I suggest that this social pedagogy is an example of technologies of sociality, which will be examined closely in chapter four.

In relation to notions of wellness, Deborah Cameron (2000) makes a compelling case for the problematics of self-help and therapeutic discourses as complicit in reproducing master narratives of healing that define specific behaviors and beliefs as "appropriate" examples of wellness, by stating, "In therapeutic settings [...] beliefs about what persons are and how they should act are often encapsulated in norms that are specifically linguistic" (p. 155). Cameron's argument implicitly makes a call for research that considers the commonsense notions about what constitutes a "good patient" linguistically,[25] to which this project responds. In this project, journaler profiles signal beliefs about wellness and socially prescribed values and beliefs about preferred identities that narrators contend with. *HealthyPlace* journals offers a community of practice utilizing storytelling as a means of identity (re)construction that offers insight into acceptable and unacceptable identity norms prescribed and reproduced by members.[26]

Methodology

The research presented in this project relies upon an interdisciplinary approach to language analysis. In order to provide a complex reading of *HealthyPlace*, I employ social semiotics, critical discourse analysis, and narrative analysis to take into account how linguistic and visual aspects of the *HealthyPlace* website operate as discourse technologies acting upon site users in the context of mental health and wellness. I theorize the ways in which discourses of wellness and healing are acting upon and/or enacted by individuals participating discursively within a related community of practice,

with the intention of unearthing ideologies that inadvertently and/or deliberately (re)produce socially agreed upon norms of understanding wellness, disorder, healing, and recovery. I hope to contribute to these fields by demonstrating how the project of the self is influenced by storytelling practices and corresponding discourses infused with ideology.

HealthyPlace is a decidedly multimodal text, utilizing the majority of allowable online media including synchronous chatrooms, asynchronous online journals and bulletin boards, streaming audio to *HealthyPlace* Radio, *HealthyPlace*–produced movies and videos, and various image types such as photographs, web-based images and advertisements. Because of this wealth of data for analysis, this project does not attend to all of the modes presented on *HealthyPlace*. Rather, this project focuses on the most salient textual and visual elements through a social semiotic approach.

As texts have become increasingly multimodal—combining verbal, visual, auditory, and material practices within a text—analysts need to consider the relationship between modes[27]. With the invention of the word processor and the continued evolution of new media forms, "texts are no longer just written, but 'designed', and multimodally articulated" (Kress & Van Leeuwen, 1998, p. 187). This shift in articulatory practices creates opportunities for discourse analysts to interrogate texts in more complex ways to provide more comprehensive and holistic conclusions.

Through social semiotics, I examine semiotic aspects of the *HealthyPlace* website to show how textual and visual elements simultaneously contribute to meaning potential as structuring devices. Specifically, I focus on the significance of design layout and composition in providing potential information values for readers and modality as constructing "truth" values. Since social semiotics is meant to be used in concert with other methods, I combine image reading with critical discourse and narrative analysis to

demonstrate how the sum of the linguistic and visual generate complex meaning potentials that are rarely neutral and often ideologically loaded. Reading images on *HealthyPlace* in conjunction with the collocated text reveals them to be communicative acts used to create and reinforce identities and ways of thinking about health, wellness, healing, and recovery; my analysis of *HealthyPlace* therefore includes an examination of the range of signs present on the website and the ideological connotations made available. Ideology operates below the surface of language practices taken up by users; critical discourse and narrative analysis allows for an exploration of these taken-for-granted ways of thinking about wellness and healing.

My research approaches language from a multifunctional perspective, informed by the work in systemic functional linguistics (Halliday, 1978; Halliday & Hasan, 1976), in which texts are believed to simultaneously represent reality, enact social relations, and establish identities (Fairclough, 1992b). Specifically, I rely on critical discourse analysis in order to take an interdisciplinary approach to language research that focuses on social change in contemporary society (Chouliaraki & Fairclough, 1999). Looking to language as social, Teun van Dijk (1997) places context at the center of his approach to discourse, asserting, that "[i]t is therefore taken that social discourse analysis defines text and talk as situated: discourse is described as taking place or as being accomplished 'in' a social situation" (11). An approach that combines the social and the critical perspective to language study offers a useful framework for examining the effects of discourse in everyday life.

Critical discourse analysis enables research that is grounded in social theory and the systematic linguistic analysis of texts and is interested in uncovering how power is negotiated through text and talk (Caldas-Coulthard & Coulthard, 1996; Chouliaraki & Fairclough, 1999; Fairclough, 1992a, 1992b, 1995, 2001, 2003; Toolan, 2002; Teun A.

van Dijk, 1997; Wodak & Meyer, 2001). It is the work of critical discourse analysis to uncover the points in which language, power, and ideology are so intertwined as to seem natural to the average person, thus making visible the moments in texts that illustrate where power is negotiated through language. Furthermore, it is this investment in probing the role of texts in instilling and sustaining or changing ideologies that I find especially useful in a critical discourse analysis approach to therapeutic and self-improvement discourses.

Narrative analysis provides a systematic approach to examining spoken and written storytelling as reflective of ways of knowing, in this case, about mental health and wellness. Self-improvement narratives in the form of online journals provide textual evidence of how individuals respond to mental health discourses and engage in the continuing project of the self in late-modernity. The turn to narrative as a form of therapy has become a common practice as individuals invoke Freud's notion of the talking cure, narrating their experiences in private and public forums in hopes of finding healing and recovery for a wide variety of mental health disorders (J. Bruner, 1990; DeSalvo, 2000; Freedman & Combs, 1996; Josselson & Lieblich, 1993; Pennebaker, 1995, 1997; Riessman, 1993). Linguistic research suggests that the compulsion to tell the stories of our lives in order to create coherence and make sense of our world is universal (Johnstone, 2001; Linde, 1993), thus online narratives produced in recovery work are more than just forms of therapeutic storytelling; online narratives make sense of wellness, disorder and recovery.

Rymes, Souto-Manning, and Brown posit that critical discourse analysis and narrative analysis may inform one another productively when "narratives in the lifeworld—the everyday stories people tell" are analyzed and discourses within the narratives are deconstructed. Such analysis, they claim, presents critical discourse

analysis scholars with real-world issues and "mak[es] social interaction a place for norms to be challenged and changed, and bring[s] the individually situated deliberations and the person into focus within a context of critical discourse analysis" (2005, p. 197). Following Rymes et. al., I take a critical narrative analysis approach to examine stories intricately tangled in a web of power relations and privileged ways of knowing about wellness and disorder. Critical narrative analysis exposes how online journaling practices are entwined with ideological formations and have the power to (re)produce disciplinary technologies. With this in mind, bringing together critical narrative analysis and social theory pertaining to self-identity, sociality, and reflexivity allows for a rich examination of the internet as a space to engage in narrative (re)construction of identity, specifically with the intention to socially create a well-adjusted, healthy, and presumably, more productive individual, free from disorder.

Chapter Overview

The chapters that follow this introduction engage with language as a tool of discursive power. In chapter two social semiotics and critical discourse analysis are utilized to analyze the *HealthyPlace* homepage. Focusing on the elements of website composition, I argue that linguistic and visual discourse reproduces ideological notions of mental health disorder and ideals of wellness. I continue to employ these methods of analysis in chapter three, although the focus moves from elements of composition on the homepage to elements of modality primarily on the community homepages. Chapter three focuses exclusively on visual discourse to explore the types of messages promising wellness. Chapters two and three address questions about circulation and institutional reproduction of discursive constructions of disorder and wellness. Emphasis is placed on examining the relationship between language and ideology, considering how language is

used to (re)produce and reinforce ideologies of wellness and identity on an institutional and individual basis.

One of the goals of this project is to gain a deeper understanding of the ways in which narratives are used by everyday writers for cathartic purposes, while simultaneously participating in and/or (re)producing epistemologies of wellness and healing. Specifically, this project considers discursive construction as a primary process that is mobilized as individuals engage in the project of the self online. The *HealthyPlace* website serves as a text that allows, more importantly, for the examination of language and identity construction through narratives, specifically those that aim to construct and/or transform self-identity to reach an ideal state of wellness.

Whereas chapter two and three focus on the institutional reproduction of ideology, chapter four focuses on the individual as a site of knowledge about mental health in late modernity, exploring how individuals construct self-identity in relation to mental health disorder(s) in their lives. To accomplish this, I examine narrative constructions of self-identity on profiles posted on journalers' homepages to consider how narrative serves as a tool for meaning-making and therapy. Through an analysis of *HealthyPlace* journals in chapter four, the discursive construction of the individual will be explored, paying attention to the language used to represent the self as (un)healthy[28] and what users expect to get from utilizing *HealthyPlace* as a place for healing. In looking at *HealthyPlace* journals, this project seeks to explore how individuals (re)construct their identities through online recovery practices and various discursive choices. Moreover, this project looks to understand how individuals use language to find healing in ways that they deem real and meaningful.

Drawing on Giddens (1987; 1990; 1991; 1992) and Foucault (Foucault, 1970, 1972, 1977, 1978, 1980; Foucault & Rabinow, 1997) in relation to self-management and

disciplinary subjection of the individual in late modernity, I examine the ways in which users categorize and represent themselves as disordered, while discursively working towards healing. Assumptions about wellness and health—and lack thereof—will be made explicit, in order to demonstrate how individuals negotiate conceptions of wellness, especially when such conceptions reflect socially agreed upon definitions of (near) perfection. Such explorations are coupled with an analysis of wellness and disorder as organizing categories taken up and employed to make sense of a particular type of self.

Chapter five considers the implications of the textual and visual language analysis presented in the previous chapters and considers how semiotic resources are part of a branding strategy to sell the promise of wellness that promotes a never-ending cycle of reliance upon expert knowledge and self-improvement through therapeutic language practices with others. This chapter, in conclusion, discusses the consequences of technologies of sociality in relation to mental health and the project of the self in late modernity.

CHAPTER TWO: WELCOME HOME – COMPOSING (A) HEALTHY PLACE

In this chapter, I engage in a textual analysis that describes the interplay between the verbal and the visual by means of a social semiotic analysis of the mental health community website *HealthyPlace.* I turn to studies in visual semiotic grammar in conjunction with critical discourse analysis to account for the complexities of the discursive and visual modes that act on website users. Images on *HealthyPlace* complicate the meanings that can be constructed by language alone; together, images and language reflect the ways of thinking about healing and recovery as a social endeavor. Therefore, language and images are read here as communicative acts used to create and reinforce identities and ways of thinking about health, wellness, healing, and recovery. Communicative acts on *HealthyPlace* push beyond representing a particular reality about disorder and wellness to construct a virtual support group that promises the possibility of wellness through engagement within this online community.

When reading texts such as websites, social semiotics allows for a deeper reading that takes into account the effects of design layout, images, and textual components as contributive to the construction of potential meanings. In visual grammar studies, design choices are in fact choices, rather than rules of web design, with consequences (Kress & Van Leeuwen, 1996; Kress & Van Leeuwen, 1998). This chapter attends to van Leeuwen's (2005b) call for research that extends the field of social semiotics by considering the significance of composition and layout as structuring devices that serve as a kind of 'grammar' for images and texts. According to Scollon and Scollon (2003), a visual semiotic approach takes into account aspects of composition and modality to make sense of the available meaning potentials in images. In this chapter, composition will be the

main focus whereas modality will be explored in chapter three. In examining the composition of the homepage, I analyze specifically framing, salience, and information value in respect to design layout.

In addition to visual aspects informing meaning, this chapter also focuses on the linguistic to show how language is employed as a discourse technology that has particular effects upon users. Drawing from Foucauldian notions of "technologies" of power, Fairclough (1992b) has extended the notion of technologies to discourse to describe the mindful intervention in discourse practices, especially by power-holders, as an important and largely neglected field of research that needs examining as part of understanding social change. Text features such as lexical choices, topicalization, and synthetic personalization on the homepage are examined to elucidate what Norman Fairclough calls the "technologization of discourse" at work on *HealthyPlace*.

While this project continues to contribute to the discussion of meaning potentials supplied through linguistic and visual means, I have an overarching investment in exploring how online language participates in ideological (re)production about mental health. Drawing attention to possible meaning potentials supplied by the site producers, I provide a critical discourse analysis of the *HealthyPlace* website, focused on images and text—and their placement on the homepage—to argue that web design choices carry consequences in regard to the construction of disorder and wellness. This chapter demonstrates how aesthetic and organizational design choices make available a variety of meaning potentials (at the expense of others) that inevitably privilege ways of thinking about wellness. More specifically, computer-mediated psychotherapeutic regimes and pharmaceutical solutions are made available—and encouraged—by *HealthyPlace* producers through visual and linguistic resources. Meaning potentials that exist as a consequence of web design choices reveal how disorder and wellness have been

positioned in binary terms in which the constitution of disorder as the undesirable (and real) state of being are used to sell the promise of an ideal of wellness offered by participation in *HealthyPlace* online communities.

The homepage for *HealthyPlace* sets the tone for the construction of wellness, with its pastel colors and images of clouds in the sky, butterflies in flight, and people smiling and looking happy; here, wellness is constructed as happiness. Such a construction speaks to the mission of *HealthyPlace* to sell the ideal of wellness and the promise of its possible attainment. Below the welcome salutation and the motto, *HealthyPlace* describes itself as, "A community of people providing mental health information, support and the opportunity to share experiences with others." The topicalization of community at the beginning of the mission statement, illustrates how the concept of community is of prime importance at *HealthyPlace*. *HealthyPlace* situates itself as a community—rather than a producer—though it describes "information, support and opportunity" as "goods" that users be will provided. This register shifting is consistent throughout *HealthyPlace,* as the producers attempt to create a sense of familiarity and intimacy while simultaneously positioning themselves as the purveyors of products.

On this website, the landscape of healing relies on metaphors of place and location. In *Metaphors We Live By,* Lakoff and Johnson (1980) suggest that metaphors are embedded in ways of thinking, and more importantly, that analysis must include a discussion of power because people in power often impose their metaphors on others (p. 157). Turning to the metaphorical assumptions that inform the construction of the *HealthyPlace* website, the most salient and obvious metaphor is the spatial metaphor provided by the name of the website; *HealthyPlace* is constructed as a geographic "place" individuals can visit in their quest of healing. Using the adjectival form, the "place" is

described as "healthy" thus constructing *HealthyPlace* as a "safe space" for the unhealthy,[1] which is explicitly stated on the "Journalers Homepage," the producers of the site assure users that "*HealthyPlace* offers a safe group environment for those wanting to remember and retell their stories of loss, pain, hope, and recovery."

Welcome Home(page): Composing & Framing the Real to Sell the Ideal

Homepages comprise a mix of genres to meet the rhetorical needs of the producer. The *HealthyPlace* homepage combines a welcome message with introductory material and a complex indexing system that gives users a variety of means to enter specific places within the site. Users can enter communities, forums, and chatrooms either through specific text-links marking these places or through mini-narratives embedded in the homepage with links to connect to the complete text. Because there is very little research on the generic conventions of webpages and corresponding reading practices, I rely on newspaper and magazine front pages layout conventions to provide useful clues about reading websites. I rely on social semiotic research about print media as foundational to analyzing *HealthyPlace* webpages as similar text-types, to explore how visual resource deployment influences meaning potentials (Kress & Van Leeuwen, 1998). Critical discourse analysis methods complement the analysis of *HealthyPlace* webpages to consider the linguistic components that accompany images and thus complicate possible readings.

Applying the visual grammar of composition—essentially, the positioning of objects within a page, on the concepts of framing, salience, and information value zones are particularly productive. *Framing* describes how ideas are either visibly connected or separated and thereby inform users how to read a text, through the use of visual cues, such as framelines, vectors, or negative space (Kress & Van Leeuwen, 1998, pp. 188-189).

Salience, when used for social semiotic readings, describes the condition in which elements within a text stand out in relation to other elements. Made conspicuous through greater image size, sharpness, detail, texture, tonal contrast, color contrast, placement, and perspective, prominent elements of the text are regarded as more noteworthy (Kress & Van Leeuwen, 1998, p. 200). The importance of salience in relation to language practices has been described by critical discourse analysts, who have shown that topicalization—the practice of placing words at the beginning of a sentence—has the effect of constructing fronted syntactic elements as central (Fairclough, 1992b). In this sort of situation, objects placed at the end of sentences become secondary to those that are made salient through forward placement. The concept of salience is directly related to the information values that are attributed to elements according to layout zones on a page; vertical and horizontal polarizations signal converse valuations about timeliness and truth. Kress and van Leeuwen have mapped regions on the page that contribute to connotations of information value.

Based on Western ways of reading, layout conventions most often follow a left and top alignment formula, which in turn influences the location of vital information and the importance with which such items are imbued. In analyzing the layout of a newspaper front page, because stories "above the fold" on the front page are much more visible than those below, they would be endowed with greater importance than items found on the bottom half of the page—or "below the fold." According to Kress and van Leeuwen (1998) in their research on newspaper front pages, "when a layout polarizes top and bottom, placing different, perhaps contrasting elements in the upper and lower sections of the page, the elements placed at the top are presented as the ideal and those placed at the bottom as the real" (1998, p. 193). Moreover, they have suggested that items positioned on the left side usually pertain to previously known information,

whereas elements on the right generally signal new—and sometimes surprising—information. Figure 2.1 visually depicts the information value zones based on page layout.

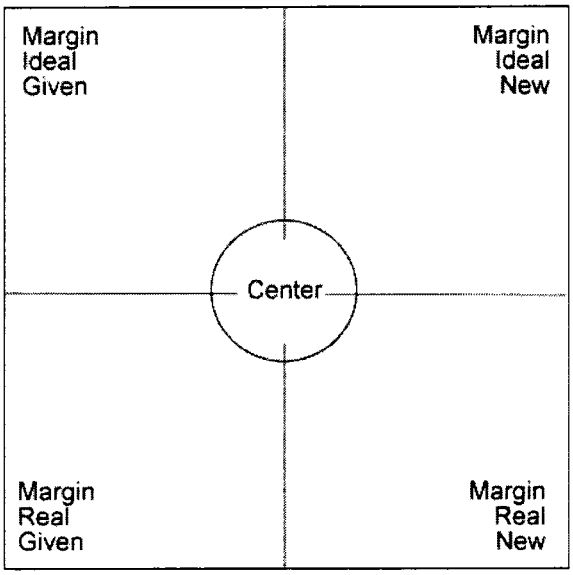


Figure 2.1: Information Value Zones Adapted from Kress and van Leeuwen (1996, p. 208)

As seen in Figure 2.2, through background colors, negative space, and framelines, the current homepage layout is organized into three columns with a frame across the top. The top section of the homepage features the *HealthyPlace* masthead and motto made salient by the color blue in relation to the lower sections of the page that rely on peach and white as a sectioning tool. Along the left side of the page, a menu with links to information and guidelines for new users and potential advertisers is framed by a peach colored background. Through the use of negative space (or white as a contrasting background color), the remaining area on the homepage is set apart from the previous frames of peach on the left and blue on the top. At the top of the center column,

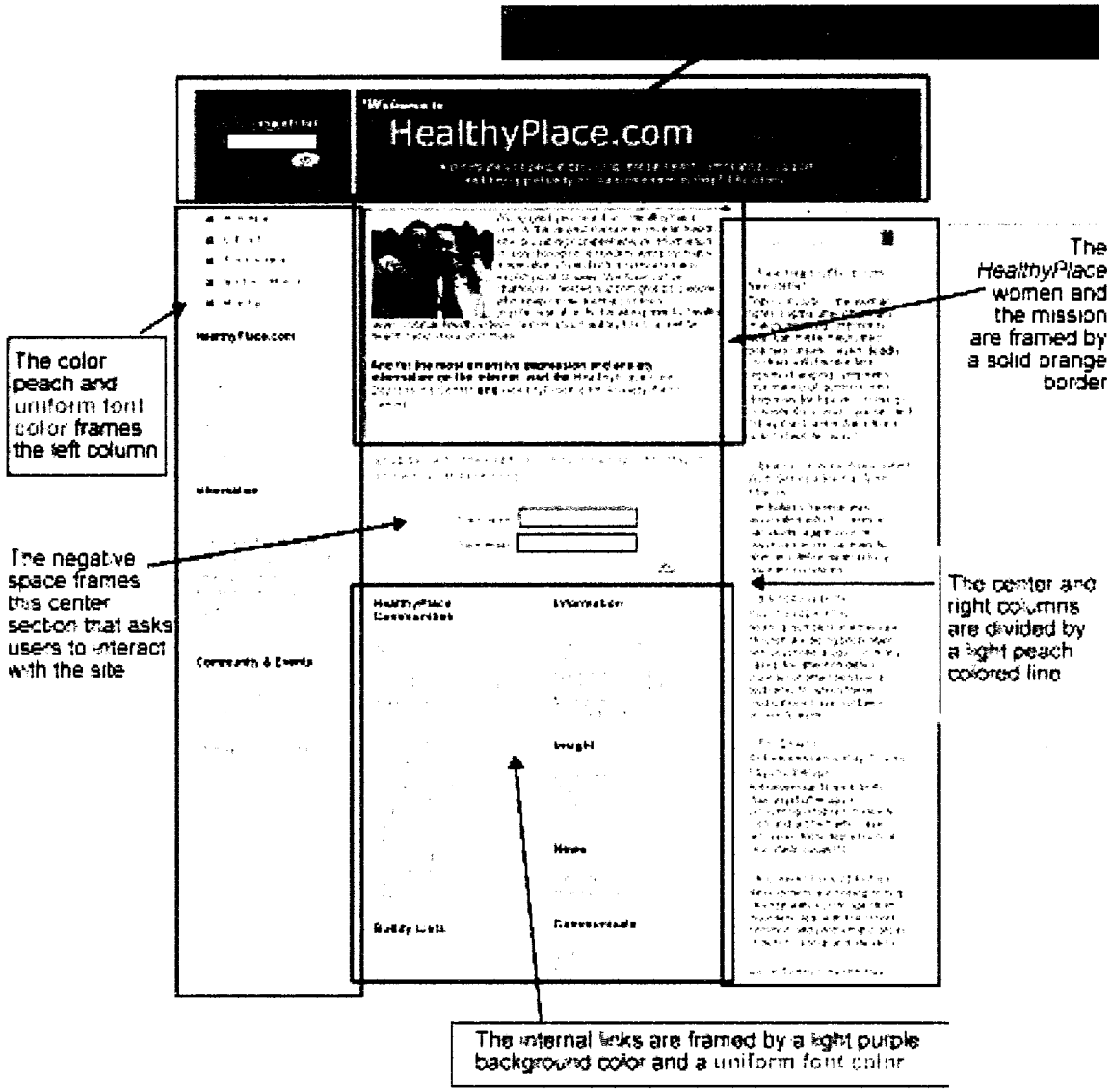


Figure 2.2: Frame Analysis of HealthyPlace Homepage (March 27, 2006)

a prominent photograph of two smiling women coupled with the *HealthyPlace* mission is bordered by an orange frameline. Underneath this frame, there is an area to sign up for the *HealthyPlace* mailing list. Below the mailing list area, lavender colored internal hyperlinks to *HealthyPlace* communities are grouped to provide another frame. The

right column provides the 'latest news headlines' and featured sites within *HealthyPlace,* which are accessible via pastel-colored[2] hyperlinks.

Because all texts are interactional, it is important to examine language use in relation to social practice, considering most obviously the written and spoken, but alsothe visual and the material. Material practices accompanying online discursive practices provide unique obstacles to textual analysis as material practices of reading online differ from those associated with non-mediated texts, and therefore need to be taken into account when analyzing web-based texts. For instance, internet texts are designed to be viewable on computer monitors and often require users to scroll to read all the presented information. The act of scrolling may be likened to turning pages, in that users are required to engage in medium-specific practices to progress through the text. Despite the fact that online information appears to be contained within one 'page,' users must often scroll to view everything presented on that single page.

As with many websites, the *HealthyPlace* homepage is not completely visible upon entrance to the site, thus requiring users to scroll down to a lower portion of the page, making the bottom half of the homepage less salient than the top half. Figure 2.3 shows the complete homepage in a number of screen shots to highlight the importance of composition and layout as a rhetorical strategy. The activity of scrolling serves to privilege certain sections of information over others. Content found in the first screen shot is most salient—similar to the information found "above the fold" on a newspaper front page, whereas information in the third screen shot serves as the tail of the page and foundational to understanding how wellness and disorder have been constructed on *HealthyPlace.*

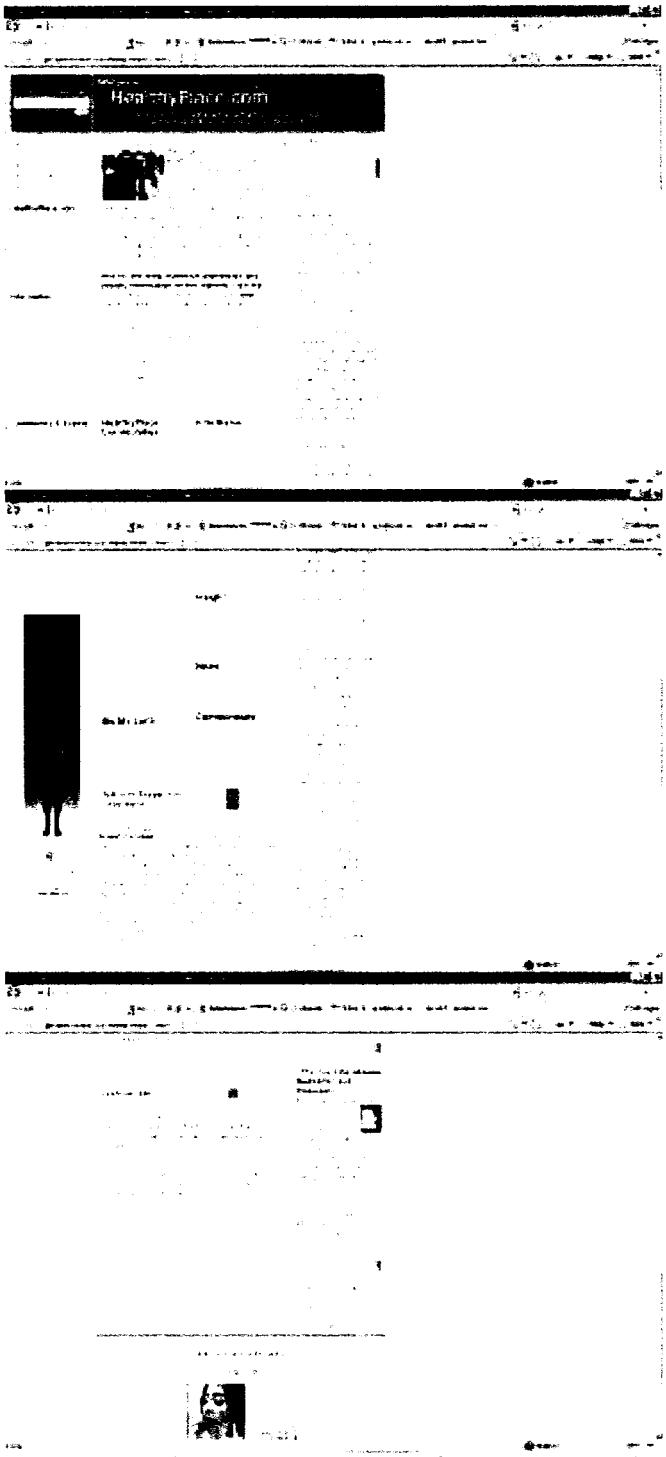


Figure 2.3: Three Screen Shots Represent Complete Homepage (March 1, 2007)

Kress and van Leeuwen apply the functional grammar of Halliday and Hasan (1994; 1976) to their work on visual grammar to explain how readers process images as they read from left to right across the page. A "systemic functional" approach to grammar[3] describes how linguistics components contribute to textual cohesion. Within their system, three major functional-semantic components contribute to how sentence structures influence information reception and processing: the ideational, interpersonal, and the textual. They observed that English speakers place familiar information at the beginning and unfamiliar information at the end. Readers, in turn, carry expectations about syntax order into reading practices. Though sentences differ from entire pages of text, Kress and van Leeuwen's work on reading images provides a compelling argument that reading practices can be applied to larger levels of text; reading directionality informs expectations about where to find information when analyzing webpages.

Images and text that appear on the first screen shot of the home page are topicalized whereas the other screen shots serve supporting roles in meaning production. Following Halliday and Hasan, in English, information placed at the beginning of a sentence is usually endowed with the greatest importance, especially when it is the topic. Similarly, Teun van Dijk has pointed out that "Initial summaries, such as *headlines* in the news, for instance, have the crucial function of expressing the topic highest in the macrostructure hierarchy, and, therefore, the (subjectively) most important information of a news report" (1995, p. 28). This form of topicalization, in which a theme is made prominent through a variety of linguistic and visual markers in the form of a headline, can be applied to logo banners and mission statements placed at the top of websites in which syntactic structure contributes to information values.

Thus, object placement on a webpage presents a hierarchy of privileging possibilities. Because of the privileged value of the information displayed on the first

screen shot of the homepage, it is immediately placed into question as an area for examination under a critical discourse analysis lens. Therefore, this chapter focuses on the information zones of the top and bottom screen shots to uncover what is privileged (and what is not) in the discourses promoting self-improvement online.

Reality Internet: Visualizing and Listening to Real People

In the modern age, Foucault points out, a great deal of power and social control is exercised not by brute force or even by economic coercion, but by the activities of "experts" who are licensed to define, describe, and classify things and people. In its authorization of experts, both institutionally and experientially sanctioned, *HealthyPlace* attempts to decrease the hierarchical distance between experts and users. On the homepage users are told that *HealthyPlace* provides information from "both a consumer and expert point of view," as if both are equally valuable. This move to authorize "non-experts" as sources of insight is a prime reason that governmentality is an effective means of social control, in that people are increasingly participating in their own self-discipline and management. Although users are not constructed by *HealthyPlace* as "experts," they are granted authority as those with experience and given space throughout the site to "voice" their thoughts and be seen as "real" and "normal" people dealing with "common" mental health problems. The granting of authority to non-experts on *HealthyPlace* is significant for reproducing governmentality in that technologies of the self form the second half of the equation for successfully controlling population through members own complicity.

In this study, the collocation of text and image is employed to create the appearance that the *HealthyPlace* website is run by real people instead of by an impersonal corporate entity; users are given the sense that *HealthyPlace* is personal

rather than professional, despite the reality that *HealthyPlace* is a consumer website run by a corporation. Stemming from work in critical discourse analysis, Norman Fairclough's concept of "synthetic personalization" (1989; 1992b) describes this strategy by which professional organizations have employed informal and personal language forms to give the impression that they care about customers as individuals. For instance, the reliance on informal and inviting visual and lexical elements in the greeting "Welcome to HealthyPlace.com" can be seen as "a compensatory tendency to give the impression of treating each of the people 'handled' en masse as an individual" (Fairclough, 1989, p. 62). Discourse strategies such as this one have been developed to deal with the demands of appealing to a mass and indeterminate audience.

In order to further complicate the ideal of wellness being promised and sold on the top of the homepage, I analyze contrasting elements presenting the real as the less desirable state of being positioned on the bottom. Because the bottom traditionally represents the "real," it is not surprising that "disorder" is the focus of this information zone. As shown in Figure 2.4, people can be "seen" and "heard" when users scroll to the bottom of the homepage. In this section, I illustrate how the voices of real people function as synthetic personalization tools contributing to the technologization of discourse on *HealthyPlace*.

The representation of "real voices" –as well as "real faces"—humanize the internet and minimize the quality of *HealthyPlace* as a mediated space. Upon entry to the homepage, the faces of two unknown women welcome users to the mental health community at the top of the homepage (see Figure 2.2). As users scroll down the page, they encounter more faces in the form of journalers and advertisement models. Advertisements placed at the bottom center and left margin, regularly use models of people to market pharmaceuticals. In the bottom-right corner, photographs of

people[4] emphasize the realness of the people sharing their personal journals on *HealthyPlace* communities.

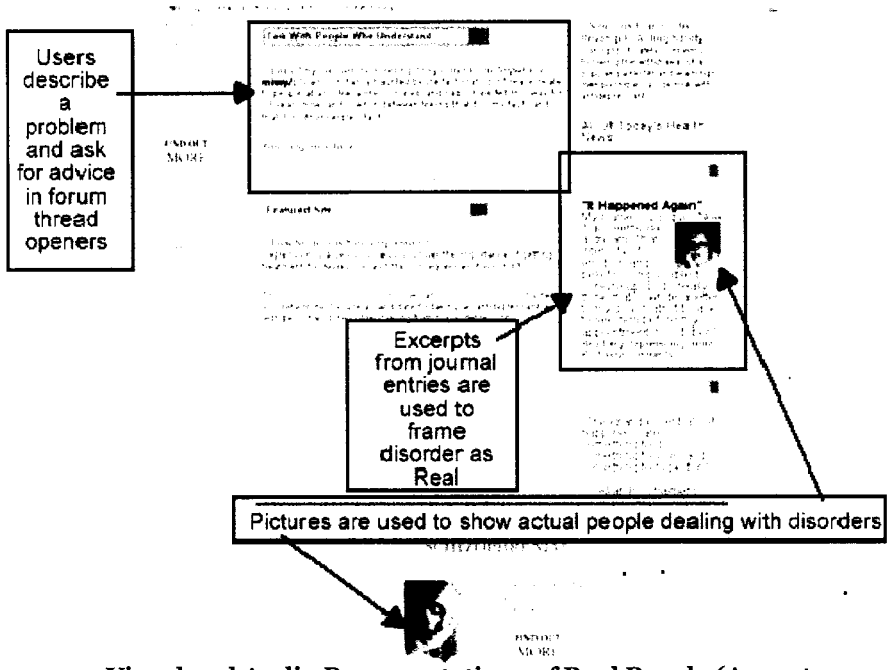


Figure 2.4: Visual and Audio Representations of Real People (August 3, 2006)

The vast majority of photographs, all but one, that journalers post on their homepage include extreme close-up head shots in which the journaler appears to be looking directly at the reader—referred to as "demand gaze" images by Kress and van Leeuwen (1996). Demand gaze images are those in which the photographed individual looks directly at the viewer to close social distance and create intimacy. Similar to Jacqui's photograph posted on the homepage in Figure 2.4, 80% of journaler photographs rely on close-up images whereas mid-range and full body photographs represent just shy of 20% of the total 24 photographs (see Appendix 1). Thus, through close-up and demand gaze images, photographs on the homepage provide a visual resource to manufacture a sense of intimacy and demand social involvement from users

on *HealthyPlace*. Featured journaler photographs convey the realness of *HealthyPlace* and thereby provide connotations that real people struggle with mental health disorders. In addition to photographs conveying the realness of the featured journaler, advertisements, as shown in the screen shots displayed in Figures 2.3, 2.4, and 2.5, predominantly use faces of real people to market pharmaceutical solutions for disorders such as depression, bipolar disorder, and ADHD. In the case of the ADHD advertisement on the bottom right corner of Figure 2.5, the use of celebrity Ty Pennington[5] is used to prove that with medication, individuals can be productive and successful in spite of ADHD.

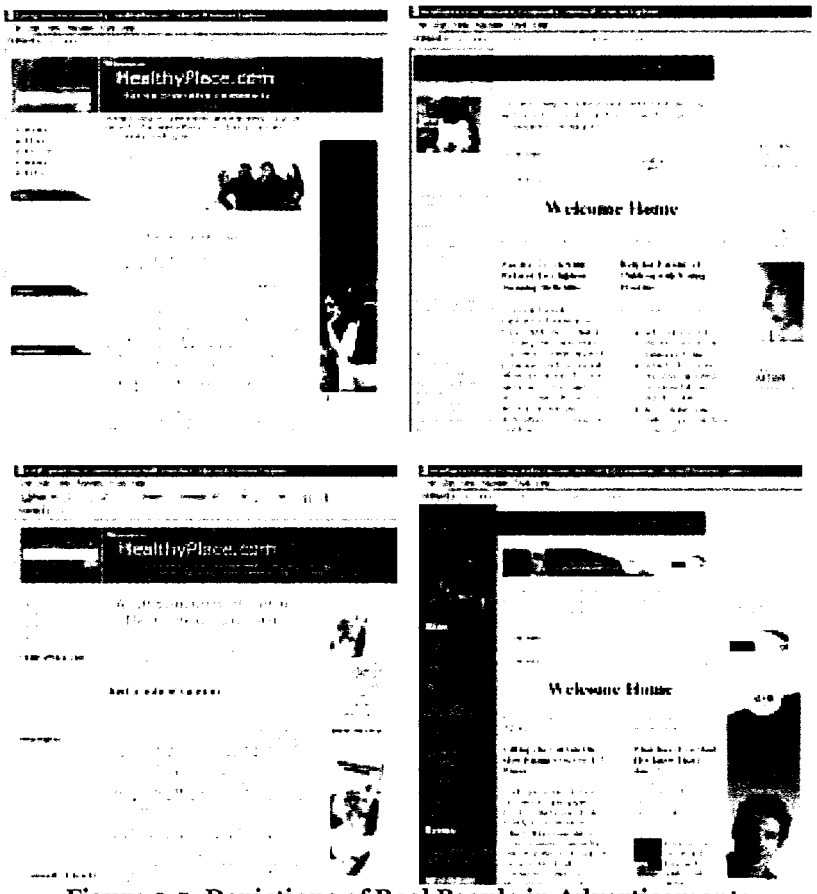


Figure 2.5: Depictions of Real People in Advertisements

While celebrity endorsements do not signal the real as effectively as unknown everyday people do, they can signal a realistic ideal. Ty Pennington represents an ideal of a real person who is ill, has followed the expert advice, such as taking pharmaceutical drugs, and is successful as a consequence. This particular advertisement moves through the barrier of the ideal and real by conflating the two categories, using real people who also embody an ideal—celebrity in this case. I contend that celebrities are effective spokespeople in the way that they allow for an increasing normalization and acceptance of mental health disorders as ubiquitous problems in contemporary society[6].

Featured Journaler

In addition to the faces of real people, real site users talk about their mental health problems in *HealthyPlace* journals and forums, which are represented at the bottom of the homepage. This section examines the "Talk with People Who Understand" and the "Featured Journaler" sections to demonstrate how "voicing" the speech of users on *HealthyPlace* is a significant rhetorical strategy employed to craft authenticity and contrive a sense of intimacy with users. In *More Than Blue: Discourses of/on Women and Depression*, Kimberly Emmons demonstrated a trend to talk with readers—rather than at them—and include voices of women suffering from depression in self-help texts to show solidarity based on their experience as depression community insiders[7]. This sort of inclusion and social interaction can be seen on *HealthyPlace* as producers attempt to create a connection with readers and make community appear real rather than virtual throughout the website.

On the bottom right corner of the *HealthyPlace* homepage, journalers constructing the real state of disorder are regularly rotated in the featured journaler section. At the time of this study, seventeen journalers were actively posting to

HealthyPlace journals, and the "Featured Journaler" section on the homepage was rotated approximately every three months. Producers select specific excerpts from journal entries and insert them into the featured journaler section. This is not to say that journal entries are altered, but rather that only a small portion of a particular journal entry—by unknown selection criteria—is chosen for placement on the homepage to represent *HealthyPlace* journals. Short excerpts provided on the homepage frame journal content as focused on the difficulty of living with mental health disorders, which is illustrated in this section. Figure 2.6 provides examples of journalers who were featured in 2006. Journalers told readers that as a consequence of their mental health disorder(s) they often felt depressed, tired, moody, and irritable.[8] Featured journalers talk about the continuity of psychiatrists and medications as part of the regimes of mental health that they use in hopes of escaping the negative feelings associated with mental health disorders. Through direct speech acts, journalers create a particular reality of mental health that is less than desirable, suggesting the need for psychotherapeutic interventions like the journaling, forums, and chatrooms[9] offered by *HealthyPlace*.

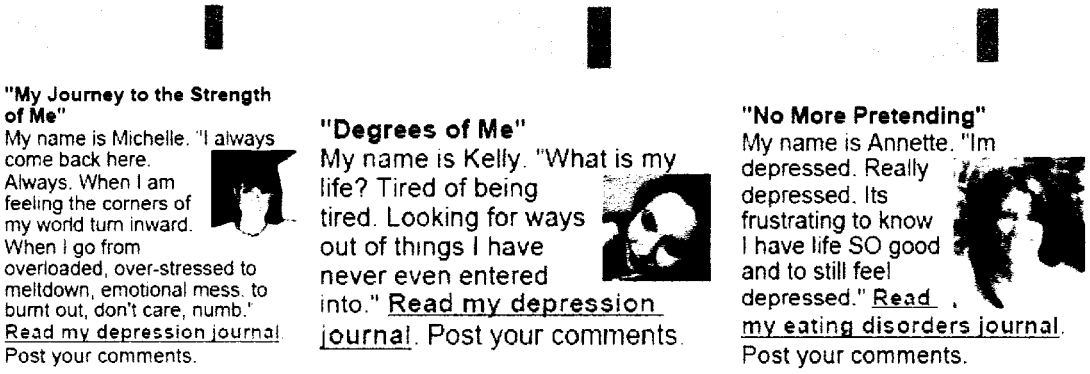


Figure 2.6: Featured Journalers "Talk" to Readers
(Michelle, October 17, 2006; Kelly, March 7, 2006; and Annette: April 24, 2006)

Figures 2.7 illustrates how producers have created a template in which the featured journaler can be both seen and heard by way of a photograph and a journal entry excerpt using direct speech. The journal title, journaler's name, and disorder community are inserted in appropriate places in the template to personalize the featured journaler. Next, an excerpt from a recent journal entry is placed in the template as direct speech to address readers.

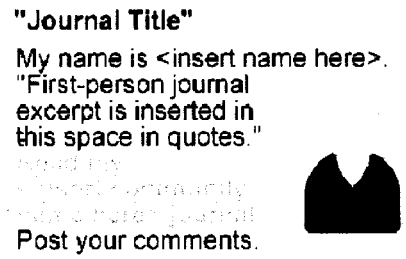


Figure 2.7: Template Replicating "Featured Journaler" Section

What is striking about the use of direct speech in this section is the reliance on quotation marks in what seems to be intentional, yet inappropriate ways. As shown in the template, the journal title and excerpt are marked with quotation marks, while statements that also "speak" to the reader are not all framed by quotations. For example, the self address and invitations to read the journal and post comments are not shown as reported speech, even though to do so would be appropriate.

Using first person narrative, featured journalers introduce themselves and "speak" to readers. When applied to journalers like Michelle in Figure 2.6, the self-introduction "My name is Michelle" is not quoted even though the reference to self is clearly a speech act directed at a listener. This form of synthetic personalization simulates private face-to-face discourse in this public mass-audience discourse

(Fairclough, 1992b). For instance, users are encouraged to "Read my community journal" by following the hyperlink to the journalers complete journal. Users are also encouraged to "Post your comments" to connect personally with the journaler via the journaler's personal message board. Finally, a move from synthetic personalization to social engagement is attempted through the internal hyperlink embedded in the "Read my community journal" that sends the reader directly to the featured journaler's mini-homepage. Although part of a template (see Figure 2.7), the commands read as if the featured journaler is engaging in conversation with newcomers, directing individuals to engage on a deeper level in *HealthyPlace* self-improvement practices.

Featured journaler excerpts conveniently provide producers with an opportunity to represent real users of the site who claim to derive benefits from participation. For example, in Kelly's journal "Degrees of Me" (March 7, 2006) and Annette's journal "No More Pretending" (April 24, 2006), the frustration of dealing with depression were framed as primary content for these journalers even though Annette journals under the eating disorders community. Kelly describes being "tired of being tired" and frames journaling as an escape tool from depression by stating that she is "Looking for ways out of things [she has] never even entered into." Annette shares her level of depression with readers, saying, "Im depressed. really depressed. Its frustrating to know I have life SO good and to still feel depressed[10]." In the excerpt provided from Michelle's journal "My Journey to the Strength of Me"(January 23, 2006), she tells readers that she returns "here" to *HealthyPlace* when she thinks life has become unmanageable and sells *HealthyPlace* as a place of refuge (Figure 2.4). Furthermore, she claims that when she feels external forces pressing on her, such that the "corners of [her] world turn inward," she turns outward to *HealthyPlace*.

The importance of expert advice on medications and behavioral modification are regularly described by *HealthyPlace* journalers and exemplified in Figure 3.8. Michelle is the featured journaler again ten months later (October 17, 2006), although this time her excerpt focuses on experts and pharmaceutical solutions to mental health disorders. She implies that medications and psychotherapy are integral to living with mental health disorder. In the excerpt, Michelle divulges that her doctor has noted a pattern in her resistance to "adding ANOTHER pill on top of what [she] was taking" even though her pattern of symptoms justifies the prescribed course of action. In Jacqui's journal "It Happened Again" (August 20, 2006), she also describes her reliance on psychiatry and shares her transformation in thinking patterns. Despite this transformation which may be interpreted as an improvement, Jacqui tells readers, "I wrote a letter to my psychiatrist to ask to see him before my appointment in October," implying that the positive changes have provoked a need for expert advice even earlier than her regularly scheduled appointments. Regardless of the primary disorder that journalers may be focused on, the general state of dissatisfaction with one's state of being serves to construct mental health disorders as problematic and in need of pharmaceutical and psychotherapeutic solutions and management.

"My Journey to the Strength of Me"
My name is Michelle. "A year ago my doctor recommended Topomax for me to help with my irritability and cycles of mood swings. I said "no" because I did not want to add ANOTHER pill on top of what I
was taking. I forgot about this conversation until she reminded me of it today as I re-described almost the same symptoms." (accessed September 30, 2005)

"It Happened Again"
My name is Jacqui. "Now it all seems like a dream. That intensity of emotion and beliefs is impossible to conjure up. Did I really think that? I wrote a letter to my psychiatrist to ask to see him before my appointment in October." (accessed December 20, 2006)

Figure 2.8: Reliance on Experts Commonly Expressed by Journalers

Talk With People Who Understand

As of October 6, 2006, *HealthyPlace* offered 126 forums, 8504 threads, and 47, 206 posts to choose from. The forums are touted as an arena of "over 100 message boards" where users can virtually connect with others who can relate to the difficulties of specific mental health disorders; forums are framed as an online support group where users can go to "Talk with People Who Understand" [11] (Figure 2.9). Similar to the section featuring *HealthyPlace* journals, this gateway to the *HealthyPlace* forums—also referred to as bulletin boards—relies on the words of users to depict the reality of unwellness that drives the need for therapeutic tools that promise wellness. Again, the voices of actual users construct the real experience of disorder, while simultaneously soliciting social interaction through requests for advice from readers.

While it may appear as if the entries used for the "Talk With People Who Understand" section are randomly selected forum entries, they are in fact carefully chosen mini-narratives that are manufactured to present a short story to attract readers[12]. The mini-narratives—which I refer to as *thread openers*—are carefully chosen and not always displayed in their entirety. In other words, thread openers are usually modified and abbreviated versions of the original post that utilize specific storytelling elements to induce readers to enter and participate in *HealthyPlace* forums. These thread openers are meaningful as these narratives are used to present actual *HealthyPlace* users experiencing mental health disorders and reaching out for social interaction with other *HealthyPlace* users.

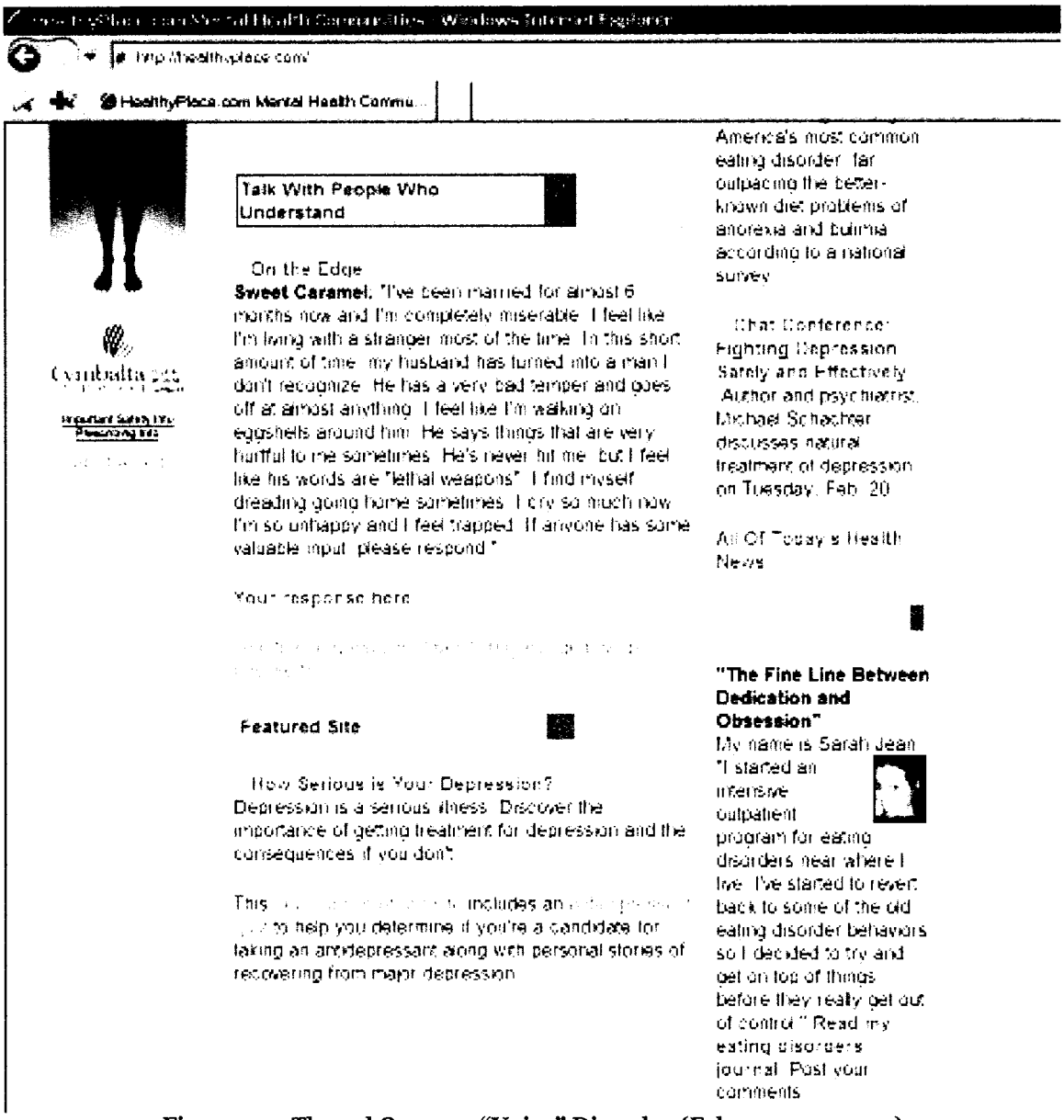


Figure 2.9: Thread Openers "Voice" Disorder (February 13, 2007)

Interaction is encouraged in a number of ways, including explicit requests soliciting help or advice and computer-mediated internal hyperlinks that allow users to enter forum threads directly. By clicking the text-link embedded in the thread title, like the example shown in Figure 2.9, "On the Edge" (February 13, 2007), users are directed to the first post of the thread posted by the featured forum discussant, which was Sweet

Caramel on this particular date. Following the forum excerpt, users are encouraged to post their response via an internal hyperlink that offers instant entry into the ongoing conversation. By clicking on the textual hyperlink "Your response here," users are directed to the end of the discussion so they can reply to the last comment posted. The final textual hyperlink "Join the conversation. Over 100 message boards to choose from" directs users to the main index page that lists the available categories of forums. This particular internal hyperlink encouraging social connection relies upon technological and linguistic tools; in addition to the computer-mediated link that connects users to one another, the imperative suggestion that users "join the conversation" provides a linguistic suggestion advocating connection and relationship with others. While internal links "connect" users to one another, linguistic cues, such as providing first person accounts and requesting help from readers, predominantly serve as the means of synthetic personalization in this particular section on the *HealthyPlace* homepage. Thus, thread openers actively invite relationship through both technological tools and speech acts as they virtually connect users through internal links that direct readers to conversations in progress and requests for help that prompt a response in the forums.

Based on an examination of approximately twenty-five corresponding entries linked to thread openers, original posts were dramatically reduced in size from 100-500 words to mini-narratives ranging from 80-100 words. A comparison between Figure 2.9 and 2.10 shows how Sweet Caramel's initial post to the thread titled "On the Edge" (February 13, 2007), was cut by almost half—from 190 to 111 words—for placement on the homepage. More extreme examples include Honest's thread titled "Can't Wait Til He's Gone" (November 25, 2005), which has been condensed from 390 to 86 words, and Istenno's thread opener "Help Me?" (March 20, 2006), condensed from 462 to 85 words.

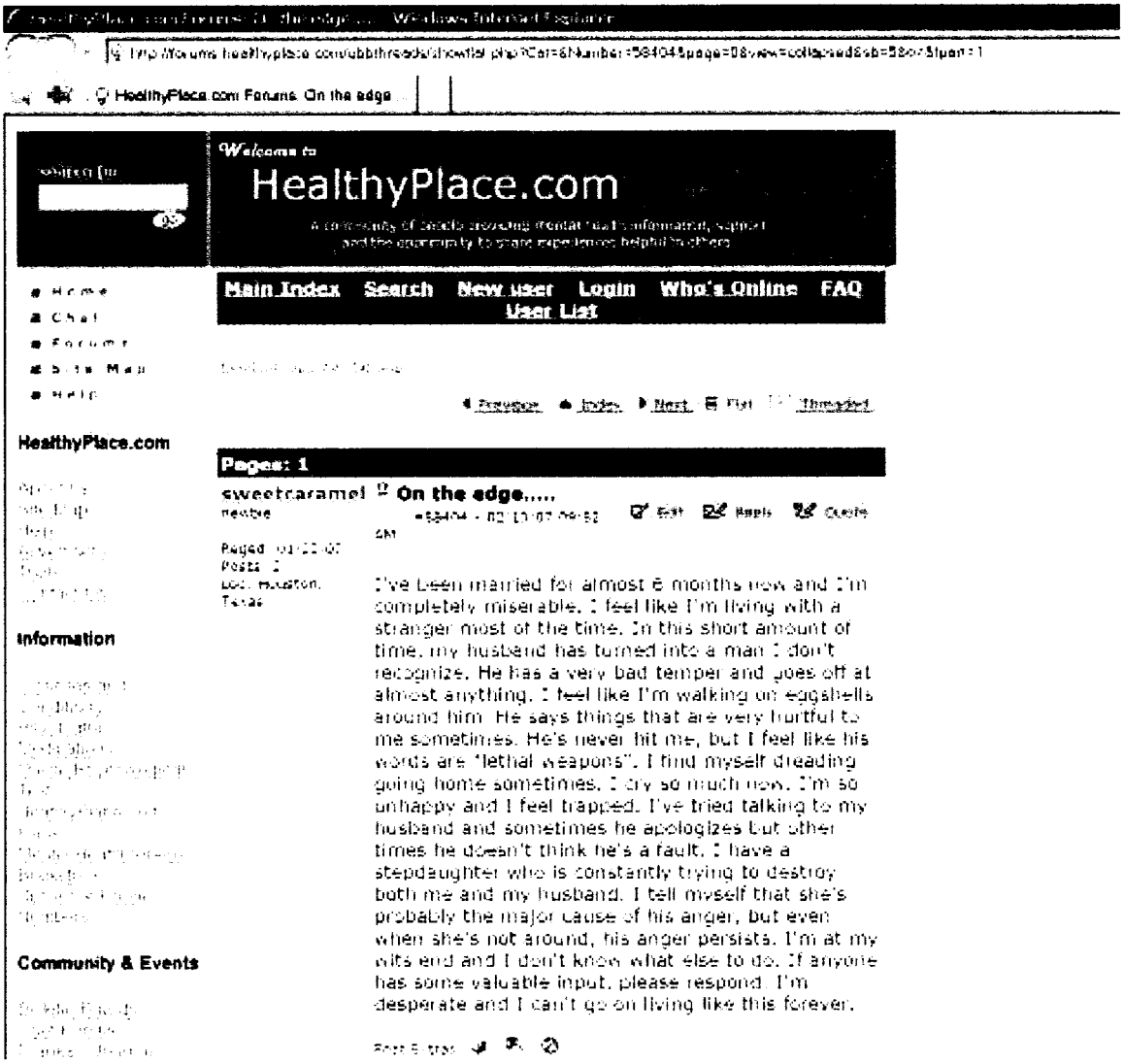


Figure 2.10: Thread Openers are Excerpts from Forums

The manipulation of forum posts provides evidence of how thread openers are manipulated to fit a template that does particular rhetorical work. The common characteristic amongst revised thread openers is that they present a short synopsis of the problem and request advice—either directly or indirectly. Labov & Waletsky's (1997) research on the structure of oral personal experience narratives is useful in describing and evaluating the structure and manipulation of stories on *HealthyPlace*. According to

Labov & Waletsky, the fundamental structural elements found in full narratives include an abstract, orientation, complicating action, resolution, and a coda. Unlike narratives that recount an event with an outcome that makes the story worth telling, narratives on forum threads are used to provide background information prior to eliciting help from other users; because an outcome to the problem has not yet been reached, the use of a coda that summarizes the narrative and marks its end is usually replaced by a request for help or advice.

While forum narratives in their entirety often share many of the narrative elements defined by Labov and Waletsky, the thread openers on the homepage usually employ only a few of the elements. Generally, an abstract and orientation are presented, along with a request for help that replaces the coda. Sometimes evaluations of the situation, especially when they are highly emotive, may be included in the thread opener. More often, evaluation and resolution(s)—if any exist—are generally embedded in the complete forum entry, along with the complicating action(s).

Because thread openers are actually mini-narratives that have been reconstructed to advertise *HealthyPlace* forums, rewording the content of threads into sound-bite-size threads requires careful manipulation of the content. One formula seems to be the abstract, orientation, and request as the structural components of thread openers provide a closing that may be employed by *HealthyPlace* to frame a problem and elicit a response from users. On account of their exclusion from the thread openers, details about related events and extensive evaluations that are usually found in the complete threads mark these elements as extraneous to the function of the homepage. Thread openers on the homepage operate to construct disorder while creating an intimate connection with readers. The examples shown in Figure 2.11 demonstrate that an

engaging abstract and orientation followed by a request for social interaction have been chosen as the narrative elements deemed effective in gaining readers' attention.

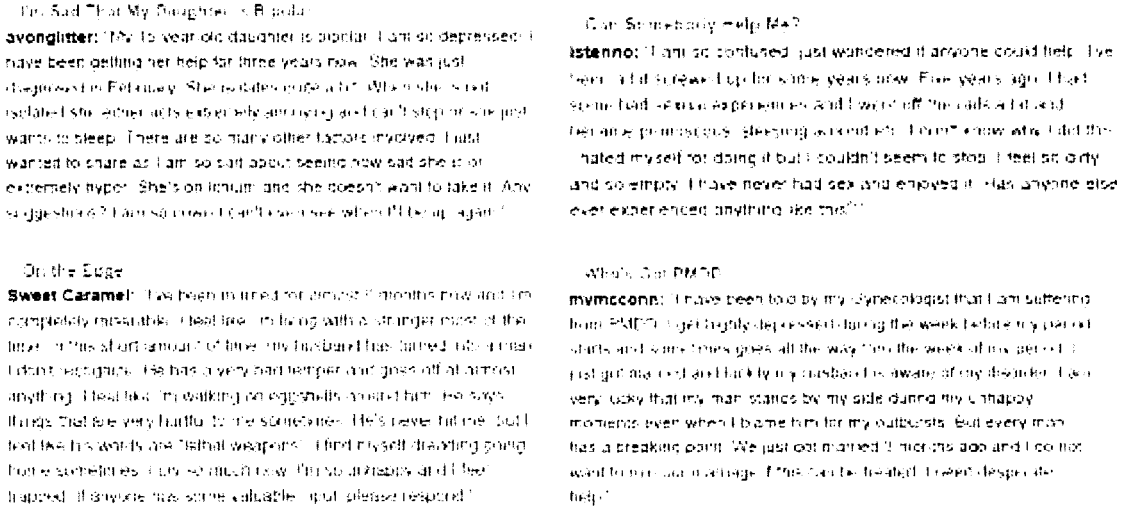


Figure 2.11: Users Describe Disorder and Request Help in Thread Openers

The final two examples of thread openers shown in Figure 2.11 employ the voices of *HealthyPlace* community members who have turned to the forums to talk about their mental health disorders with others who can relate and possibly provide guidance. In avonglitter's thread opener titled "I'm Sad That My Daughter is Bipolar" (September 12, 2006), she claims to be depressed as a result of watching her daughter struggle with bipolar disorder. After setting up the problem through a short narrative, common to thread openers presented on the bottom of the homepage, avonglitter solicits a request for "Any suggestions?" from readers in closing. Istenno asks readers, "Can Somebody Help Me?" (April 30, 2006) and closes the thread opener with a final question, "Has anyone else ever experienced anything like this?" Sweet Caramel tells users, "If anyone has some valuable input, please respond" (February 13, 2007). Mymcconn turns to an indirect speech act to request social interaction from readers: "I need desperate help"

(January 8, 2006). Though thread openers appear to have a beginning and ending, the endings actually operate as a solicitation for virtual participation; thus, the end signals the potential for the beginning of a new connection between writer and reader.

Selling the Ideal

In returning to Kress and van Leeuwen's argument that polarization of elements on a page influences perceptions of ideas and concepts as either real or ideal, the polarization between top and bottom of the *HealthyPlace* homepage (see Figure 2.3) positions disorder as the real state of health for users so that producers can sell the promise of an ideal state of wellness. What is being sold is not necessarily material goods or services, but rather, ideals of wellness. Aiello and Thurlow (2006) point out, "There is nowadays often little apparent materiality to the 'products' bought and sold; instead, the exchange of capital hinges on the promotion of ideals, images, and lifestyles in discourse—linguistic, visual, or otherwise" (p. 149). Through visual and linguistic resources *HealthyPlace* promotes the promise of a lifestyle based on the ideal of health and wellness through the engagement in online self-improvement practices.

Through the exercise of self-improvement practices, individuals are presented with the possibility of a healthy lifestyle in which the ideal of wellness offers a variety of possibilities: "freedom" from a state of disorder, the possibility of "transformation" from unwellness to a healthy state of mind, and the promise of relationship. This section shows how *HealthyPlace* constructs unwellness as the real state in order to promote and sell a contrasted ideal wellness. Unlike the voices of actual *HealthyPlace* users who are featured as representatives of disorder by their placement at the bottom of the page, the smiling women who have been centered near the top of the page have been employed as "real" people modeling wellness. The presence of these highly articulated smiling women

and butterflies at the top of the page represent the real while simultaneously selling the promise of wellness and transformation as an attainable ideal. By conflating real women with the ideal, the website producers have attempted to sell the promise that the desired ideal of wellness can become a reality for unwell users.

While these women have been represented as real via the naturalistic photographic medium,[13] the placement of the image near the top of the page complicates the meaning potentials. Western visualization practices generally adhere to basic top-bottom and/or left-right polarizations and rarely invoke a center-margin composition framework, and, "For something to be presented as Centre means that it is presented as the nucleus of the information on which all the other elements are in some sense subservient" (Kress & Van Leeuwen, 1996, p. 206). While the *HealthyPlace* homepage does maintain a top-bottom orientation, as described at the beginning of this chapter, the framelines also create three columns which include a center zone in addition to the basic left and right. These zones, which have been diagrammatically represented in Figure 2.12, complicate the notion of ideal and real, such that information at the top and center can be read as offering a *desired ideal.*

When viewing the first screen shot of the homepage (see Figure 2.3), the photograph and text constructing *HealthyPlace,* framed in an orange border and centered near the top, centralizes this information. Furthermore, on account of image placement, the two women simultaneously connote the desired ideal of the *HealthyPlace* user, crowned by a sense of peace and calm symbolically represented by the skyline and clouds that float above them messages, symbolic images, font styles, and background colors contribute to meaning potentials. Across the top half of the banner, the name of the site along with the greeting "Welcome to HealthyPlace.com" is presented along with the corporate motto "Experience the Freedom," which seemingly floats amongst the

clouds just between the website name and three colorful flying butterflies. With clouds floating in the background and butterflies in flight, *HealthyPlace* is constructed as a serene place, where individuals can go to transform themselves in their search for wellness and recovery and freedom from a less desirable state of being. The placement of the search engine on the left and the butterflies on the right further demonstrates the relationship between information that is already known—and can be used to navigate the site—with that which implies newness and the future possibility of transformation.

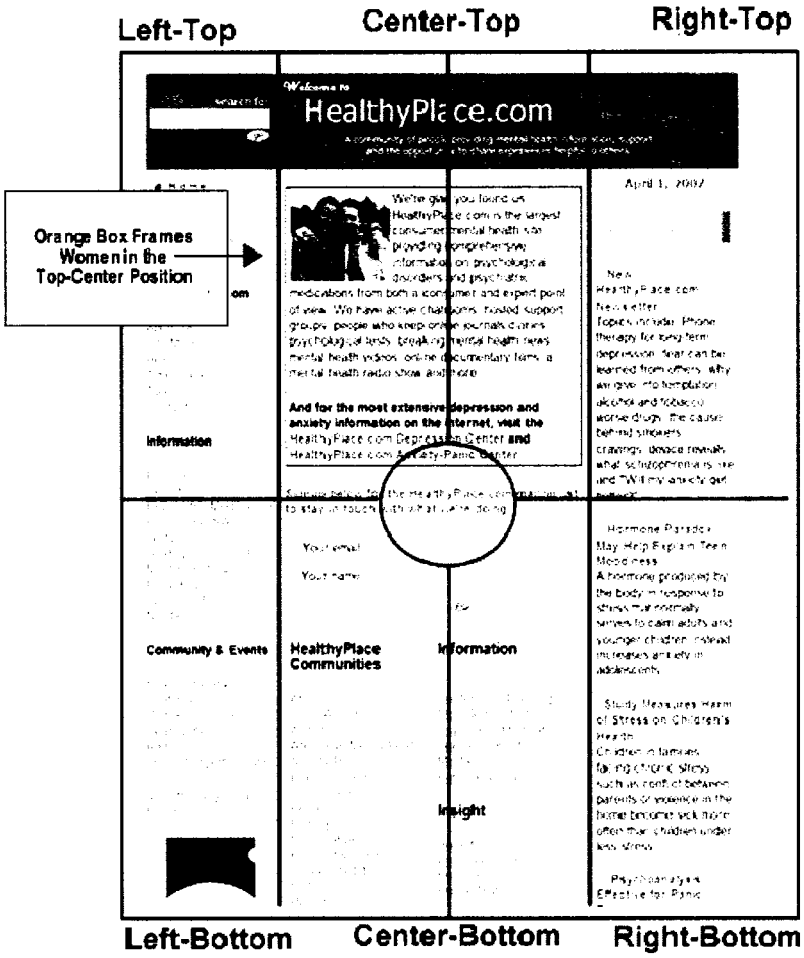


Figure 2.12: Revalued Information Zones on Homepage

Through semiotic resources, *HealthyPlace* simultaneously presents a professional and personable image to display itself as a "caring" and "personable" corporation. This is seen in the logo banner with the combination of first person address followed by a change in tone to third person. Initially, users are greeted with the hospitable phrase "Welcome to HealthyPlace.com," signaling openness and conviviality. However, the following message is presented in formal and detached third person voice; the mission statement tells users that *HealthyPlace* is "A community of people providing mental health information, support, and the opportunity to share experiences helpful to others." Thus, the welcome message provides the first indicator of how technologies of discourse are implemented on *HealthyPlace* to construct a personal, yet professional identity.

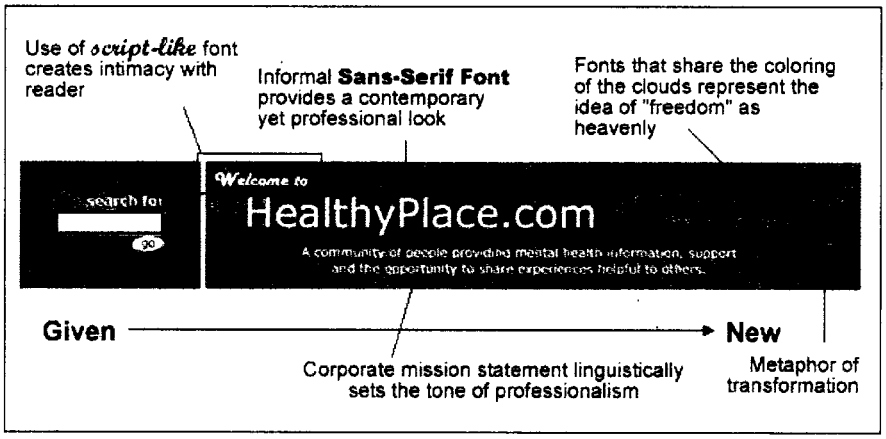


Figure 2.13: Analysis of HealthyPlace Logo Banner

Floating amongst the clouds, the motto of *HealthyPlace,* "Experience the Freedom," linguistically establishes the goods promised users. It promises an ideal state of mind and an experience of "freedom" in contrast to the user's present state of mental imprisonment and captivity that *HealthyPlace* presupposes. Appearing in soft-focus

semi-transparent white sans-serif font, the *HealthyPlace* motto "Experience the Freedom" is less prominent than the other images and text, forcing the user to look closely to find the elusive and ephemeral concept that is being established as the desired state. *HealthyPlace* suggests that users are not currently experiencing a sense of self-governance and autonomy over their own mind and/or body, but rather are experiencing—and possibly enduring or suffering from—a state of unwellness. *HealthyPlace* then suggests that engagement with online resources enables users to find the presumably sought-after freedom from mental disorder, which becomes conflated and connected with health and happiness.

Also amongst the clouds, three butterflies in flight can be read as symbolically constituting the promise of a new and improved mental existence. Traditionally, informed by the knowledge that butterflies undergo a metamorphosis, changing from a caterpillar to what is considered the more aesthetically beautiful creature, butterflies represent transformation. The user can be likened to a caterpillar waiting to be "freed" from its cocoon of confinement to a more pleasurable, mature, and fulfilling existence implied by the butterfly. Opposed to the soft blur of the clouds, the butterflies are brightly colored and in full focus. This intense saturation of color and detail serves to intensify the realness and perception of possibility of such transformation (Kress & Van Leeuwen, 1996; Kress & Van Leeuwen, 1998). Moving from left to right in the masthead, wellness is constructed as the ideal, whereas unwellness is positioned as the real.

In addition to the language and symbolic images connoting freedom and transformation, fonts provide visual cues of meaning potentials (van Leeuwen, 2005b). van Leeuwen (2006) has shown that letter forms also provide semiotic value, such that distinct features like weight, expansion, slope, curvature, connectivity, orientation, and regularity all contribute to meaning potentials. In addition, typography has come to be

understood, beyond letter forms, as an important communication tool with two levels of meaning: a "word image," the idea represented by the word itself via a string of letters, and a "typographic image," the "holistic visual impression" (cf. Bellantoni & Woolman, 2000). Thus, van Leeuwen has argued that typography, like image, has the capacity to fulfill the communicative functions of expressing ideational, interpersonal, and textual meanings. For example, on HealthyPlace the use of sans-serif fonts connotes informality and casualness, while other aspects of typography such as the white lettering on a blue background may signify serenity. van Leeuwen (2006) notes the importance of considering the complementary nature of fonts and their design features by stating that "[Typography] is multimodal, integrated with other semiotic means of expression such as colour, texture, three-dimensionality, and movement" (p. 144). Thus, font style is only part of the equation in understanding meaning potential; with advancements in technology, a variety of typographical design features must be taken into account when examining meaning potentials.

Other typography effects on the logo banner also produce possible readings. Unlike the motto "Experience the Freedom," which is made less salient through the lack of dimensionality, the self-presentation of "HealthyPlace.com" has been made more salient through the increased weight and size of the font, as well as the shadowing that creates a three-dimensional effect. In addition, based on connotations that arise from associations between handwriting and printing, the script-like typeface that has been used for the opening "Welcome to" signals the "informal" or "personal" as opposed to the "formal" and "impersonal" (van Leeuwen, 2006, p. 149). Because whimsical fonts and sans-serif style conjure a relaxed and casual tone, unlike the association of formality with serif fonts, I argue that sans-serif and script-like font styles contribute to the technologization of discourse to comfort and nurture users.

Presenting a professional-looking website that creates credibility while simultaneously manufacturing a personal connection with users relies on discourse technologies that can be employed to influence ways of reading and comprehending linguistic and visual language. This corporate branding strategy which privileges design over substance has relevance when considered in relation to how internet users have come to evaluate websites[14]. In response to earlier studies that found users chose websites based on site authorship and motives, Barbara Warnick (2004) found that users rely more heavily on the look, organization, and information focus when choosing one site over another. Furthermore, when authorship is an issue, attributions such as stated motive and name recognition is more influential. These points illustrate the importance of designing a corporate aesthetic that will guide users to prefer *HealthyPlace* based on name recognition and the perception of philanthropic motives. Thus, using visual and textual resources in effective ways becomes increasingly important for businesses like *HealthyPlace.*

Thought For Today

At the bottom-right corner of the homepage, the "Thought For Today" section contains famous quotes and motivational words (Figure 2.14). The positioning at the bottom of the last screen shot may lead to expectations of these sayings as representative of the real state of disorder, as discussed in relation to the "Featured Journaler" and the "Talk With People Who Understand" sections that also can be found "below the fold." However, I will show in this section that the quotations presented in this section of the page can also be read as another example of "voicing" real but idealized people to sell the promise of wellness. At the bottom-right corner, these quotes present information that can be valued as both real and new. Unlike the previous examples of reported speech on

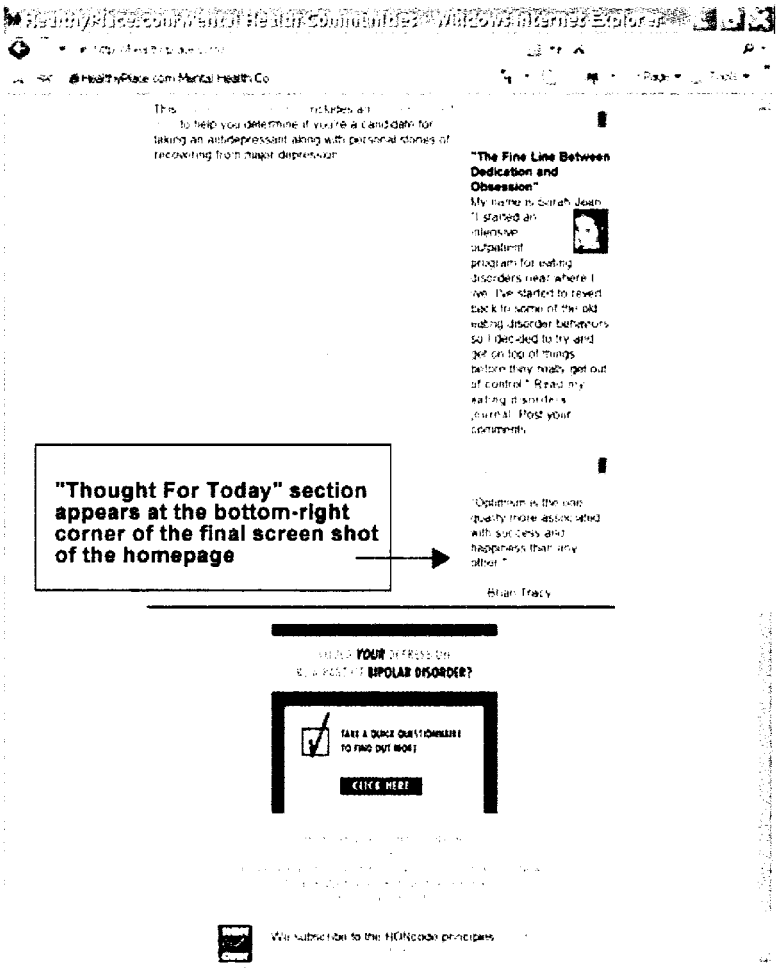


Figure 2.14: Thoughts for Today Presented at Bottom of Homepage

the homepage that employed the voices of *HealthyPlace* users, this section turns to motivational speakers and well-known successful public figures. Through quotations from successful people, the "Thought For Today" advises users how to live better lives by "telling" them how to be "healthy." The explicit advice given in the "Thought For Today" serves both as a means of social regulation, as well as a linguistic tool to engage with readers "personally." Fairclough has suggested that imperatives serve as a vital linguistic tool employed to create synthetic personalization with an intended audience (1989, p. 210). Upon close examination of the quotations presented in Figures 2.15 and 2.16, it

becomes apparent that users are being addressed as individuals rather than as a group; thus, "the simulation of private, face-to-face, discourse in public mass-audience discourse" is realized through the "Thought For Today" (Fairclough, 1992b, p. 98). For example, motivational speaker Les Brown commands users, telling them "You must" re-imagine obstacles as opportunities. Edward O. Wilson also speaks directly to readers, assuring them, "you" have the ability to accomplish things and make good choices. In addition, through imperatives, Wilson gives advice about how to behave, encouraging users to "Aim high. Behave honorably. Prepare to be alone at times, and to endure failure. Persist!"

"You must think of failure and defeat as the springboards to new achievements or to the next level of accomplishment." (Les Brown, 3/15/06)

"You are capable of more than you know. Choose a goal that seems right for **you** and strive to be the best, however hard the path. Aim high. Behave honorably. Prepare to be alone at times, and to endure failure. Persist! The world needs all you can give." (Edward O. Wilson, 4/24/06)

Figure 2.15: Thought For Today Provides "Personal" Advice

To increase the effect of these messages, discursive strategies that create a sense of intimacy with readers can also be seen in the quotations in Figure 2.16. The use of subjective personal pronouns "you" and "we"—often coupled with possessive personal pronouns "your(s)" and "our(s)"—speaks to the individual within a public discourse arena. For example, when reading the quote by Ralph Blum, the reader is positioned as an interlocutor being directly spoken to as if in a conversation; obstacles from "your" past are reconstructed as opportunities for growth and improvement. In a similar personalizing rhetorical strategy, rather than tell the reader what they are "individually" capable of, as seen in the other examples, through a linguistic solidarity move, Ralph Lauren turns to the pronoun "we" to suggest achievement through relationship. Lauren

includes himself in the call for social action, telling readers that "we" all must be part of the solution if change is desired[15]. Pronouns thus create a contrived sense of intimacy and relationship between the speaker and reader. Additionally, the suggestion of concerned citizenry and community involvement as necessary for social change serves as a technology of sociality, utilizing discourse technologies Lauren participates in perpetuating social education about admirable sociality.

"Nothing is predestined: The obstacles of **your** past can become the gateways that lead to new beginnings." (Ralph Blum, 10/17/06)

"If **we** want things to change for the better, **we** have to be the miracle." (Ralph Lauren, 9/27/05)

Figure 2.16: Speaking to Individuals En-masse

The quotes in the "Thought For Today" section represent the words of famous individuals who have gained recognition through various avenues of career success including motivational coaching. As noted earlier, the use of celebrity can be an effective tool in signaling both the real and ideal simultaneously. The voices of the chosen speakers become powerful resources to advise others; their public success marks them as experts on how to attain an idealized lifestyle, which is then utilized by *HealthyPlace* to sell the ideal of wellness.

The bottom half of the homepage promotes user involvement through interactive links and provides information through links to specific community pages. In the center section, users can "Talk With People Who Understand" by clicking the link to the featured community forum thread or learn more about a highlighted issue by clicking the link to the "Featured Site." The right column presents a "Featured Fournaler" for users to link to. Thus, users are provided with opportunities to link to the online postings of

actual users in various ways, as well as virtually interact with the "featured journaler" and "talk with people who understand" on the community forums.

Welcome Back Home: Promising Social Relationship

HealthyPlace welcomes users/consumers upon entrance to its virtual community website with "Welcome to HealthyPlace.com." Such discourse technologies make users feel at ease and decrease the perception of "us" vs. "them." Because advertisers have come to understand that an investment in relationship helps sell a product, this strategy has become a common tool to gain consumer trust by appealing to a sense of intimacy and relationship.

As this chapter demonstrates *HealthyPlace* is not only selling a product; it is selling the promise of a community abundant with intimacy and social relationship akin to a well-functioning family. The evoking of home and family is note-worthy when considered in relation to the history of self-help as entwined with the goal of helping individuals negotiate dysfunctional families and the after-effects that are often attributed to unhealthy family experiences (McGee, 2005). Through language—both visual and linguistic—*HealthyPlace* is actively engaged in constructing the website as a family-like space.

The introductory pages of *HealthyPlace* show that the idea of home is operationalized beyond the homepage. At the end of the description on the "About Us" page, the closing salutation "Welcome home to HealthyPlace.com" functions on multiple levels. "Welcome home" is rich with meaning potential; the phrase conjures feelings of relief as when returning to one's residence after a long absence, or happiness to be with family upon return to one's childhood home. The inclusion of "home" in the "Welcome home to HealthyPlace" also has the power to position prospective users as family

members being greeted upon their return rather than first-time guests visiting a stranger.

Similarly, the continued use of "home" is present on the pages aimed at prospective advertisers. On the "Sponsoring the HealthyPlace.com Mental Health Communities Website" page, producers tell advertisers that users "keep coming back home to HealthyPlace.com" because "Our visitors know that we sincerely care about them and their particular situations." Discursively, *HealthyPlace* producers construct the site as a home-like space in which they serve as sincere and nurturing care-givers to visitors. They speak directly to potential investors, saying "Thank you for visiting our sponsorship area," followed by self-promotion of sincerity—"The first thing we want you to know is that we are very sensitive to the needs of our sponsors." While selling themselves to prospective advertisers, producers continue to rely on synthetic personalization, intimate familiarity, and sincerity to maintain a public image of care and concern. This strategic use of language is important because even though particular web pages may be aimed at particular readers (like advertisers in this case), pages remain public and, therefore, accessible to all readers.

In the next chapter, I move to a discussion of modality and how visual images representing *HealthyPlace* communities are employed to represent particular "truths" about disorder and wellness. The next chapter continues to use linguistic and visual analysis methods to illustrate how *HealthyPlace* is undergoing a process of corporate branding that (re)produces conceptions of disorder and wellness in relation to particular communities, categorized by the producers. I will continue to consider how the promise of transformation and recovery is being promoted and sold through messages constructed through specific image-types and web design effects.

CHAPTER THREE: LOOKING HEALTHY - VISUALIZING DISORDER & WELLNESS

Whereas the previous chapter focused on the composition and layout of the HealthyPlace homepage, this chapter attends to modality and the image-types displayed on the HealthyPlace main homepage and intra-site homepages. With an emphasis on the disorder community homepages it seeks to uncover and critique the branding strategy being implemented by this corporate entity. Borrowed from linguistics, modality refers to the "truth value or credibility of (linguistically realized) statements about the world" (Kress & Van Leeuwen, 1996, p. 160). The concept of modality—when applied to images—refers to the degree in which visuals represent a perceived sense of reality. This is not to imply that an absolute "reality" can be identified by analysts; instead, this project is interested in showing how visual resources are represented as "real" and, therefore, more truthful in relation to mental health discourses.

In this chapter, I explore how visual discourse, with its symbolic and iconic availability, functions as a strategic communication form on *HealthyPlace*. I provide a social semiotic critique of the visual resources deployed on the homepages of the eighteen *HealthyPlace* communities to reveal how disorder and wellness may be managed and realized semiotically. My analysis is organized into three strands: (a) a descriptive analysis identifies image-types and a developing corporate aesthetic that privileges uniformity; (b) an interpretive analysis considers the communicative strategies at play and the meaning potentials which underpin different visual resources; and (c) a critical analysis links these decisions of design and branding to normalize disorder through the use of visual resources while appealing to the self-help consumer

market through generic stock images that represent a high degree of modality, and hence, perceived truth value.

At the time of this study, *HealthyPlace* was undergoing design changes that provide evidence about how images serve as strategic marketing resources. In so doing, *HealthyPlace* has figuratively enacted self-improvement practices expected of users. I begin my analysis, then, via a typology of image-types, drawing comparisons between original and updated images, to illustrate how stylistic differences semiotically reconstruct disorder and wellness. Specifically, I focus on the modality of these image-types to show how design features can be used to neutralize the seriousness of mental health disorders and naturalize disorder as a common state of being.

Modality is marked by a complex set of visual cues that reference elements of image makeup. Markers of visual modality as defined by Kress and van Leeuwen include (1996):

- Color saturation
- Color differentiation
- Color modulation
- Contextualization
- Representation
- Depth
- Illumination
- Brightness

When designing an image, the manipulation of any of these markers—in isolation or combination—can increase or decrease the degree of modality. Items that are represented as depicting reality in a "naturalistic" way usually are considered to have the

highest modality, whereas abstract and/or unrealistic representations have lower modality. For example, a photograph of a person usually holds more truth value than a drawing because it represents the closest likeness to the original, and hence has higher modality.[1]

Social semiotics, when utilized in concert with other discourse analysis methods and social theory, provides powerful tools to consider the intersections between the linguistic, visual, and social. Kress and van Leeuwen (1996) have argued that details such as degrees of articulation in detail, background, and color saturation present in images provide additional information for analysis (p. 167). They also suggested that highly articulated images are used to represent the real, whereas images in soft-focus or less significant in size, such as small images in the background, represent an ideal or an object that is out of reach. In this chapter, I focus on these details as I examine the visual resources used on *HealthyPlace* homepages to construct disorder and market self-improvement to consumers who frequent the website.

The Changing Face of HealthyPlace.com

Rather than present a micro-analysis of each image, this chapter is interested in uncovering thematic categories that represent "disorder" and "'wellness" in relation to circulating mental health discourses. The image-types used on the original incarnation of the website differ widely from those that have begun to populate the site as it undergoes redesign. Whereas visual content of early web pages on *HealthyPlace* is primarily abstract and, therefore, symbolic, newly designed pages offer stylized iconic images as the dominant resource.

A comparison between the original and the updated style of the Eating Disorders

and Sex (Issues) Community[2] homepages can be seen in Figure 3.1. The top two screen captures present the original website design, in which an image marking the community has been placed at the top left corner of the page, above the left margin community navigation menu. These images at the top left corner are the initial focus of the typology. The bottom two screen captures provide examples of the updated homepage design, in which the primary images for analysis include a diverse group of people and the community logo banner placed above.

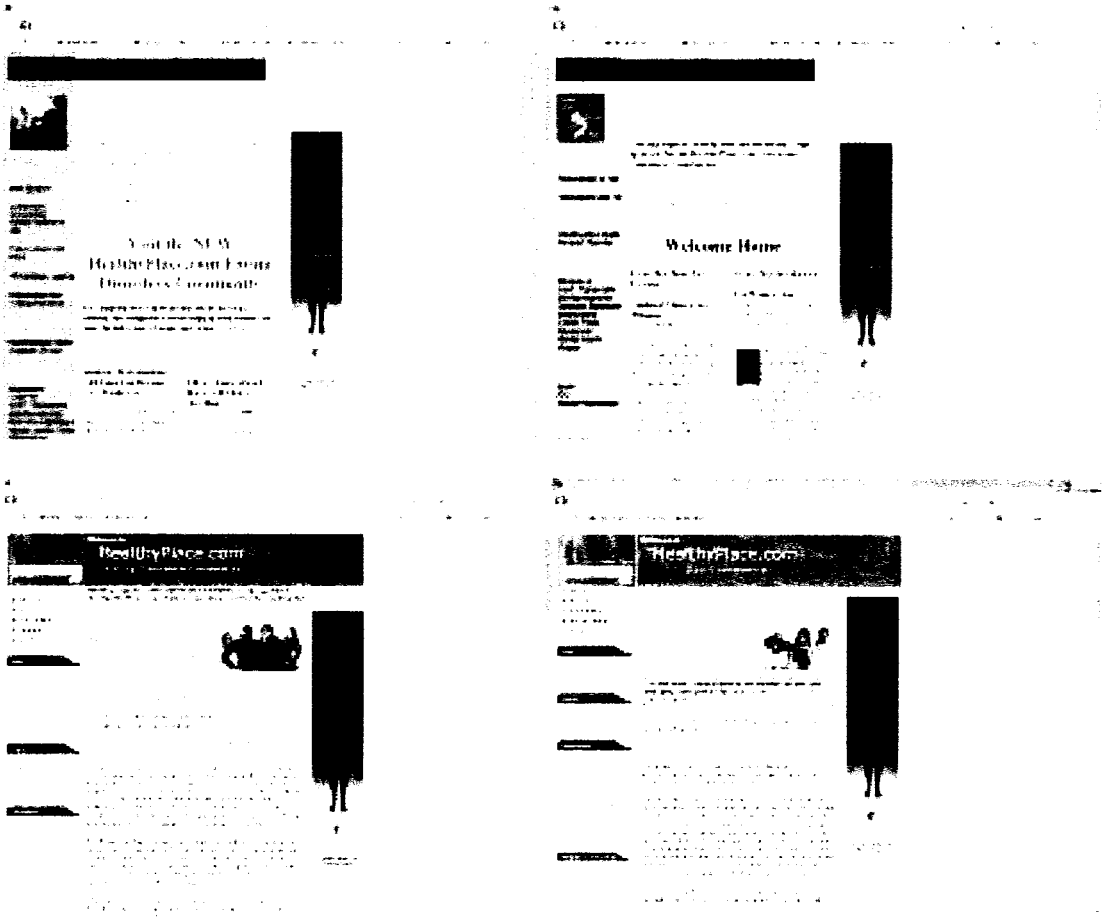


Figure 3.1: Screen Captures Reflect Changes to HealthyPlace Community Homepages

On *HealthyPlace* community homepages, a multiplicity of meaning potentials available to viewers is made possible by the simultaneous exploitation of symbolic and/or iconic representations. Homepages contain an array of visual content whose meaning potentials are generated through both literal and figurative images as well as the presentation and stylization of images (Thurlow & Aiello, 2007, in press; Van Leeuwen, 2005a). Visual content references the types of images that are included (or excluded), whereas stylization and presentation speaks to the ways in which visual resources are manipulated and positioned within the text. Among the visual resources deployed on *HealthyPlace*, thematic representations of landscapes, clichés, bodies, and people serve as organizing categories for community images. While the semiotic repertoire of resources selected to index particular communities were recurrently symbolic (e.g., landscapes, clichés, bodies), depictions of people which iconically represent the idealized *HealthyPlace* user have become dominant resources on the updated pages. It should be noted that the relationship between symbolic and iconic representations is a matter of degree; any sign may be simultaneously iconic and symbolic (Thurlow & Aiello, 2006, in press) and/or metaphorical (Tseng, 2006).

Through the stylization and presentation of these visual resources, meaning potentials are further complicated. Design effects—such as genericity, metonymy, and decontextualization—expand the scope of symbolic potential available to meaning-makers. For example, Thurlow and Aiello (2006, in press) have demonstrated how symbolic and iconic meaning potentials, and more specifically the design effects of airline tailfins are semiotic tools that global corporations have exploited to realize ideology and inter/cross-culturality in an attempt to secure market share. Similarly, through the deployment and manipulation of images that rely on multiple modes of

signification, *HealthyPlace*—a private corporation—exploits particular visual resources to increase user traffic to the mental health community website while simultaneously reproducing discourses that normalize disorder.

Many of the images used for promotional and advertising purposes today—such as those employed on *HealthyPlace*—come from image banks. David Machin (2004) has described the common features of these cheaply bought and readily available images: technically high-quality, highly posed, and in nondescript settings, image bank resources symbolically represent marketable concepts and moods rather than products. *HealthyPlace* increasingly uses these generic and highly stylized images to sell an ideal of wellness through clichéd notions of particular image-types to be discussed in this chapter. Specifically, generic images of "everyday people" representing the ideal of wellness are replacing abstract images denoting conceptions of particular mental health disorders and corresponding communities. This chapter explores the iconic and symbolic representations employed by *HealthyPlace*—a corporate entity that relies upon image bank resources—to consider the messages being promoted by this popular mental health community website.

I begin this typology analysis by first focusing on the image-types on the original website. Despite the fact that one-third of the community homepages have been updated with different image-types, this analysis accounts for the early images as well as the revised ones in order to speak to the branding strategy in effect on *HealthyPlace*.[3] Image-types categorized as landscapes, clichés, and bodies are found only on the early version of the website. People, however, are found on both the original and updated design although they differ stylistically. Whereas stylized depictions of groups of people looking directly at the viewer are used on the revised website, people in the early images

are passively presented as objects to be gazed upon. The first subset of images of people examined in this chapter refers to the original design strategy, whereas the final subset represents the changing "face" of *HealthyPlace* being imagined by producers.

Surreal Landscapes

Visual resources derived from generic images of surreal landscapes make up the first thematic image-type deployed on the original *HealthyPlace* community homepages (Figure 3.2). These images, which offer highly stylized and exaggerated representations of the world, exhibit low degrees of modality with their "unrealistic" depiction of nature. However, read through a "sensory coding orientation," these landscape images may be deemed to have a high degree of truth value on account of their affective meaning potentials. The rich and soothing colors of these landscapes provide affective meanings and consequently can convey high modality when coded by individuals valuing emotive/sensory truth. According to Machin (2004), with the technological shift to digital photography, image bank images have become increasingly generic, characteristically decontextualized and highly stylized to reproduce a "truth" that corresponds to an "essence" of what they represent. Moreover, image bank images are moving away from validity criteria of an "essential" truth based on "naturalistic" representation and towards a combination of abstract, sensory, and emotive truth based on an increased exploitation of visual representation (e.g., uncannily fine detail, richer color, deeper perspective) (p. 326-327). A perceived compatibility between images and concepts increases modality, and in turn, the truth value assigned to the connotation.

As symbolic or "figurative" visual resources deployed to represent *HealthyPlace* communities, surreal landscapes strategically provide noncontroversial ways of thinking about the serious issue of mental health disorders through modality and genericity.

Generic landscapes are, in and of themselves, icons with the added connotative meaning potential of the natural world and, in turn, "serenity" and "peacefulness." The figurative iconicity of the landscape makes the symbolic invocation of wellness possible.

Figure 3.2: New Age Landscapes
(Bipolar Disorder; Alternative Mental Health; Self-Injury)

The imagery of the landscape does not literally represent mental health disorders, but instead can be read as figuratively representing idealized spaces that speak to a life without disorder. Despite the tenuous connection to the communities they represent (i.e., bipolar disorder,[4] alternative mental health, self-injury), surreal landscapes have the symbolic potential to invoke "positive thinking" and hint at the possibility of enlightenment through spirituality and simplicity due to intertextual meaning potentials derived from New Age discourses, which emphasize a return to the "natural" and "mythical."[5] The exploitation of New Age imagery, such as surreal landscapes, is an available visual resource that allows for the possibility of connotations promising personal transformation through self-improvement practices. The utilization of generic stock bank images of surreal landscapes creates a complex web of intertwined meaning potentials, with iconicity and symbolism informing one another.

Clichés

The next set of image-types from the original website, while also clearly iconic and symbolic, demonstrates a less abstract connection to the communities represented. Specifically, visual resources that rely upon clichés have been used on *HealthyPlace* to offer users a recognizable association and way of thinking about the identity of a given community. Metonymy is the primary semiotic resource employed to conjure meaning potentials closely associated with the particular disorder communities shown in Figure 3.3. While metonymic suggestions may aim to invoke specific meaning potentials, the genericity and decontextualized nature of the images presented may also inadvertently signal unintended readings.

Employing the stylistic tool of metonymy, a word or visual image may be substituted for a larger whole. Common examples of metonymy include terms like "the crown" to refer to a monarch or "field hands" to refer to workers. For a number of *HealthyPlace* communities, specifically Personality Disorders, Gender/GLBT, Sex/Sexuality, and Weight Loss/Dieting, visual resources that have come to symbolically represent concepts, such as balance, pride, sex, and beauty, have been employed, presumably, to trigger the preferred translation and association between image and community.

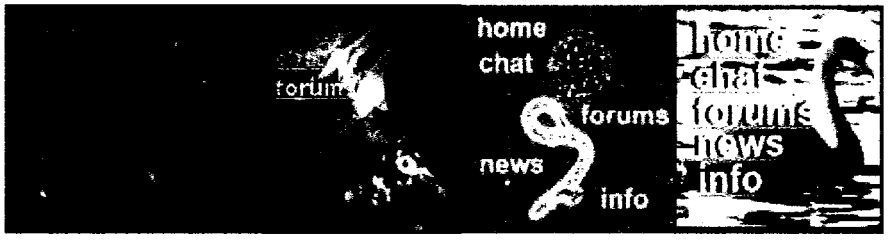


Figure 3.3: Clichés
(Personality Disorders; Gender/GLBT; Sex/Sexuality; Weight Loss/Dieting)

Recognition value is highest when the gap between the image and the ideologically dominant meaning is small. Even though multiple meaning potentials exist, an image that is closer to the normalized discourse will meet the narrative expectations with visual language serving as a denotative marker. When an image meets the expectation of the viewer, it is less likely to confuse and more likely to lead to a dominant reading. Thus, abstract images with high recognition value serve as powerful—and effective—resources because the reader needs to do less work to interpret a possible meaning.

The difficulty of using images to encode and decode conceptual meaning has been discussed by social representation theorists, who argue that while words and images serve an important role in creating a system of common understanding among groups of people, this system is not without problems as meanings are not fixed and thus require negotiation and interpretation (Moscovici, 1973). Visual representations of conceptual meanings, specifically, require even greater degrees of interpretation on the part of viewers. George Dillon's (2006) examination of clip art has shown that such research provides a way of investigating the visual part of social representation to understand how categories of commonsense are represented through these seemingly simple images. He argues, "These representations portray the world as common and familiar; the function of clip art is to be recognized as part of received, conventional wisdom, commonsense categories, or social representations" (p. 288). Clichés are effective because they simplify the decoding process by providing regularly and widely used stock images and metaphors to depict a concept.

A digitally stylized image of multiple red and purple yin-yang symbols, floating against a black background is the metonymic device chosen to represent the Personality

Disorders Community.[6] Because the Personality Disorders Community serves individuals dealing with issues like Borderline Personality and Dissociative Identity Disorder (DID), the yin-yang symbol can invoke connotations of mental "imbalance." Image-types that represent multiplicity, like the one that is used for the Schizophrenia Community shown in Figure 3.4, may be equally clichéd. The classic yin-yang symbol, borrowed from Taoism, is commonly believed to represent "dualism" and "harmony." The metonymic suggestion of this icon invokes clichéd notions of "Eastern healing" and "balance" of mind and body. When intertextually linked to New Age discourses, as with the surreal landscapes described earlier, connotative meaning potentials once again symbolically reference "spirituality" and "enlightened living." Machin (2004) notes that stock image banks, like Getty Images®, allow designers to type conceptual terms like "balance" into the search engine and gain access to thousands of easily transferable images. For example, a search within Getty Images® for the terms "spirituality" and "balance"—conceptual keywords collocated often with the yin-yang symbol.[7]

Similarly, the rainbow flag has become an internationally recognizable symbol of pride for the gay and lesbian community and therefore metonymically marks the Gender/GLBT Community as focused on the performance of nontraditional gender and sexual identities. Moreover, the rainbow flag—through its metonymic association with gay pride—defines the Gender Community as a virtual space that is not intended to support gender and/or sexuality issues for the heterosexual community. On the homepage directory, this community is labeled as the Gender/GLBT Community, but on the actual community homepage, the header uses the misnomer Gender Community, which problematically conflates gender and sexuality.

Considering that homosexuality was defined as a mental health disorder until it was removed from the DSM-II in 1974, the inclusion of the "Gender Community" as a category of mental health disorder is problematic on a number of levels, despite the seemingly benign motives of creating a support group arena. First, using the rainbow flag makes queerness itself a category of mental health disorder that is removed from all other disorders. Second, labeling it "Gender Community" suggests that nontraditional gender identity is disordered, especially because the problems of this group have been relegated to "Gender" and not "Sex" because the term "Sex" has already been reserved for straight people.

Upon entrance into the Gender Community, the first line of text that a reader encounters is an explicit description of the intended audience: "Needing support, information and friendship? Sign up below for the HealthyPlace.com "Gay, Lesbian, Bisexual, Transgender and Intersexuals Community" mailing list. Through the coupling of linguistic and visual resources—namely gender with the rainbow flag—the numerous possibilities associated with the term "gender" are decreased. This collocation, in turn, advances a dominant reading that is designed so that one avoids mistranslation by exploiting commonsense notions.

Similarly limiting, the "Sex" Community is represented by a microscopic rendering of a sperm and egg metonymically referencing heteronormative sexuality. The cliché of the sperm and the egg are introduced into a metonymic framework to signal the familiar and commonplace notions of (re)productive sexual relations between a man and a woman on the Sex/Sexuality Community homepage. In another context, the visual resource of the sperm approaching the egg could easily stand in for concepts such as biology, birth, genetics, cloning, research, unity, determination, competition, struggle,

motion, and even success or ideas. While this diversity of meaning potentials may seem problematic, in fact, it is genericity and the decontextualized nature of stock images like the sperm and egg that allows it versatility and effectiveness simultaneously. In this case, however, because it is associated with the *HealthyPlace* "Sex" Community and juxtaposed with the rainbow flag, the stock image of a sperm and egg rely on and reproduce dominant discourses of sexual practices that privilege heterosexuality through the exclusion of alternatives.

As was the case with the Gender/GLBT Community, labeling is problematic, conflating concepts. In this case, "sex issues" are conflated with "sexuality" on the Sex/Sexuality Community. On the *HealthyPlace* main homepage directory, the textual hyperlink to the community reads "sex/sexuality," whereas the logo banner on the community homepage uses the name "Sex Community." The description on the community homepage tells users they will find out "what makes for good sex and bad sex" as well as find information about female and male sexual dysfunction and sexually transmitted diseases. The misnomer "sexuality" on the main homepage directory suggests that the community may provide support for people thinking about their "sexuality" outside of traditional heteronormativity. However, an examination of community webpages proves that the community is, in fact, targeting sexual practices and problems engaged by heterosexual couples only. Through language and visual resources the conflation of sex issues and sexuality reproduces commonsense notions that privilege heteronormative sexual practices and confine GLBT concerns to gender identity "disorders."

Similarly, attention to socially defined norms is implied by the image of a swan representing the Dieting/Weight Loss Community; in the context of contemporary

American society, the mythology of the ugly duckling is routinely used to signal "transformation," like the duckling that eventually became a beautiful swan. Though the moral of the "Ugly Duckling" is that inner beauty overshadows physical appearance, the fairy tale is often applied to cases in which the transformative result fulfills ideals of attractiveness.8 Through disciplinary self-care regimes, the promise of physical transformation and wellness become symbolically available through an otherwise generic image of a flighted water bird. Though the visual resource of the swan may connote "grace" and "beauty," the symbolic power of this icon is also largely tied to discourses about idealized beauty.

Bodies

Whereas the previous categories of images relied upon inanimate objects, places, and symbols to represent communities, the remaining visual resources deploy people to do this connotative work. Manufactured images that portray the body as the focus of disorder are another common image-type utilized on the original *HealthyPlace* community websites. In these images—which have been digitally distorted to exaggerate the effects of disorder—the production and performance of a specific disorder is typified (Figure 3.4). Even though *HealthyPlace* aims to provide help with the 'mental' rather than the physical, the body as an additional site of disorder can be a powerful image. With the focus on the body as well as the mind/brain, these images create literal representations of disorder, which symbolically represent disorder as all-encompassing.[9]

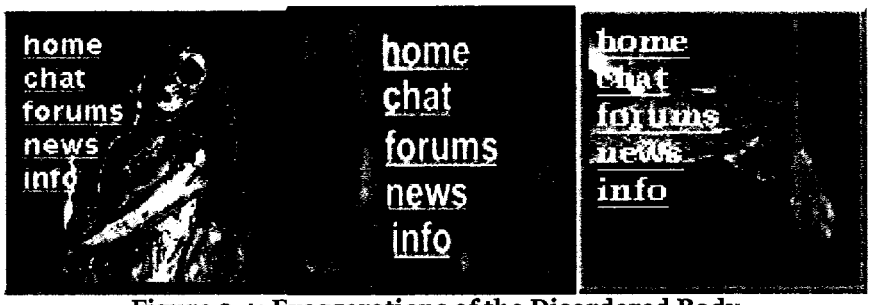


Figure 3.4: Exaggerations of the Disordered Body (Chronic Pain; Schizophrenia; OCD)

These iconic images construct the body as a site of disorder in which the people (or their body parts) serve as objects to be gazed upon while the disorder is performed as an interruption to normality. The hyper-stylization of this set of images could decrease modality and thus creates a less perceptually truthful representation of disorder. However, the extreme modification of the images increases their modality in that they can be decoded as abstract and thus designed to exaggerate reality to depict an "emotive" truth about the experience of disorder as disruptive to everyday living. The Chronic Pain Community, especially, illustrates the literal body under attack through the distortion of the image seen in Figure 3.4.

As with the previous category of symbolic images, clichés related to particular mental health disorders facilitate ease of translation, yet clichés are helpful only in as much as they are universally understood and easily recognizable. Commonsense notions about mental health disorders like Obsessive Compulsive Disorder (OCD) and schizophrenia often rely on misperceptions, which consequently provide connotative power in their reproduction. For example, *HealthyPlace* exploits the cliché that people with OCD are obsessed with washing their hands repeatedly to provide a shortcut to this dominant reading.

Misrepresentations about schizophrenia are so common, that the webpage "About Schizophrenia" directly confronts these misrepresentations. It states:

> When it comes to schizophrenia, most people think it's some sort of Dr. Jekyll and Mr. Hyde thing. Every serial killer and axe murderer on TV is said to have schizophrenia. That kind of ignorance just makes it worse for people who have to live with it. Schizophrenia is: A brain disorder characterized by delusions, hallucinations, other disturbances in thinking and communication, and by deteriorating social functioning. (June 15, 2006)

Ironically, despite the producers' knowledge about the condition of schizophrenia, the visual image depicting the community resembles the same sort of split personality implied by the "Dr. Jekyll and Mr. Hyde thing" on the *HealthyPlace* website.[10] The unnoticed reproduction of problematic misrepresentations by "experts" proves how entrenched clichés about mental health are in contemporary society. Without recognition from those with the knowledge and power to address false misrepresentations, interventions that shift commonsense notions about schizophrenics as unstable and violent are impossible.

Real People

Drawing from Halliday's systemic functional linguistics, Kress and van Leeuwen (1996) suggests that images in which participants serve as objects to be gazed upon are fundamentally different than those in which participants appear to be looking directly at the viewer, initiating a "demand gaze." "When represented participants look at the viewer, vectors, formed by participants' eyelines, connect the participant with the viewer. Contact is established, even if it is only on an imaginary level" (p. 122). It is during this

eye contact that the participant is said to be demanding something from the viewer, albeit in an imaginary relation with him or her. The type of relationship is signified by the facial expressions of the individuals represented, such that a smile asks the viewer "to enter into a relation of social affinity with them," whereas a stare of cold disdain requests a social distancing relationship (p. 122). In the absence of the demand gaze, the image makes an "offer" to the viewer, in which the participants no longer engage in a personal relationship with the viewers, but instead function as objects to be gazed upon and considered for informational value. In such images, Kress and van Leeuwen suggests individuals pictured are represented "as though they were specimens in a display case" (p. 120). Images that make an offer serve informational purposes; as shown in this analysis, such "offers" can provide ideological information.

On *HealthyPlace,* there is a clear shift from "offer" images on the earlier site to a predominant use of images that make a "demand" for social involvement and intimacy with current users. The first set of images relies on photographs of people who serve as objects to be gazed upon, and the images employed on the early community homepages provide people as "offerings" of ideological notions about disorder and wellness. Comparatively, images used on the revised version of the website, which will be discussed in the following section, use stylized images of groups of people staring back at the viewer, as if "demanding" social interaction.

Offering Information about Disorder & Wellness

Stock photos of people create a sense of realness and/or possibility for users, whether it be through images that correspond to understandings of disorders—as is the case with the images posted on the Abuse, Depression, and Eating Disorders

communities (Figure 3.5)—or through images that signify an ideal of wellness—as on the Parenting and ADD/ADHD Communities (Figure 3.6). These visual resources photographically reflect realness and therefore do their semiotic work through their iconicity and high modality. An examination of these images in relation to one another demonstrates how disorder can be represented as "true" through a complex configuration of modality markers like color modulation and differentiation, background and detail, perspective and brightness. Modality configurations attempt to provide a realistic sense of what it feels like to struggle with the effects of abuse, depression, and eating disorders.

While the modality configuration for these three images differs, they are nevertheless recognizable images projecting a "realistic" sense of unwellness through design effects like perspective, depth, and decontextualization. As opposed to a frontal angle that denotes maximum involvement, the people used in these images have been photographed from an angle, signaling detachment rather than involvement. Close-up shots, which traditionally only capture the face, often include an individual's hand(s) holding the head or other body parts to signal pain or sadness.[11] In each of these images, the background (or lack thereof) creates a generic scene in which the suffering person is the focus.

Figure 3.5: People "Offer" Information About Disorder (Abuse; Depression; Eating Disorders)

The most obvious detail shared by these images is the person's unsmiling expression. The motif of the unhappy person—or depressed person—is commonly illustrated through attention to posture, facial expression, and gaze direction. The "offer" image is most common as people in these images rarely look directly at the viewer; in fact, the tendency is to use images of people with closed or covered eyes. In images representing depression, people rarely stand and commonly look down or away from the viewer. Stock photographs of people, such as these, provide information about the state of disorder through the embodiment of an unhappy individual; the individual iconically communicates a distinctive emotional quality—or "mood"—of the disorder.

Just as modality markers define a type of reality of living with mental health disorder(s), these design effects likewise influence meaning potentials in relation to wellness. The community images in Figure 3.6 exemplify wellness through their "naturalness." These images depict people in social interaction with loved ones on the Parenting and ADD/ADHD community pages and reflect mythologies of wellness through relationship. Thurlow et. al. (2005) suggest in their analysis of visual resources in tourist postcards that people are often presented as spectacles in the service of constructing the "ethnoscape" through what Goffman (1986) refers to as a "performance" frame in which they "act out hospitability and friendliness" while "engaged in mundane activities" (p.7).

Figure 3.6: People "Offer" Information About Wellness (Parenting; ADD/ADHD)

The Parenting Community features an image of a father loved and adored by his children, who shower him with kisses, and the ADD/ADHD Community webpage, offers a father and son fishing together. Similar to the stock bank images on GettyImages®, these images reflect consumer categories that show a stylized, harmonized world of commodified leisure, abstracted from politics and society (Machin, 2004, pp. 317-317). In an analysis of depression advertisements, Kimberly Emmons (2003) has noted the recent trend of showing people acting out happy moments in the middle of grassy meadows with other people. Stock images that contextualize people with others in outdoor environments—on a sunny day no less—these visual resources speak to the promotion of lifestyles based on concepts such as "togetherness" and "leisure." The use of children, specifically, adds further connotative value, as they are often used to signal innocence and a sense that all is well with the world (Thurlow & Aiello, 2007, in press). For these community homepage images, mythologies about "good parenting" and "father-son time" are also played out.

Reproducing a Healthy Place: From the Abstract to the Real

At the time of this case study, images of groups of people had replaced a number of other image types on the site, making people the dominant visual resource deployed. Table 3.1 shows the shift from a combination of various image-types originally used to designate *HealthyPlace* communities, mapping the transition of *HealthyPlace* from abstract images to literal representations of the idealized community user. While it remains uncertain when *HealthyPlace* will complete the website redesign currently under construction, its trajectories as people replace the image-types that no longer reflect the emerging corporate form.[12] The images of people on community homepages

Table 3.1: Design Shifting Towards People as Icons of Wellness

Image Types	Original Website #	Original Website %	Current Website #	Current Website %
People	6	33%	10	56%
Symbols	5	28%	4	22%
Bodies	4	22%	2	11%
Landscapes	3	17%	2	11%
Total:	18	100%	18	100%

signal a shift in the strategy of visual resource deployment. When a user enters the new *HealthyPlace,* they are increasingly *faced* with a number of images, most of which include people looking back at the user. Unlike the stylized image of the brain that was displayed on the original homepage, the revised website uses an image of people to greet users (Figure 3.7). In the center of the main homepage, there is a photograph of two women welcoming users; at the bottom-right corner, there is a photograph of the featured journaler; and throughout the website on the pharmaceutical banner advertisements there are faces of individuals supposedly suffering from these ailments.[13] Though not all of these images utilize a demand gaze, most rely on close-up images of faces that serve to close social distance and create intimacy with the user, unlike the previous images that signaled detachment.

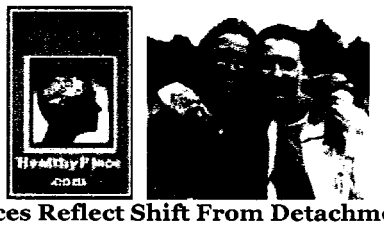


Figure 3.7: Visual Resources Reflect Shift From Detachment to Social Involvement

On the new *HealthyPlace* main homepage, two Caucasian middle-class women stand side by side, each with an arm around the other's shoulder (Figure 3.7). With big

smiles, the women look directly at the viewer, as if to welcome the user to the site. As if taking a break from their social interaction, the women welcome and invite the user to participate in that interaction and be a part of *HealthyPlace* and its many forums. As a photograph, this image uses a high degree of articulation to offer a sense of realness to viewers. The women gaze at the user, inviting relationship and social involvement in *HealthyPlace*, accompanying the text is the phrase, "We're glad you found us," Placing text alongside an image to either explain it or provide words for the characters in the image, works to create a dialogue with the user immediately. Fairclough (1989) has pointed out that the use of second person pronouns is another linguistic tactic employed in synthetic personalization, as is done when the producer is personalized through the exclusive "corporate" we (p. 210). *HealthyPlace* producers strategically utilize this device with the text that accompanies the photograph of the women as if they are the "us" that make up HealthyPlace Inc., and the user is "you." The act of collocating the image of two women with the textual use of "we" in the adjacent descriptive text works to create the illusion that these two women are the producers—or at least associated with its production at some level—of the site. Thus, the combination of image and text provides another example of synthetic personalization, in which relational and subjective values are manipulated for instrumental purposes, as is done when producers construct "fictitious individual persons, for instance as the addresser and addressee in an advertisement" (Fairclough, 1989, p. 217). Despite the fact that the viewer is never told anywhere in the site who these two women are, their image serves a vital purpose in welcoming users and framing wellness in their embodiment.

The nonverbal behavior and minimal interpersonal distance between the women implies a sense of comfort, closeness, and intimacy with one another. In his research on

proxemics—the study of human perception and use of space—Edward T. Hall stated that "[p]eople from different cultures inhabit different sensory worlds. They not only structure spaces differently, but experience it differently, because the sensorium is differently 'programmed'" (Hall, 1968, p. 84). Thus, in many Western countries, where space is more readily available—and often considered a luxury—the ability to choose to be near or far from other people takes on a different significance; closeness to others becomes a choice to be intimate rather than an imposition of geography.

The geographical location of the women occupy further informs the construction of wellness. Trees line the background of the image, suggesting that the picture was taken in a park or recreational forest area. Though the background remains clear and in-focus, it is barely visible and shows little detail, and all that can be seen is the green of the grass and the trees in the distance. Nevertheless, this small amount of detail signaling nature provides specific connotative meaning potentials not available with an alternative background. Similar to the symbolic meaning potentials supplied by the butterflies on the logo banner, trees and other symbols of "nature" continue to conjure serenity and leisure. What is left out of the photo is equally relevant to what is included. A background of the New York City skyline or a landfill heap would presumably render quite different readings than a suburban park. For those from industrialized societies, such a background conjures up images of leisure time and the ability to enjoy life outside of the corporate cubicle, whereas for those from agricultural-based lifestyles, the outdoors may be associated with hard work and manual labor in the fields. Notions of space as representative of work and play are culturally embedded in ways of seeing that consequentially lead to ways of understanding wellness and disorder.

Notions of physical closeness to others as intricately tied to intimacy and a well state of mental health informs an understanding of this photograph as meaningful to particular viewers. The intimacy of standing in an embrace is further deepened by the additional connection made by each woman as she uses her free hand to clasp the hand that is around her shoulder. The construction of intimacy—and the implied counterpart of isolation—are foundational concepts that are of prime importance in the discourses of wellness and recovery that are discussed in depth throughout this project. If, as Foucault suggested in *Madness and Civilization* (1965) and *Discipline and Punish* (1977), illness has historically been segregating—as with the mentally ill confined to asylums—then what can be made of the current shifts to construct illness as inherently isolating and to create remedies to erase the isolation and make people socially close and intimate? In the past, those who were mentally ill were quarantined and institutionalized for the safety of themselves and others. It seems that current trends in mental health practices, as can be seen on *HealthyPlace*, are increasingly favoring socialization rather than isolation.

Additional cues, such as fashion, allow for deductions that the women are in fact enjoying leisure time in a park—as opposed to working in a field. As they stand smiling, with their hair pulled back and their faces appearing to be "natural" in the absence of make-up, they wear fashionable—and not inexpensive—exercise clothing. The image of the *HealthyPlace* women could easily adorn the front of a clothing catalogue for outdoor enthusiasts. The *HealthyPlace* women, with their faces devoid of make-up, exemplify "real" women who are not made up to look like the idealized supermodel. The *HealthyPlace* women exude physical health, which translates to overall health, as the mind-body connection underlies discourses of mental health. If a possible reading

suggests that to be healthy is to be physically active and engaged in intimate relationships with others, it can also be surmised that to be unhealthy is to be inactive and alone.

Normalizing Disorder: The Everyday Woman's Problem

HealthyPlace has updated six community homepages,[14] replacing the generic stock images discussed previously with a different sort of generic stock image. The new images contain seemingly diverse groups of people smiling and looking directly at the viewer (Figure 3.8). While each image is different, they are in fact of one image-type. In this new image-type, mid-range photographs of individual people have been stylized to create the effect of a cohesive group of people standing intimately close to one another. These photographic visual resources, stylized to create a desired effect, are the final category of image-types discussed in this chapter.

Figure 3.8: Groups of People Perform Wellness through Community Involvement (Clockwise from upper left, Depression; Bipolar Disorder; Anxiety-Panic; Eating Disorders; Sex)

These group photos attempt to provide an array of "types" of people, stylizing an appearance of diversity made salient through inclusion of people who appear to represent different ethnic, racial, gender, and age groups. The contrived attention to diversity on the updated *HealthyPlace* community homepages reflects strategic design choices concerned with "representation through inclusion" that are made clear through the absence and repetition of specific "types" of people assigned to specific communities. For example, the absence of overweight individuals on all community webpages except the Eating Disorders Community clearly marks the inclusion in this specific community as a strategic move to appeal to a unique demographic while excluding models that do not fit the stereotypical norm of a "healthy" body from all others. Also notable is the over-representation of women in the community images.15 Although these images may intend to connote diversity, they instead denote women as the primary users and consumers of mental health services at *HealthyPlace* while simultaneously placing men on the margins of this community.

Furthermore, while the specificity of various types of people on each community homepage gives the impression of diversity, each *HealthyPlace* group, in fact, reflects homogeneity. The image-type of the "diverse group" uses genericity to create a uniform look for *HealthyPlace* communities. Among the twenty-five models, there is not much range in clothing styles, expressions, and body posturing. Models are attractive, but do not stand out in any way; hair and clothing styles are consistently conservative, so as not to draw attention to any one individual as falling outside of the norm. People in the images thus model genericity by appearing "average" or "normal."

The ability to interchange stock images for a variety of marketing situations is made increasingly possible by the genericity of images that rely on stereotypes of

"average" people in the midst of "everyday" activities in "common" places. The categorization of people appearing "average" can be seen in the stock images of women that Machin (2004) found in the Getty Image system:

> In stock images of women, on the other hand, the models are clearly attractive but not remarkable because a striking face, an easily recognizable face, would be less easy to re-use. Not only casting, but also hair style, make-up and dress must help create genericity or "categorization," as it is called in van Leeuwen (2000, p. 95), who argues that visual categorization is not an either/or matter, but depends on the degree to which cultural attributes and physiognomic stereotypes overwhelm or suppress people's unique, individual features. (p. 323)

The stock images on the revised *HealthyPlace* community homepages clearly employ models as generic icons to create typical examples of idealized *HealthyPlace* users who iconically and symbolically embody wellness.

Despite an initial inclination to read the decontextualization of people in stock images as a having lower modality given the "falsification" of the setting that happens in reproduction,[16] I argue that the modality is quite high because the visual resource simultaneously appeals to a "naturalistic" and "abstract coding orientation." The "realistic" depiction of people as iconic figures embodying the *HealthyPlace* user and the stylized (re)production of these figures together create abstract categories based on genericity. Kress and van Leeuwen (1996) have argued that through the process of image decontextualization, truth value is connected to the way stylization "reduce[es] the individual to the general, and the concrete to its essential qualities" (p. 170). Design effects that make individuals depicted in this image-set appear to be part of a larger group—and, more importantly, representatives of the larger group—are extremely

effective. Through grouping, individuals enact social interaction and thus connote wellness as a product of relationship.

Though this chapter is focused on modality, I return to composition and image placement for a moment to show how these elements operate together to influence meaning. I extend previous research that considers information value based on page layout to include modality as significant. In chapter two, Figure 2.1 visually depicts the information zones based on polarizations between top and bottom and left and right laid out by Kress and van Leeuwen. Figure 3.9 provides a graphic representation to show how a "realistic ideal" is generated through less polarization and the employment of modality and composition elements that do not rely on extremes. On the earlier *HealthyPlace*

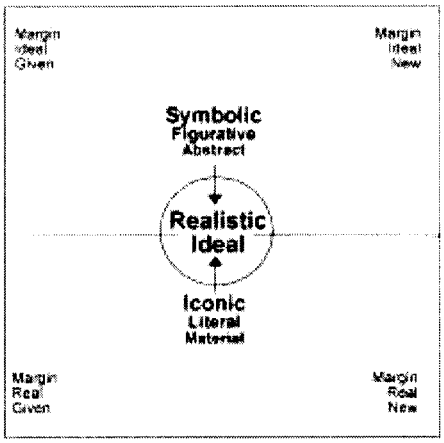


Figure 3.9: Combining Composition and Modality

homepages, images representing the community were placed in the top left corner of the page; redesigned images have been moved towards the center of the page. This move away from the margins and into the center draws upon both the ideal and the real to form a "realistic ideal." Whereas left margin placement for community images signaled known information about disorder, the centering of groups of "everyday" people on the

redesigned pages suggest a new way of thinking—or at least representing—disorder. The modality of images, such as the groups of "everyday" people on the new community homepages, are stylized to create simultaneously symbolic and iconic meaning potentials to sell a lifestyle of wellness that requires individuals to be active agents in maintaining and producing a self-identity that reflects the "realistic ideal."

Employing images that depict all types of "average" people as *HealthyPlace* community members troubles the idea that mental health disorder happens to a rare and unusual group of people on the margins of society. This normalization of disorder is instrumental in opening up the market for products and services that are no longer reserved for the extremely ill; thus, the "everyday" person gains entry into the previously marginalized market for mental health products and services. In her research on the discourses of depression, Emmons (2003) has argued that, in attempts to broaden their consumer base, pharmaceutical companies have medicalized everyday symptoms and omitted the negative impact of morbid symptoms that often accompany the disorder so that "normal emotional experiences are drawn into the medical and pharmacologically treatable realm" (p. 46). This is not to say that social acceptance of mental health disorders and remedies is bad, but rather that normalization can be problematic because it has the potential to minimize the seriousness of mental illness and pathologize normal experience.

These images of uniform, yet diverse, people effectively normalize disorder and communicate ideological notions that promote continuous regimes of self-improvement. Because dominant discourses about health rely on a binary model, in which individuals are considered either ill or well, the normalization of disorder is powerful in that it can create a heightened anxiety fueling constant regimes of self-care that may be

unnecessary. According to Harter, Japp, and Beck, "Constructing a counternarrative to the still-dominant biomedical model involves, among other things, a postmodern perspective of health that escapes the dualism that we are either sick or well" (Harter, Japp, & Beck, 2005b, p. 22).

The Pastelization of Mental Health: From Stimulation to Serenity

In this section, I focus specifically on color as one of the primary social semiotic elements of modality and its significance as a visual resource. I begin by returning to the *HealthyPlace* main homepage, which defines the color scheme and style of its community homepages. This is followed by a discussion of how color contributes to the truth value and ideological messages represented by the design effects of the *HealthyPlace* main homepage and community homepages. Though it is tempting to read the use of pastel colors as marking mental health issues as women's work—which I am not disputing—I argue that the use of pastels is more important in the way it signals the infantile and promises comfort and nurturing to users. An obvious reading of the use of pastels suggests that the site producers are catering to female users, especially in light of the data presented by *HealthyPlace* in which 82% of site visitors self-report as adult women.[17] However, I contend that color serves as an effective semiotic tool upon both female *and* male users.

Although it has been noted that an analysis of color is a difficult task, "colour is a semiotic resource like others: regular, with signs that are motivated in their constitution by the interests of the makers of the signs, and not at all arbitrary or anarchic" (Kress & van Leeuwen, 2002, p. 345), and such an analysis can account for the significance of color on *HealthyPlace* as rich with ideological meaning (Kress & van Leeuwen, 2002).

Furthermore, Kandinsky (1977 [1914]) has distinguished between color having a *direct value* having a physical effect on the viewer, and an *associative value*—as when a color has high symbolic and emotive value on account of an association with a particular phenomenon or culturally recognizable object. As evidence of the ways in which colors have direct value, Kress and van Leeuwen describe how colors have been used to intimidate, warn, and subdue people. For example, orange paint is often used to warn against obstructions and hazards, whereas pink has been found by the Naval Correctional Center in Seattle to relax hostile and aggressive individuals within 15 minutes. Thus, they argue that the importance of color goes beyond the concept of mere expression and meaning; color serves as a powerful tool wielded to try and activate, energize, or calm others. Because color is also an important visual component in web design and because the producers of *HealthyPlace* have overhauled the majority of the original website to one that uses a completely different color palette, this element seems particularly relevant.

Figure 3.10 provides a contrast between the original website design[18] for *HealthyPlace*—which relied upon bold, bright, highly-saturated colors, such as bright pink, purple, and gold to define the color palette—and the current website which relies on a pastel color palette. The dramatic shift in color palette suggests a motivation to represent wellness in a new manner. The colors, language and images at work on the homepage suggest comfort. The pastel colors, reminiscent of those used for baby clothes, serve to infantilize the user. Thus, the use of color serves as a modality tool, in which the original site relies on highly stimulating colors, whereas the updated site uses a calming and nurturing color scheme. While each community continues to be color-coded, the

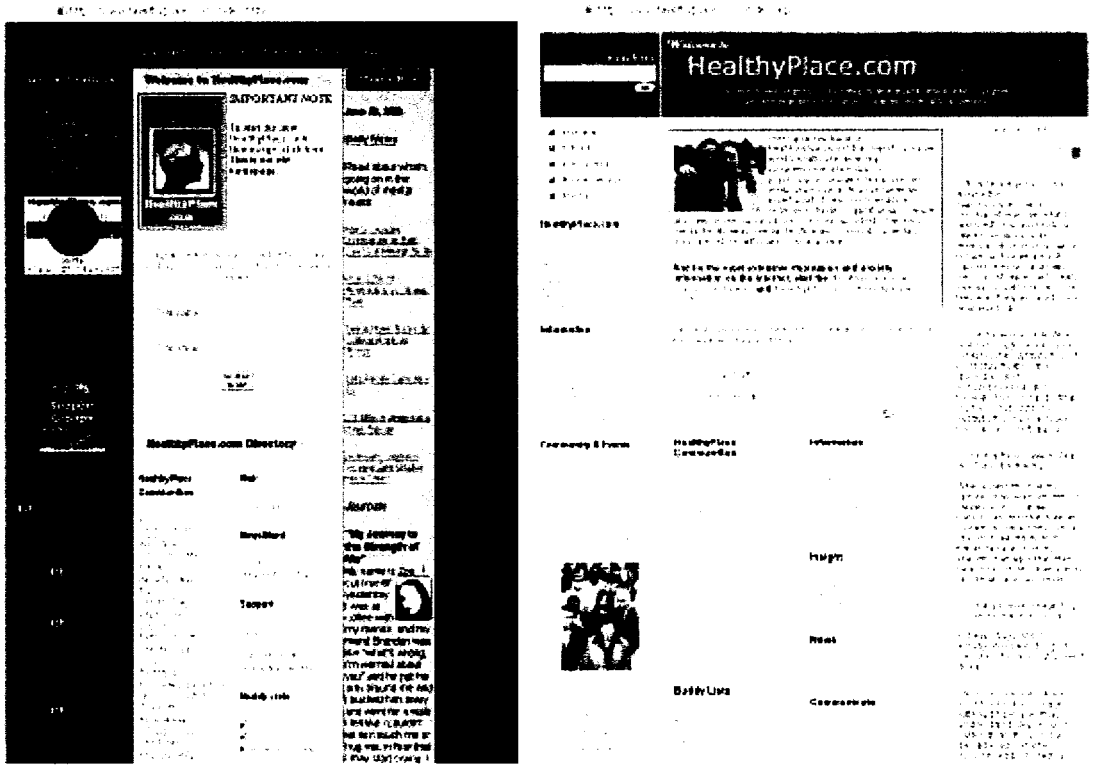


Figure 3.10: Comparison between HealthyPlace Homepages

formula for achieving the "look" of each community has changed to reflect a corporate aesthetic in which the community name is embedded in a community logo banner that replicates the *HealthyPlace* logo banner. Background colors no longer mark communities; instead, updated community sites all share the same peach colored background, but the unique color previously used as a background color now appears in the community specific logo banner as well as the bullets along the left side navigational menu and the section headers that subdivide the internal hyperlinks (Figure 3.11). Refer back to Figure 3.1 to see the shift in color use on the community homepage by comparing the original and the updated design for the Eating Disorders Community.

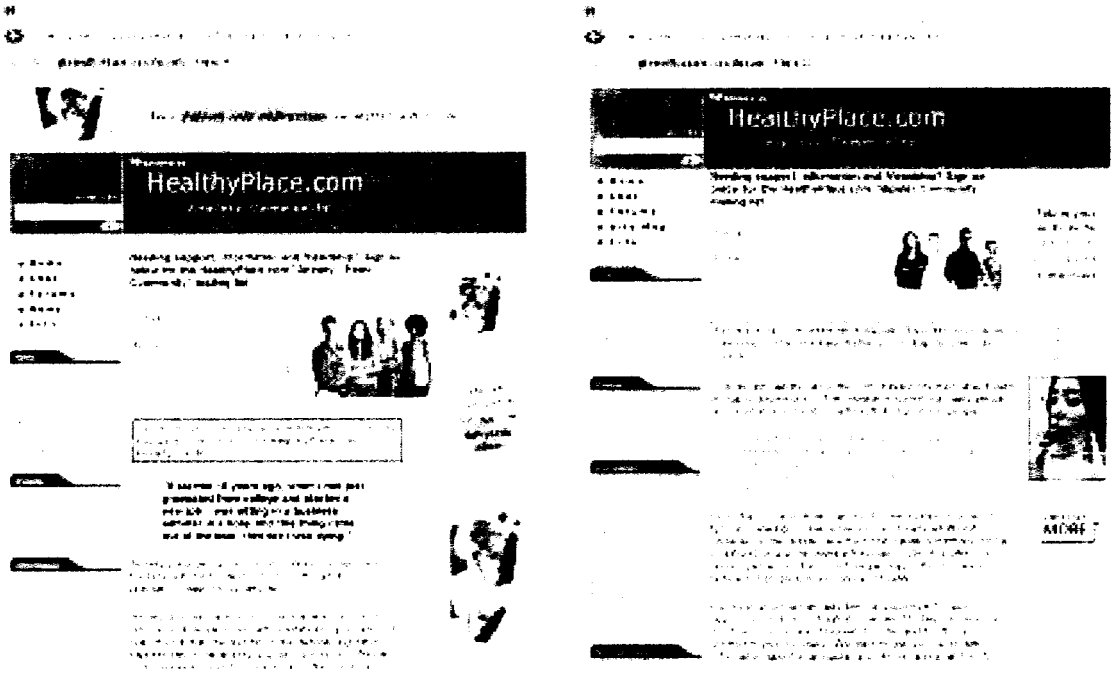


Figure 3.11: Color as a Design Element on Updated Community Homepages

The homepages for each community now follow a standardized template, through which communities are differentiated by the title, specific colors, and the collage of a diverse group of people pictured underneath the logo banner, as described earlier (see Figure 3.8). The logo banner for each community is derived from a template replicating the welcome banner on the homepage, with a few adjustments to color, wording, and layers (Figure 3.12). The Depression Community banner was the first attempt at standardization, evidenced by design features that are not shared by the community homepages that followed, including a shift to an image with five people, instead of the four people that have become the standard.

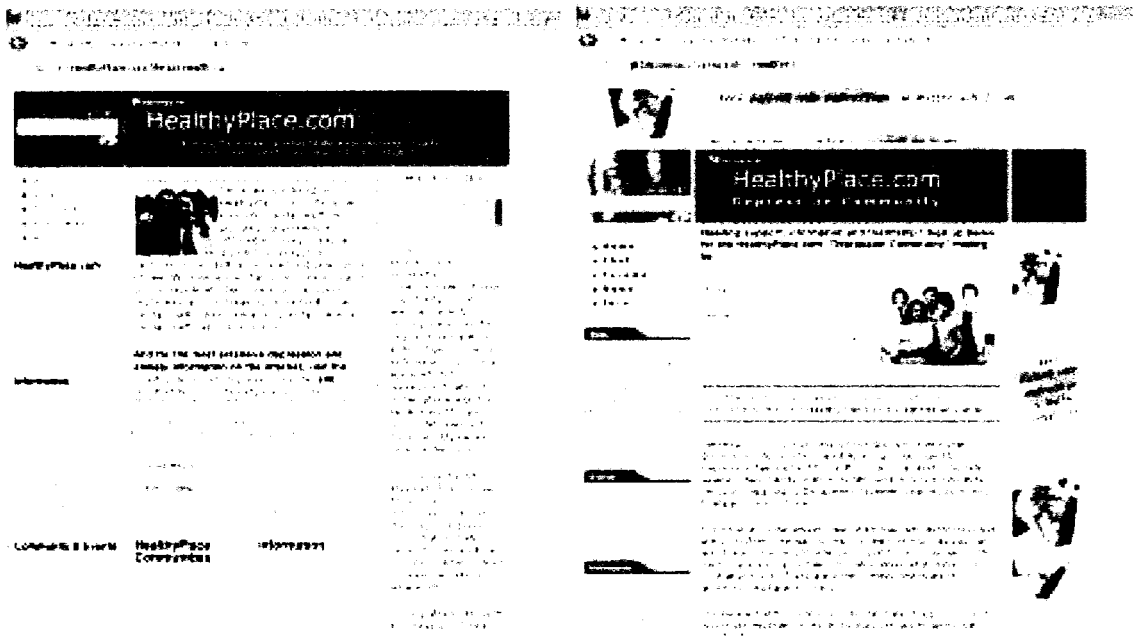


Figure 3.12: Comparison between Homepage and Depression Community Homepage

The logo banner for the Depression Community shares the cornflower blue background color that is found on the main homepage although the layer of clouds and butterflies has been omitted—or more likely forgotten. This layer of clouds and butterflies has been included in all the other updated community webpages, as has the image of an apparently distressed woman within the search engine frame (Figure 3.13). Because of the missing layer on the "Depression Community" homepage, the image of the woman appears in greater focus and detail than on any of the other homepages,[19] suggesting that in relation to depression, women are primarily affected. Similar to the "motif of the unhappy person" (see Figure 3.5) discussed earlier in this chapter, the viewer is invited into the woman's personal/intimate space through the extreme close-up shot. With furrowed brow and closed eyes, she holds her face in her hands while a man in the background—in soft-focus—gazes upon her; similarly, her closed eyes invite the viewer to gaze upon her to gain information about the experience of disorder. The image

connotes multiple meaning potentials; is the man in the background the problem that concerns the woman? Is he the victim of her depression? Is he also depressed? Does his lack of visibility signal shame with emotionality? What can be said about the position of power held by a viewer who makes the woman the object of their gaze? The redesigned community homepages are another visual indicator of the continued attention on women as the emotional sex. Freud's (1909) work on hysteria reminds us that branding women as emotional and unstable is not a new phenomenon.

Figure 3.13: Common Image-type of Women as Representatives of Depression

Although a man was used to represent the original "Depression Community" image, the increased quantity of images utilizing women in the updated version suggest an intentional marketing strategy to target female consumers. Though I would argue that *HealthyPlace* is aiming to include men—or at least not exclude them—this image reminds us that women are still "viewed" as the primary sufferers of mental health disorders, particularly depression, which continues to be constructed as a woman's problem. Despite inclusion in the image, the social distance, depth, and degree of articulation marginalize his role in the discourse of healing; his limited inclusion reflects

the position of men as outsiders to this community, and his spectatorship reproduces the commonsense notions that women are recurrently the disordered sex.

This image of the distressed woman, which is not included on the *HealthyPlace* main homepage logo banner, has been added to all community banners and emphasizes how visual resources are significant communicators of notions about women and mental health. A comparison between the community logo banners for Depression, Anxiety, and Bipolar demonstrate the different meaning potentials made available by image placement and the addition of the cloud and butterfly layer on the more recently revised banners (Figure 3.14). As shown in chapter two, the placement of images on the left and right of the banner signals specific meaning potentials, in that items placed on the left are said to be "given" and those on the right are "new." The image of the apparently distressed woman represents presumably agreed upon state of unwellness experienced by *HealthyPlace* users, whereas the butterflies on the right signal a message of transformation that readers are not expected to know (or have not yet experienced). Therefore, the exclusion of the clouds and butterflies on the depression banner does different work on users, in that the idealized possibility of transformation made available by the other community banners that include symbolic imagery of butterflies is not provided here. Moreover, the cloud layer decreases the effectiveness of the image of the woman through blurring effects that lower the modality of disorder as a given state for users. In other words, the exclusion of the cloud layer increases the level of detail and adds concreteness to the image of the woman on the left of the banner, amplifying unwellness as the expected state of being for community users. Design effects represent the state of disorder in varying degrees of "realness" and hence truthfulness. Revised logo banners rely on messages that suggest disorder is the agreed upon problem for users

and an improved state of wellness (signified on all but one logo) is a possibility made available by participation on *HealthyPlace*.

Figure 3.14: Images on Community Logo Banners Provide Meaning Potentials

The coordination of colors has been described as a semiotic tool that contributes to the cohesion of a text. On the redesigned *HealthyPlace* website, colors are used as complementary elements on the page to emphasize the *HealthyPlace* brand while simultaneously marking subdivisions within the site; in this way, color is used to create cohesion and a recognizable organization hierarchy among web pages (Figure 3.14). Kress and van Leeuwen (2002) suggest coordinated color schemes "are gradually becoming more important carriers of colour meaning than the single hues" (p. 350). While both versions of the website rely upon this sort of color coordination to create textual cohesion among pages that make up the *HealthyPlace* community, the original

design formula is a comparatively dated version of early web design in which color was used in more simplistic ways. Figure 3.15 shows how the background color on an earlier version of community homepages serves as the primary element to distinguish change between web pages, as opposed to the more subtle and nuanced stylization of color as a complementary characteristic, evident in Figures 3.1 and 3.10. Though it is tempting to read the use of pastel colors as marking mental health issues as women's work—which I am not disputing as 82% of site visitors self-report as adult women[20]—the argument here is that the use of pastels is more important in the way it signals the infantile and

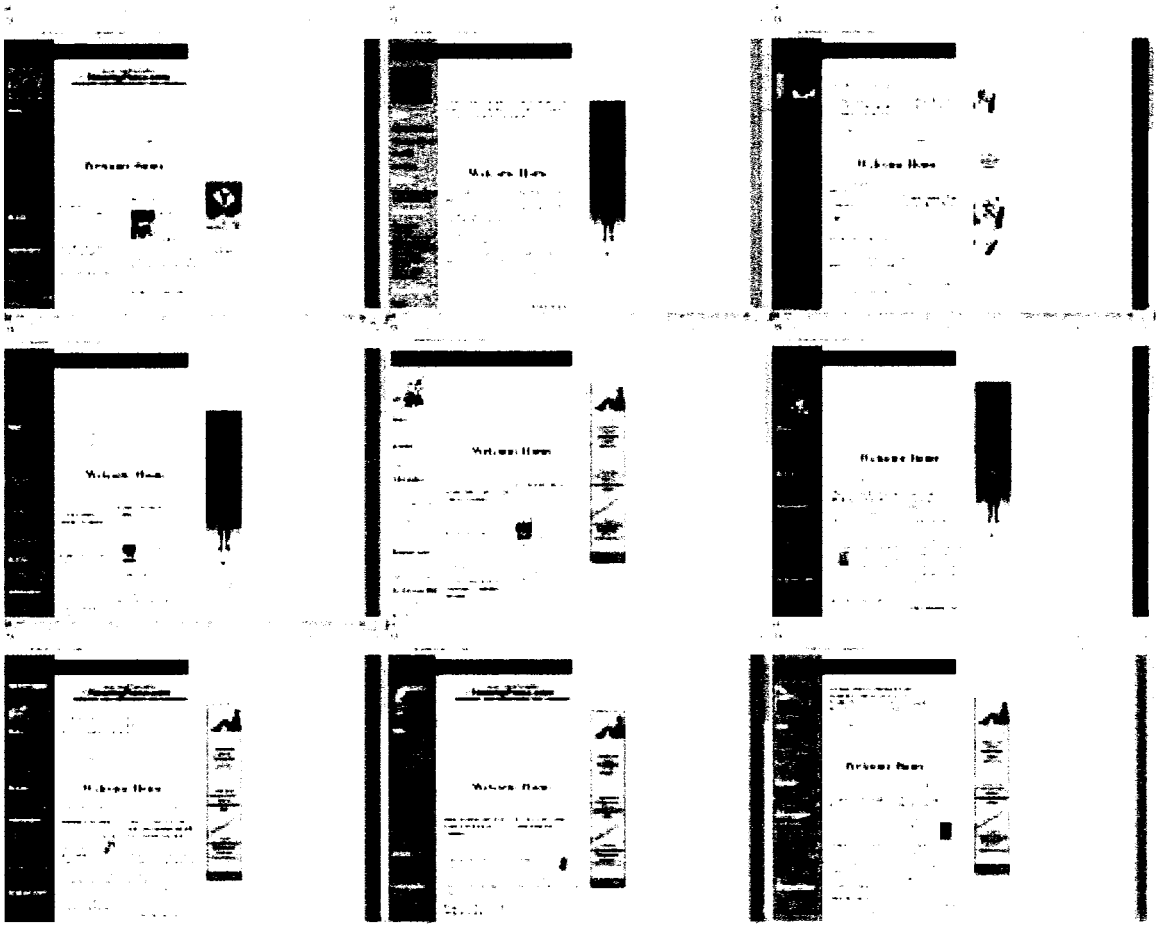


Figure 3.15: Highly Stimulating Colors Mark Original Community Homepages

promises comfort and nurturing to users. Color serves as an effective tool working upon both female *and* male users.

In this chapter, I have focused on elements of modality and image-types to demonstrate how visual resources semiotically construct ways of thinking about mental health disorder and wellness to operationalize self-disciplinary regimes of self-improvement offered by it. More importantly, this chapter has demonstrated how images of people representing a "realistic ideal" of health and wellness simultaneously promise the desired state and normalize the experience of disorder as common. In the next chapter, I analyze *HealthyPlace* journals to show how users are taking up self-improvement practices on this mental health community to work on the project of the self. Broadly, I move from an examination of the institutional discourses acting upon users, discussed in chapters two and three, to the discursive practices of individuals.

CHAPTER FOUR: NARRATING SELF-IDENTITY THROUGH THE ONLINE JOURNAL

Continuing the discussion of how language practices participate in the construction of ideological notions pertaining to health and wellness, this chapter focuses on user participation in *HealthyPlace* journals. Narrative practices, such as journaling, serve as a useful tool for identity construction and meaning-making. Following Kerby's (1991) claim that it is through narrative deployment that our lives and our selves attain meaning, this chapter aims to understand how individuals respond to institutional discourses about healing and wellness and how narrative is taken up as a tool to construct self-identity. It is not my goal to evaluate whether *HealthyPlace* users are in fact finding healing, but rather to examine the expectations about healing that journalers bring into this discursive environment and how these expectations might serve as reflections of circulating discourses about mental health disorders and healing.

In addition, this chapter is interested in creating space for the voices of individuals, especially women, negotiating discourses of mental health to counter the dominance of institutional voices. On *HealthyPlace,* voices of users can be found in a number of places, including forums, chat-rooms, and journals. Unlike forums and chat-rooms, where discussion centers on predetermined disorder-related topics, journals provide a user-centered space in which mental health disorders are secondary to the individual. Each journaler's profile is posted on his or her homepage, which I refer to as the mini-homepage (Figure 4.1), and provides readers with the initial construction of a journaler's self-identity. Using Labov and Waltesky's (1997) elements of narrative,[1] the profile can be parsed into the abstract and orientation that sets the foundation for the

constantly evolving life story that unfolds via daily journal entries.[2] I focus on these profiles as the primary data for analysis in this chapter.

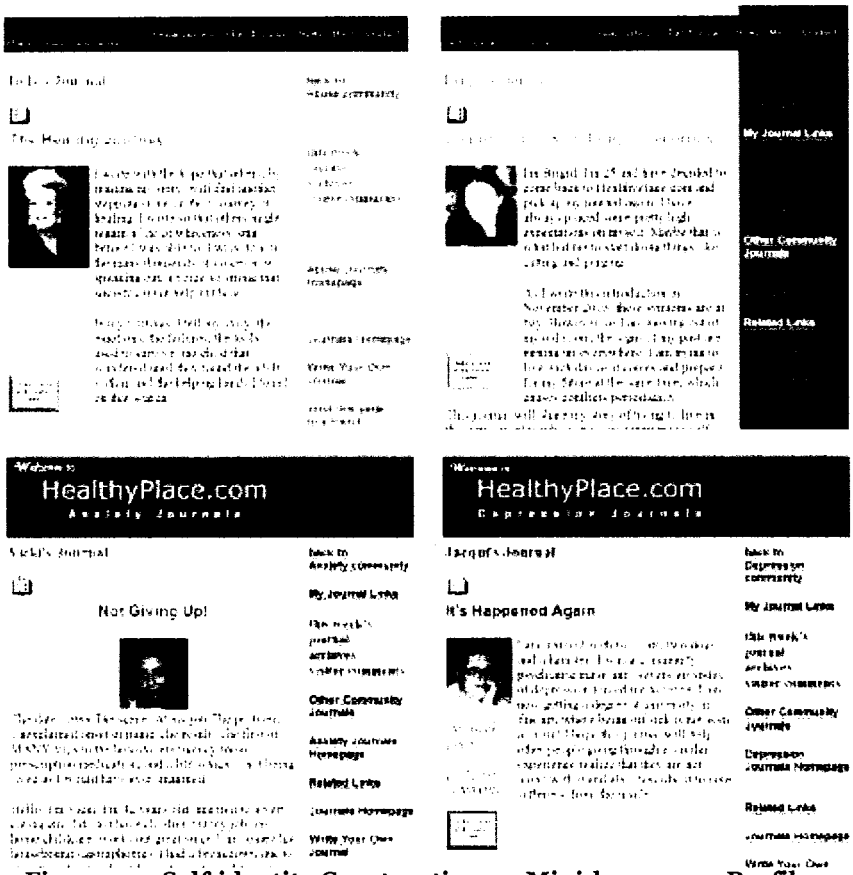


Figure 4.1: Self-identity Construction on Mini-homepage Profiles

By focusing on journal profiles, this chapter examines online narrative practices of *HealthyPlace* users who turn to online journaling to construct disorder, (re)construct self-identity, gain a sense of control over disorder(s), and work towards a perceived sense of wellness in relation to mental health. I begin with an analysis of the "Journal Homepage" and the "Journals Interest Form" to examine how journaling is constructed by website producers. Next, I analyze journaler mini-homepages to identify the elements presented in the profile. I show how users turn to narrative to make sense of disorder

and wellness in their lives. Relying on narrative analysis and the concept of coherence systems (Linde, 1993), I examine the way individuals discursively construct self-identity—and perceived disruptions in self-identity—in relation to disorder. Finally, I describe how online journals contribute to a shift in self-help practices. This data provides insight into self-identity construction in relation to mental health disorders and the expectation of healing that accompanies online narratives contributing to the project of the self in the current era.[3]

On *HealthyPlace,* healing has been constructed as a process that individuals engage in to respond to the detrimental effects of disorder upon self-identity, through an array of discursive and social practices expected to provide individuals with the tools to once again participate in the social and professional roles that are perceived as necessary to a healthy self-identity. Therapy and self-improvement practices like journaling provide regimes of verbal hygiene that promise to help individuals repair and improve their lives. Deborah Cameron (1995; 2000) has noted that the development and maintenance of "healthy" relationships in late modernity requires constant attention to linguistic practices and how to improve them, and increasingly communication regimes are being sold as the solution to relationship problems.

Consistently, journalers on *HealthyPlace* construct self-identity in relation to self and others. Barker (2002) turned to sociologists Bury (1982) and Kleinman (1988) who theorized that illness as the lived experience of symptoms "disrupts the 'taken-for-granted' worlds and, correspondingly, leads to a breakdown of the normal experience of self and of self in relation to others" (p. 282). In research on prescription drug advertisements, Woloshin et al. (2001) found that returning to normality to "regain a lost self" was prevalent (cf. Emmons, 2003, p. 46). In relation to self, journalers construct themselves as competent individuals who are able to reflect on their situation, make

sense of disorder in their lives, and heal themselves through a variety of therapeutic practices. Furthermore, many journalers see mental health disorders as disruptive forces that conflict with their ability to be good parents, spouses, and professionals. When constructing self-identity in relation to others, journalers construct themselves as compassionate individuals endeavoring to create social change through auto-biographical storytelling. In profiles, the majority of journalers claim to write in the hope of helping others by sharing their experiences to minimize feelings of isolation and insanity that are said to accompany mental health disorders. In essence, journalers are simultaneously constructing themselves as healthy—or at least dedicated to a particular model of wellness based on social relations.

Journaling on HealthyPlace

Those interested in publishing their journal on *HealthyPlace* must go through the "Journals Homepage," fill out an online application, and receive approval from the site producers.[4] On the "Journals Homepage," in addition to constructing journaling practices, producers invite users to establish a journal on *HealthyPlace*. Because journalers are required to choose a disorder community during the application process, this decision serves as the first act of self-identity construction enacted by journalers on *HealthyPlace*. From a list of seventeen possible communities, interested journalers must choose one "journal category [they] are interested in" even though they may be dealing with multiple disorders. While it may seem as if individuals have a sense of freedom is self-defining, a tension between structure and agency is evident throughout the site as *HealthyPlace* producers control the site and users work within the framework/structure to transform self-identity.[5]

In general, most *HealthyPlace* community designations follow mental health disorder categories that have been defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*).[6] For journalers who have been diagnosed by a mental health professional, the perception of legitimacy and authority automatically accompanies their journaling practices. These writers have the ability to focus on the effect of disorder in their lives with a sense that they are entitled to authorship as a member of the particular discourse community. Conversely, journalers who have not been diagnosed by a mental health professional regularly include a discussion of symptoms and insider knowledge, presumably to claim legitimacy and community membership.

The corpus for this study consisted of journaler profiles for the twenty-four users who were actively posting within nine of the seventeen communities (Table 4.1). Upon examination of journalers' profiles, I found that although individuals publish their journals as members of a particular disorder community, most in fact claim to suffer from multiple disorders. Although self-identity may initially (and predominantly) be constructed in relation to a particular disorder, most journalers ultimately construct themselves within a system of disorders. For example, eight of the twenty-four journalers posting under the Depression Community described depression as an additional problem, like Janay, who in her Self-Injury Community profile writes, "I was diagnosed with severe depression and P.T.S.D. resulting from sexual abuse. When I was 13 years old, I began cutting myself and I attempted suicide." Profiles provide journalers with an opportunity to define themselves in ways that they find meaningful, rather than merely fitting into the neat and tidy pre-defined categories of the journal forums.

Table 4.1: Journal Participation according to *HealthyPlace* Designated Communities

Community	Number of Journalers
Depression	4
Self Injury	4
Abuse	3
Bipolar Disorder	3
Eating Disorders	3
Personality Disorders	3
Addiction	1
Anxiety Panic	1
Gender, GLBT	1
Relationships	1
ADD/ADHD	0
Alternative Mental Health	0
Chronic Pain	0
Dieting	0
Dissociative Disorders	0
OCD	0
Parenting	0
Schizophrenia	0
Sex, Sexuality	0

The application form serves as a prompt for the types of material included in journaler profiles. By instructing users, "Please write a 2-paragraph introduction: what you want people to know about you, why you are writing this journal, and what the journal will be covering," the form provides explicit directions about what to include in a profile that will, presumably, be published on their homepage if *HealthyPlace* producers decide to publish their journal. Journalers responded to these three suggestions in varying degrees.

A discourse analysis of profiles shows that self-identity is constructed around three elements: mental health disorder(s),[7] traditional biographical information, and social role(s) (Table 4.2). In addition to serving as a tool for self-identity construction,

profiles also provided a virtual space for journalers to interact socially. A majority of journalers included invitations encouraging further interaction and utilized synthetic personalization to give the impression of friendliness through simulated conversation strategies like, "Welcome. I'm Jacqueline."

Table 4.2: Elements Found in Profiles

Content	% of Total Journals
Biographic Information	88%
Social Role Description	74%
Reason for Journaling	61%
Request for Interaction	54%
Greeting	35%
Expression of Thanks	26%

To describe what an individual journal covers, all writers included descriptions of the types of mental health disorders they battle and how it affects their lives. Although the application prompt explicitly tells writers to inform readers about "what you want people to know about you," only 61% of journalers shared their rationale. This construction of self-identity on profiles consistently included more than basic biographical information and a simple description of the mental health disorder that the writer battles and included unsolicited information about the importance of social roles and relationships. Notably, in another example of gendered writing practices, female journalers overwhelmingly constructed self-identity discursively in relation to others, whereas male journalers rarely discussed these issues in their profiles.

Journaling as Therapeutic

In order to situate the role of journals on *HealthyPlace*, I provide an overview of webpages aimed at readers and potential writers of the journals. On *HealthyPlace,*

journaling is linguistically represented as a solitary self-improvement practice requiring persistence and commitment. Users are told that "journalers try to write in their journals everyday." Those who journal are constructed as committed—and expected to derive benefit from—writing regularly, especially about painful issues. On the "Journals Homepage," journaling is sold as an exercise that pays off with hard work and diligence, and the most likely moments for receiving emotional benefits occur when the writer is in the least optimum state of mind (Figure 4.2). In this way, journaling can be seen not only as a therapeutic practice, but also as a verbal hygiene regimen that individuals buying into the discourse of healing feel compelled to partake in on a routine basis.

Users are informed that *HealthyPlace* journals offer "a safe group environment for those wanting to remember and retell their stories of loss, pain, hope and recovery" about issues that can be "painful or embarrassing or silly." Derived from Freudian psychoanalytic models that rely on the "talking cure," the value of writing for therapeutic means has been well documented (Berman, 1985, 1994, 2001; Bracher, 1999; Ferrara, 1994; Pennebaker, 1995, 1997). Speaking in relation to sexual abuse, Reavey and Gough state that "[t]he benefits of 'speaking out' are at the centre of the therapeutic ethos, where therapy can 'cite' women's pain, secure their speaking and initiate the recovery process" (2000, p. 327). Thinking through and communicating one's experiences and feelings remains central to the success of the online journals space on *HealthyPlace*.

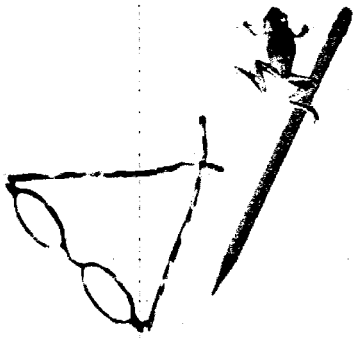
Those interested in publishing their stories on the site are told that journaling is a daily activity that takes time, energy, and commitment; successful journalers, it is implied, post everyday. Through the words of a *HealthyPlace* journaler on the "Journaler Homepage," writing has been constructed as therapeutic, with maximum benefits correlated with periods of immense emotional pain:

Mental Health Journals, Diaries-HealthyPlace.com - Microsoft Internet

File Edit View Favorites Tools Help

Communities Chat/Forums News Mall Contact

HealthyPlace.com **offers a safe group environment for those wanting to remember and retell their stories of loss, pain, hope and recovery.**



The journalers try to write in their journals every day. Some days they are more successful in this quest than others.

Some of what the journalers have written is painful or embarrassing or silly, but it's important to write about those times too. In fact, as one journaler told us, "a while back I noticed I had a tendency not to write during times of great emotional pain for me, and I got annoyed because those are the times I need to write the most! Nowadays I make a special effort to write during these times."

We have divided the journals into categories, but keep in mind some journalers are dealing with multiple issues.

"Our mission is to journey with others in building the capacity for hope and insight. A soulful journey, along the way, encouraging hope, sharing insight, and gathering the harvest of our lives."

Abuse Go

Would you like to establish a journal page on HealthyPlace.com?

Figure 4.2: "Journals Homepage" Constructs Journaling as Therapeutic

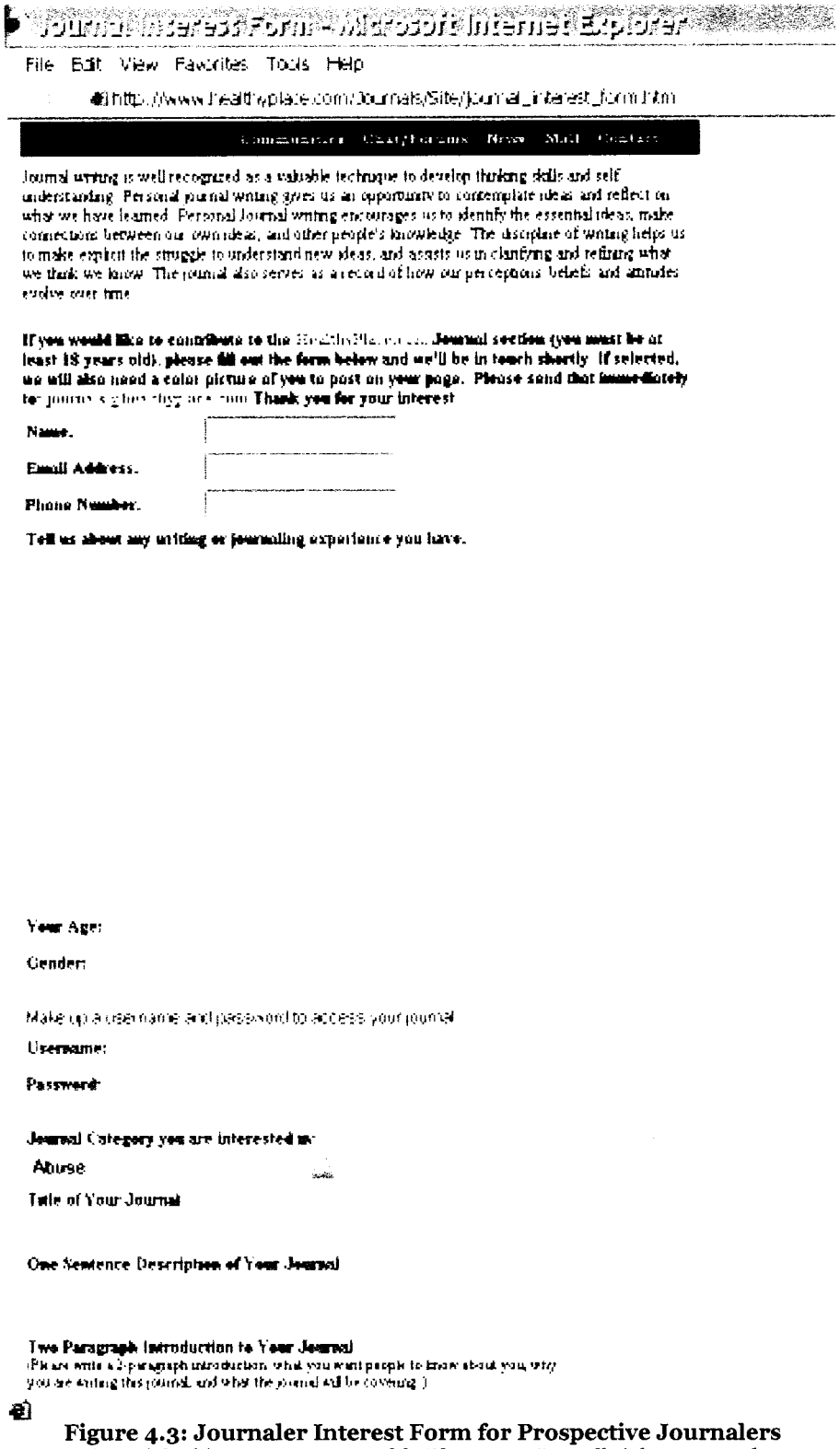
> as one journaler told us, "a while back I noticed I had a tendency not to write during times of great emotional pain for me, and I got annoyed because those are the times I need to write the most! Nowadays I make a special effort to write during these times."

This testimonial validates journaling during times of extreme emotional pain, allowing *HealthyPlace* producers to sell journaling as a therapeutic prescription. Rapping (1996) has suggested that "we see the Foucaultian logic of this system: while apparently 'freeing' you from the grip of addiction, it actually works to lock you more firmly in the grip of institutional and discursive control" (p. 87). Thus, individuals are always in recovery and must continuously follow therapeutic regimes and remain vigilant about possible triggers that may lead to regression.

Journaling as a Tool for Self-knowledge

At the bottom of the "Journals Homepage," users have been provided with a link to fill out a "Journal Interest Form" if interested in keeping a journal on *HealthyPlace*. This online application form, shown in Figure 4.3, asks individuals to describe any previous writing and journaling experience and sets the required minimum age at 18 [years old]. The application form informs potential applicants that "if" selected, they will be contacted and required to provide a photograph that will be posted on the profile page.[8]

Unlike the "Journals Homepage" which constructs journaling as therapeutic, the "Journal Interest Form" frames writing as a sense-making tool. This conception of journaling parallels research claiming writing and narrative are intricately linked to ways



Journal Interest Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

http://www.healthyplace.com/Journals/Site/journal_interest_form.htm

Journal writing is well recognized as a valuable technique to develop thinking skills and self understanding. Personal journal writing gives us an opportunity to contemplate ideas and reflect on what we have learned. Personal Journal writing encourages us to identify the essential ideas, make connections between our own ideas, and other people's knowledge. The discipline of writing helps us to make explicit the struggle to understand new ideas, and assists us in clarifying and refining what we think we know. The journal also serves as a record of how our perceptions, beliefs and attitudes evolve over time.

If you would like to contribute to the HealthyPlace.com Journal section (you must be at least 18 years old), please fill out the form below and we'll be in touch shortly. If selected, we will also need a color picture of you to post on your page. Please send that immediately to journals@healthyplace.com. Thank you for your interest.

Name.

Email Address.

Phone Number.

Tell us about any writing or journaling experience you have.

Your Age:

Gender:

Make up a username and password to access your journal

Username:

Password:

Journal Category you are interested in:

Abuse

Title of Your Journal

One Sentence Description of Your Journal

Two Paragraph Introduction to Your Journal
(Please write a 2-paragraph introduction, what you want people to know about you, why you are writing this journal, and what the journal will be covering.)

Figure 4.3: Journaler Interest Form for Prospective Journalers

of knowing (J. S. Bruner, 1991; Freedman & Combs, 1996; Harter et al., 2005a; Josselson & Lieblich, 1993). *HealthyPlace* users are informed that "journal writing is a well-recognized technique to develop thinking skills and self understanding." The use of the generic mood serves to make generalizations about the benefits of writing in a journal, giving writers "an opportunity to contemplate ideas" and "reflect on what we have learned." As a consequence of attaining this knowledge, it is implied that individuals gain the ability to better make sense of situations and problems. Moreover, writing is described as a tool that "helps" to clarify and refine perceived knowledge. Finally, journaling is said to provide a historical record of the writer's transformation—and hopefully—self-improvement.

Just as journaling is constructed visually and linguistically, journaler mini-homepages construct self-identity through photographs and narrative profiles. In her research on visual blogs, Meredith Badger (2004) has pointed out that the photographs complicate the ways of reading online texts:

> When we encounter images in weblogs the sense of entering a private space is enhanced, particularly as weblog images often reveal information about the blogger, either intentionally or by accident. Some weblogs include an image of the blogger at the top of the page and we carry this face in our minds as we read the text. Is the blogger young or old? Male or female? What nationality? The information imparted by the blogger's photograph inevitably influences how we react to the words that surround it.

Photographs of writers posted with online journals and blogs add a level of intimacy and realness; readers create an imagined persona in relation to both the words spoken and the visual resource provided. Photographs, such as those in which the participant is looking back at the viewer, further decrease social distance between the reader and

journaler. When coupled with the colloquial language and direct address used in journals of this sort, a sense of community, solidarity, and social engagement with readers can be achieved.

Even though *HealthyPlace* has required journalers to post their photograph, there is no way to ascertain the authenticity of online photographs, especially when the increased ease of access to digital stock photographs has simplified the process of (mis)representing the self visually. The difficulty in assessing authenticity online, when compared to face-to-face interaction, has been described by Yum & Hara (2005) in their cross-cultural study on self-disclosure and relationship development online. They point out that:

> due to limited social cues and the absence of nonverbal displays, deception (e.g., masking or exaggerating emotions or facts) or hints of a lack of commitment or trustworthiness is not as easy to detect in CMC as in FTF interactions. (par 39)

Despite this obstacle, however, studies have shown that internet users have a tendency to be no less honest when representing self-identity online than in everyday life. In their online dating research, Ellison et al. (2006) found that internet users said that they attempted to represent themselves accurately. They point out:

> Although much of the public debate about online dating has centered on the medium's inability to ensure participants' truthful self-descriptions, our interview data suggest that the notion that people frequently, explicitly, and intentionally "lie" online is simplistic and inaccurate.

Therefore, I have assumed that journalers, while attempting to project a particular sort of self-identity, have generally been honest in their self-representations. Moreover, regardless of whether photographs on *HealthyPlace* journals are genuine representations of the individual posting their intimate and highly personal thoughts on

the web, the fact that photographs of actual people have been anchored to journals provides readers with the sense of reading about real experiences based on the life of a named and pictured individual.

The use of photographs and narratives serves to humanize *HealthyPlace* communities and make the virtual seem real. Figure 4.4 shows Annette's homepage, complete with narrative profile and photograph. The journal title "No More Pretending" frames Annette's journal as a collection of stories that construct her project of the self as one that aims to become honest. Despite the fact that the "Journal Interest Form" provides prospective journalers with explicit instructions pertaining to introductory content, discourse analysis of the profiles uncovers significant discrepancies. For example, though it is not suggested that journalers invite users to respond to postings or thank readers for visiting, this convention appears on many of the introductions, lending credence to the claim that people write in their journals with the hope that their posts would encourage interaction rather than remain private. Specifically, journalers have been instructed to write a "2-paragraph introduction: what you want people to know about you, why you are writing this journal, and what the journal will be covering." As I show in this project, journalers usually go beyond the confines of the suggested profile content and additional elements including reasons for journaling and requests for interaction.

Welcome to
HealthyPlace.com
Eating Disorder Journals

Annette's Journal

back to Eating Disorders community

My Journal Links

this week's journal
archives
visitor comments

Other Community Journals

Eating Disorders Journals Homepage

Related Links

Journals Homepage

Write Your Own Journal

send this page to a friend

No More Pretending

I'm Annette, a 39 year old mother of a 18 year old daughter. I've had a eating disorder for 25 years, with some periods of remission. For 20 years, I've been very happily married, but I almost destroyed it with my humiliation over having bulimia. Yes, I hid it for 17 years and it was 17 very bad years.

this week's journal
give me your feedback
earlier journal entries

My hopes in writing this journal is to help myself with brutal honesty and maybe a few others as well. Its nice to know you are not alone. So this will cover everything from A to Z about my bulimia and its effects on my life.

I hope you'll post your experiences or thoughts about my journal on my bulletin board.

9/16/2006

Been a long time. For some reason I thought I had journaled a little more recently than it shows. Maybe I thought whatever it was would be something good to journal about and then thought I had actualy done it. Duh! Oh well.

Things have been changing. Im having a really hard time emotionaly right now. For so many years I have cut everyone from my family out and away from me. At the age and time in my life now I can look back and know WHY I did that. BUT..to those that it happened to, they are hurt and dont understand. This

Figure 4.4: Mini-homepages Includes Visual and Narrative Self-introduction

Rhetorically Responding to Cues for Self-Identity Construction

An analysis of profiles showed that biographical information was the most common element journalers used to construct self-identity. The types of biographical information in profiles included personal and demographic information, such as name, age, and residential location (Table 4.3). The tendency to provide traditional biographic elements as a common identity construction tool serves both to humanize the internet, and more importantly to minimize disorder as the defining identity characteristic. By placing biographical information in profiles, journalers topicalize the "average" characteristics of self-identity and make disorder a secondary characteristic interfering with being a "normal" person. That is to say, journalers present themselves as "everyday people" who turn to *HealthyPlace* to combat the mental health disorders that interfere with the everyday.

Table 4.3: Personal Information Included in Profiles

Biographical Elements in Profiles	% of Total Journals
Age	75%
Name	61%
Family Role	46%
Relationship Status	42%
Vocation	35%
Residential City	17%

Readers are provided with an image, literally and figuratively, of an ordinary person who is able to present themselves as affable (Figure 4.5). Moreover, journalers share personal information about family, pets, vocation, residence, scholastic interests, and hobbies while discursively constructing themselves as average people as the profiles below demonstrate. In some ways, the profile resembles a "personal ad" in the way it

paints a portrait of an unknown person through particular biographical elements deemed relevant for decoding personality and character. For example, Misty provides a number of facts that provide potential clues about her personality depending on how they are read. The fact that she has been married for twelve years may be read as an indicator of loyalty and dedication to family, or at least stability. That she is a business owner may indicate independence whereas her interest in Aromatherapy signals that she is involved in healing. Like Misty, SarahJean tells readers about her regional affiliations and family makeup, and Alina describes herself as "quiet" and "kind" while telling readers about hobbies, relationship status, current job, and educational aspirations. One mark of normality and success is being in a relationship, and one comes to assume that if one isn't mentioned, it must not exist. These examples demonstrate how profiles function as "personal advertisements" to sell journalers as "normal" and "likable" people that other users may feel inclined to read about regularly and thus return to *HealthyPlace* continuously. The profile also invites readers into relationship with journalers the same way a personal ad does.

Misty:	I am 47 years old, married 12 years to a wonderful man. I have 2 wonderful sons, ages 19 & 26. I live in Massachusetts, just south of Boston and I own my own Aromatherapy Company.
Alina:	I'm Alina. I'm 19 years old. I am a quiet person, but I am very kind. I write poetry every once-in-a-while, and I like the computer. I work at a daycare now that I've graduated from high school and I'm currently trying to get into a good college. I have a very good boyfriend who graduated with me as well.
SarahJean:	My name is Sarah. I'm from southern California but currently live in Utah. I come from a family of 8. I'm the oldest child and I have 5 younger brothers. I've had an eating disorder since I was 14 years old.

Figure 4.5: Self-identity Constructions Using Traditional Autobiographical Elements

Journalers talk about themselves reflexively, often using "I" in their profiles and their regular journal entries. This reflexivity provides linguistic examples of how individuals, engaging in the project of the self, (re)construct self-identity through the mobilization of autobiographical moments. Figure 4.6 shows how individuals use the first person to "speak" to readers in their self-introduction, often greeting readers first by saying "Hi" or "Hello."

Janay:	Hi, my name is Janay. I am 20 years old. I live in southern California.
Kim:	Hello, I'm Kim. On the upside of 40, I found an entire other world spinning out there.
Annette:	I'm Annette, a 39 year old mother of a 18 year old daughter.

Figure 4.6: Conversational Greetings Humanize Online Journalers

The inclusion of greetings and salutations within profiles can be interpreted in a number of ways. For example, a genre analysis might suggest that such journalers use the informal greeting convention as a response informed by antecedent genres of self-introduction. However, from a critical discourse analysis perspective, this discursive move signals the continuing use of synthetic personalization that is prominent throughout *HealthyPlace*. Just as the producers use informal discourse strategies to address readers, journalers also engage in informal conversational strategies to create a sense of intimacy and connection with their audience.

Humanist notions of the self as authentic and knowable are often relied upon and extended in psychotherapeutic discourses such as those being reproduced on *HealthyPlace*. Through the welcome message posted on the journals homepage, the act of journaling is constructed as a therapeutic tool that individuals can take up to learn about themselves and create a logical and meaningful narrative of who they are in

relation to disorder. Evidence of reliance on such notions is visible on journal profiles in Figure 4.7, where "everyday people" reflexively refer to a search for "self." In the excerpts from SarahJean and Candice, the exploration for an authentic self that needs to be discovered and revealed is presented as part of the healing process.

SarahJean:	Can I find the "real-me" inside of this body of mine?
Candice:	What's interesting is that I'm transgendered. I was born psychologically/emotionally/spiritually male. Feel free to join me in my journey for my true self, and eventually, my true body. As of Nov. 2003, I haven't had any surgery or hormone treatment for my birth defect.
Judy:	In my writings, I tell my story, the emotions, the failures, the tools I used to survive, the child that wandered until they found the adult within, and the helping hands I found on that search.

Figure 4.7: Journalers Searching for an "Authentic Self"

SarahJean and Candice journal in order to seek out their authentic selves, telling readers about the quest to "find the 'real-me' inside" and "my true self." Judy writes about the already completed search and discovery. In Judy's profile, she takes up and utilizes the topos of the "inner child" that is regularly deployed as a therapeutic tool.[9]

The notion these journalers share, that one may "eventually" complete the healing process, is at odds with the discourse of recovery that suggests "recovery is a process, not a destination" and demonstrates resistance to the dominant discourse that problematically constructs healing as elusive and constantly beyond reach. Rapping critiqued the 12-step recovery movement with its "diverse group of agencies and individuals [working] within the context of a common, core philosophy of 'treatment' which announces itself unable to 'cure'" (p. 86). Rapping's research has provided evidence that the discourses of recovery produce elusive notions of healing that depend upon hyper-awareness and continual self-help regimes. Such notions manifest in

HealthyPlace journal entries as "confessionals" about performing the bad patient who does not practice therapeutic writing regimes often enough. While seemingly beneficial, online journaling practices can also enact self-disciplining regimes of self-care that govern the conduct of users and perpetuate dependence on self-improvement practices.

Foucault (1977) has argued that discourses place individuals under constant surveillance and regulation in ways that are often subtle and thereby seemingly invisible, leading to normalization and acceptance of such systems. In his work on discipline, Foucault focused on the body specifically as the sight of regulation, or more specifically "as object and target of power" (p. 136). The notion of "docility"—the point at which "the analyzable body and the manipulable body" are joined—has been employed to illustrate how individuals within their bodies are subjected to institutional regulation (p. 136). He stated that "A body is docile that may be subjected, used, transformed and improved" (136). With the heightened reflexivity of late modernity, an optimized productive citizen no longer relies solely on a disciplined body; the optimal citizen demonstrates a docile mind that can be transformed and improved. Foucault argued that "discipline is no longer simply an art of distributing bodies, of extracting time from them and accumulating it, but of composing forces in order to obtain an efficient machine" (164). Foucault's examples of disciplinary practices and the idea of panoptic self-regulation serving as a means of corrective training offer valuable insights into the ways self-help literature and online support groups participate in constituting and reproducing ideological notions of mental health and wellness.

For those turning to *HealthyPlace* journals for healing and liberation, the end result may in fact be a self-disciplinary practice that creates more anxiety than relief. Foucault's (1978) concept of the confession as one of the main rituals relied upon for the production of truth in Western societies is focal to understanding the narrative practices

that serve as foundational to the maintenance of the recovery movement. In this case, the confession does not merely serve as a form of self-expression and liberation, but functions as a self-disciplinary practice undertaken to meet the expectations of the discourse community.

Talking about one's problems as a requirement for healing, as espoused by the psychotherapy industry—can be likened to confession in the oppressive sense that it is regulated by "coherence systems" that privilege the act of telling. Linde (1993) has shown that the use of semi-expert systems in storytelling—what she calls "coherence systems"—can create an additional interpretative device, in which individuals are able to make sense of experiences based on a basic understanding of beliefs and assumptions grounded in a particular expert system. Coherence systems are defined as:

> a system of beliefs that occupies a position midway between common sense—the beliefs and relations between beliefs that any person in the culture may be assumed to know (if not share) and that anyone may use—and expert systems, which are beliefs and relations between beliefs held, understood, and properly used by experts in a particular domain (1993, p. 163).

Stated more simply, coherence systems are lay versions of expert knowledge. As a semi-expert system lying between commonsense and expert systems, coherence systems contribute to hidden epistemologies in narrative exchanges. On the one hand, coherence systems serve as meaning-making tools that explain causality through narrative structures and lexical features. Formal markers such as "because," "therefore," and "since" allow readers to infer causation easily, whereas narrative sequence of clauses may require closer attention for detection. On the other hand, coherence systems can also be used to demonstrate expertise and authority by a layperson. I found that journalers commonly employed coherence systems to explain causal relationships between disorder

and life events, as well as exhibit knowledge about one's own condition. With this in mind, it seems that coherence systems offer individuals a way to negotiate expertise—and consequently authority—in therapeutic moments. The next section applies coherence systems to journaler profiles to understand how individuals take up and reproduce expert knowledge to make sense of mental health disorder in their lives.

Constructing Disorder

Linde's research on "coherence system" deployment in narratives allows examination *HealthyPlace* users reliance on and activation of semi-expert knowledge to evaluate and make sense of their experiences in relation to mental health disorders. I argue that through the routine mobilization of coherence systems, individuals become experts in their own healing. This is not to say that individuals are adequately equipped to evaluate and diagnose themselves successfully; rather, I argue that with indoctrination into the recovery community, individuals deploy language practices that further entrench them in the ideologies of the community. Fox, Ward, & O'Rourke (2005) have stated that an outcome of individuals sharing information in support groups is that they emerge as "expert patients." Status as "expert patients" is also expressed through coherence systems that individuals take up and deploy to exhibit their insider knowledge—as well as their lack of true expertise—to position themselves as well-informed about their situation.

The narrative produced in *HealthyPlace* profiles allows individuals to begin the self-positioning of the "expert patient," journalers enact the first step of self-identity construction as a knowledgeable person who has a complex understanding of mental health disorder and its effects on daily life. Such self-diagnoses suggest the journaler understands the etiology of their disorder and serve to represent them as experts in

relation to their disorder(s) and healing. Coherence systems, therefore, bring together expert discourses and lay knowledge to create ideologically loaded discourses that may be operationalized by laypeople participating in the discourse. Consequently, coherence systems can serve as disciplinary tools that direct and manage the behavior of individuals. Examining coherence systems therefore allows for greater understanding of the ways *HealthyPlace* users rely on and activate these systems to evaluate and respond to mental health discourses.

The deployment of coherence systems to understand and explain the causes of mental health disorder are exemplified in the excerpts presented in Figure 4.8. Commonly on *HealthyPlace,* one mental health disorder is described as leading to another. Journaler Grant describes depression as a catalyst to self-injury while Jean correlates the development of depression with external situations. Causation is implied through the temporal marker connecting her fifth son's autism with the first signs of manic depression; Jean tells readers that she first exhibited signs that would eventually lead to a diagnosis and pharmaceutical regime for manic depression "when" her son was diagnosed with autism. In both of these excerpts, the narrative sequence of clauses also provides indications of cause and effect. Grant describes a series of events, the final outcome of which is framed as a consequence of the first event. Similarly, Jean describes a progression of unwellness, in which earlier events are consequential to the aftermath. These excerpts demonstrate how through the creation of a narrative profile that coherently summarizes events leading to disorder, journalers construct themselves as experts in their own healing and begin the work of self-identity (re)construction in response to mental health disorders.

Grant:	In the last few months, I've come down with the "mental flu" and now I'm battling to overcome the demons crawling around in my head. Since my depression started, I have explored the darkest depths of my own mind and I have turned to the blade for comfort.
Jean:	I first showed signs of manic depression five years ago when my fifth son was diagnosed autistic. His older brother (#4) is autistic as well. I became depressed, was put on pills for the first time in my life, and then became manic.

Figure 4.8: Making Sense of Disorder through Coherence Systems

For those dealing with illnesses that lack biomedical diagnosis, the search for meaning in relation to illness intensifies as these individuals face the added burden of proving their condition medically legitimate because, without biomedical confirmation of illness, the experience of suffering may be denied cultural meaning and legitimacy. Barker (2002) introduced the concept of "illness identity" to synthesize the insights from disparate literatures on illness experiences with that of collective identity formation. Barker found that, in response to feelings of self-doubt and alienation, many individuals diagnosed with fibromyalgia syndrome[10] (FMS) draw upon the FMS self-help and support community "to affirm the 'realness' of their collective (and hence, individual) FMS experience, despite the disorder's biomedical invisibility" (p. 280). Others scholars have also shown how individuals with biomedically invisible diseases use narrative practices within real and virtual self-help communities to create illness identity and document symptoms to prove suffering and legitimacy (Harter et al., 2005a).

The creation of an illness identity that requires defending one's experience as disordered is an even greater task for individuals dealing with difficult to diagnose illnesses. Documenting symptoms in illness narratives (Workman, 2005), individuals use narration as a tool to show that what they are experiencing is considered "normal" in relation to a valid disorder. Because access to symptom lists and diagnostic criteria for mental health disorders is ubiquitous with the expansion of the internet, individuals in

late modernity have the means to demonstrate expertise about illness and defend their status as legitimate members of *HealthyPlace*. The excerpts in Figure 4.9 show how Alicia and Jacqueline use narrative practices to construct illness identities to authorize their membership within the personality disorders community. They both show an understanding of the institutional discourses surrounding the contested status of Dissociative Identity Disorder (DID) and the diagnosis criteria that are used to define it. Alicia challenges dismissals of "whether DID is a 'real' illness" and reminds readers that regardless of the classification, "the experience of living with DID is one of unwellness and "it doesn't change what [she] live[s] with." Alicia uses narratives of shared experience to validate illness identity, saying "I've been told that others who are diagnosed have some of the same feelings and thoughts that I have." Jacqueline also works to counter the professional discourse that denies her illness identity and asserts her status as an individual suffering from personality disorders. She tells readers, "I am just one of a growing number of Multiple Personality persons who have exhibited all the signs of Dissociative Identity Disorder without the clear splitting that the professionals list as diagnostic criteria." In this way, Jacqueline employs knowledge about diagnosis criteria and disease statistics to show expertise about her situation.

Alicia:	I have DID (Dissociative Identity Disorder) formerly known as Multiple Personality Disorder. There seems to be a lot of disagreement as to whether DID is a "real" illness. I say, call it whatever you want, it doesn't change what I live with. I've been told that others who are diagnosed have some of the same feelings and thoughts that I have.
Jacqueline:	Welcome. I'm Jacqueline. I'm 51 and I am just one of a growing number of Multiple Personality persons who have exhibited all the signs of Dissociative Identity Disorder without the clear splitting that the professionals list as diagnostic criteria. We are no less multiple, we are just more co-conscious of our parts.[11]

Figure 4.9: Constructing a "Real" Illness Identity

Before moving to a discussion of disorder as disruptive to self-identity, I first pay attention to the construction of disorder. As the organizing principle for journaling, disorder is constructed as an external force conflicting with an individual's quality of life. Susan Sontag in *Illness as Metaphor* suggested that such ways of constructing illness, especially military metaphors that construct illness as an invader of the body, be retired. She showed how metaphors and myths surrounding certain illnesses, such as cancer and tuberculosis, contribute to an increase in patient suffering and feelings of shame. She argued that through psychological theories of illness, "Illness is interpreted as, basically, a psychological event, and people are encouraged to believe that they get sick because they (unconsciously) want to, and that they can cure themselves by the mobilization of will" (1978, p. 55). Problematically, such notions place the blame for illness—and the responsibility of wellness—solely on the patient and rely on ignorance of disease. "Theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease" (p. 54). Mental health and disease is especially burdened by these beliefs; Sontag's argument is supported by recent biomedical discourses that point to chemical imbalances in the brain as the cause of mental health disorders.

While I subscribe to Sontag's point about the accusatory side of empowerment metaphors and the problematics of psychological theories of illness, her argument does not account for the benefits of using metaphor as a therapeutic tool of agency. As Lakoff and Johnson have argued in *Metaphors We Live By*, metaphors structure our perceptions and understanding. In psychotherapy, the use of metaphor and the process of "metaphorization" is considered essential to the healing process (Berlin, Olson, Cano, & Engel, 1991; Borbely, 1998; Kelley-Laine, 2003; Kitayama, 1987). Because narrative

therapy relies on metaphorical storytelling remains a significant form of treatment for mental health disorders, elimination of this narrative device altogether seems extreme.

In profiles, journalers frame self-identity, defined through social roles, as disrupted by disorder that consequently must be discursively and/or medically managed in order to attain wellness. Disorder is then constructed as an external stressor that disrupts one's sense of self-identity as stable and healthy, and disrupts an individual's ability to perform their social and professional identity roles.

The ways in which journalers construct disorder as an intrusive external force acting on the psyche mirror Freudian notions of trauma described as "any excitations from outside which are powerful enough to break through the protective shield" (S. Freud & Strachey, 1961, p. 33). Though this understanding of trauma is problematic in that it simplifies the psyche, it does construct trauma survivors as "normal" people who have experienced "a breach in an otherwise efficacious barrier against stimuli" (S. Freud & Strachey, 1961, p. 33).

Metaphorical notions of disorders as virus-like entities that attack the body, breaking its efficacious barrier, while simultaneously disrupting mental health are common constructions used by journalers (Figure 4.10). For example, Danielle tells readers that bulimia is a disease that she must "conquer," and Steve describes bipolar disorder as something that has to be "beat." Grant likens depression to "demons crawling around in [his] head." Danielle, Steve, and Grant turn to common metaphorical ways of describing mental health disorders as each one takes up metaphors of war and constructs disorder as a battle to be fought and won: Danielle implies that bulimia can be "conquered;" Steve believes he can "beat" bipolar disorder; and Grant asserts that he can "overcome" depression in his "battle."

Danelle:	I am a 22 year old college student who has been bulimic for roughly 7 years. This past year, it has gotten progressively worse to the point where I dropped out of school (Fall 2003) and am actively seeking professional help in order to conquer this disease.
Steve:	I have spent countless hours researching "bipolar disorder" and every related disorder and reading personal websites on the topic, day and night, without rest... and the stories... ARE ALL MY OWN LIFE STORY staring me in the face. It is terrifying. It is captivating! And I HAVE to BEAT IT.
Grant:	In the last few months, I've come down with the "mental flu" and now I'm battling to overcome the demons crawling around in my head. Since my depression started, I have explored the darkest depths of my own mind and I have turned to the blade for comfort.

Figure 4.10: Metaphoric Constructions of Mental Health Disorders

Disorder and Self-Identity Disruption

Though biographical elements like name and age were the most often cited—and important to how journalers construct self-identity—these elements were not shown to interact with disorder in problematic ways. Studies indicate that people use narratives to make sense of illness and reconstruct a sense of self-identity in relation to illness (Ezzy, 2000; Kugelmann, 1999; Riessman, 1990; Workman, 2005). On *HealthyPlace*, self-identity markers relating to social roles, both personal and professional, are the most significant biographical elements contributing to an understanding of disorder and the construction of the individual. In fact, 46% of journalers discussed their self-identity in relation to being a family member and/or partner in an intimate relationship. Interestingly, these two categories are primarily operationalized by the female journalers; the majority of female journalers discussed their role as wife and/or parent as an important aspect of self-identity, thus, providing evidence about women's writing practices.

At the time of this study, five men published journals on *HealthyPlace*, of which, only one mentioned relationship status in his profile. Without minimizing Lee's

inclusion of relationship content in his profile, it needs to be pointed out that his journal exists only because of his marital status to a woman journaling in the Abuse Community. He writes, "My name is Lee (28 years old) and I'm married to Amy, who is also a journaler ("Silent All These Years") and a survivor of childhood trauma. This journal represents the supporter's side of the story." The inclusion of personal information on Lee's profile poses a problem for analyzing profile content in relation to gender and relationship status, in that relationship status is necessary for Lee to construct himself as a legitimate member of the journaling community on *HealthyPlace*. Tempting as it may be to suggest that Lee's profile is not representative of the men experiencing mental health disorders, I argue that Lee may in fact be representative of the shift in late modernity that puts the onus of relationship work on both individuals in a relationship (Giddens, 1991, 1992). Though Lee may not be directly experiencing mental healthdisorder in the way that other journalers on *HealthyPlace* are, he is experiencing disorder as disrupting his relationship, which is significant. The fact that none of the other men journaling on *HealthyPlace* included information about relationships on their profiles while 63% of women did include this information highlights the fact that relationships continue to be perceived as women's work.

In profiles, journalers describe pertinent social roles and set up the problematics of disorder that conflict with these roles in their lives. The excerpts taken from Annette and Jean's profiles in Figure 4.11 illustrate how self-identity is constructed in relation to others and how mental health disorders interfere with self-identity by disrupting familial relationships. For journalers like Annette and Jean, self-identity is constructed in terms of relationships to their spouses and children. Annette describes her eating disorder as an external force that "almost destroyed" her marriage; thus, mental health disorder jeopardizes her identity as wife and mother. Jean implies that mental health disorders

threaten the cohesive family unit and implies that medically managing her disorder is necessary to successful performance of her familial roles. She tells readers that, "My motivation to stay well is extremely high because I love my family, and also because they need me." In both profiles, the difficulty of fulfilling social roles while concurrently dealing with mental health disorders is made salient.

Annette:	I'm Annette, a 39 year old mother of a 18 year old daughter. I've had a eating disorder for 25 years, with some periods of remission. For 20 years, I've been very happily married, but I almost destroyed it with my humiliation over having bulimia. Yes, I hid it for 17 years and it was 17 very bad years.
Jean:	I first showed signs of manic depression five years ago when my fifth son was diagnosed autistic. His older brother (#4) is autistic as well. I became depressed, was put on pills for the first time in my life, and then became manic. I was hospitalized for six days. I am well managed by monthly visits to a pharmacologist who monitors my medications. My motivation to stay well is extremely high because I love my family, and also because they need me.

Figure 4.11: Journalers Describe Disorder as Conflicting with Family

Considering the importance placed on career as a biographical element in profiles, discussions of career changes related to disorders illuminate an aspect of the effects of disorder on self-identity. Analysis of profiles showed that approximately one-third of the journalers discussed particular career paths as important to who they are or who they were becoming; thus, self-identity is partly constructed in relation to one's profession. For Jacqui and Vicki, mental health disorders are intricately tied to their inability to continue performing the requirements of their jobs. In the excerpts shown in Figure 4.12, both journalers tell readers how they were forced to change professions on account of mental health disorders. Vicki's profile provides an example of how the "onset" of external stressors is perceived as negatively impacting her body and state of mind, illustrating how disorder is perceived as disrupting self-identity. In Vicki's case, panic is the external force that disrupts her life and provides the impetus for a revision to

her life story, from one in which she had a successful job to one in which she is "forced to leave" as a result of "a breakdown due to anxiety and panic disorder." Anxiety and panic become the external forces that have disordered her life, resulting in "a life which is not being lived as I would have ever imagined" and, consequently, has disrupted her self-identity. In addition to meds and therapy, telling her story online becomes a key reordering tool as she works to "deal with it." Similarly, Jacqui labels depression as a major force in her life and looks to *HealthyPlace* as a way to make sense of the debilitating effects of the disorder. Jacqui tells readers that "episodes of depression" caused her to change career paths and reevaluate her life, constructing disorder as the agent responsible for her retirement from a nursing career and her enrollment in an unrelated degree program, where, she exclaims, "being off sick is not seen as a sin!" Vicki and Jacqui exemplify how disorder interrupts an individual's ability to live a "normal" life.

Vicki:	The problem: Unexplained onset of panic. The result: The first of MANY trips to the hospital emergency room, prescription medication, and a life which is not being lived as I would have ever imagined. I do not have children but my job, in-home childcare, works out great since I am somewhat housebound (agoraphobic). I had a breakdown due to anxiety and panic disorder and was forced to leave a very successful job over 14 years ago. I do take meds and have had several kinds of therapy/counseling. I am at the point now where I KNOW this is a real disorder and only I can challenge myself to go on and do more things out of my home. It helps to know that what is happening is real (the sensations, the anxiety, the feelings, the depression) and that I can deal with it.
Jacqui:	I was a community psychiatric nurse until severe episodes of depression forced me to retire. I am now getting a degree at university in fine art, where being off sick is not seen as a sin![12]

Figure 4.12: Constructing Self-identity through Career

In both cases, the journalers (re)construct professional self-identities aligned with their disorder rather than at odds with it. Vicki has (re)constructed a self-identity as an in-home childcare provider, where her struggles with anxiety and panic disorder do

not clash with her daily work activities. Jacqui also has discovered an alternative career path in which the existence of her mental health disorder is not considered problematic. Because so many Americans relate their sense of identity to their job, being unable to perform in one's profession can be particularly destabilizing to one's self-identity.

Though journaling has come to be known as women's writing, language and gender researchers have argued that gendering of genres such as the journal and diary are based on assumptions about women's issues as less valuable rather than accurately reflecting gender differences evidenced through writing. In *Gender and the Journal: Diaries and Academic Discourse*, Cinthia Gannett (1992) has shown that "negative associations of triviality, excessive sentimentality, or femininity" attached to the journal is a recent phenomenon (p. 107). Despite contribution to public forms and private traditions, women's writing has remained less visible than men's on account of male dominance over production and gatekeeping of literature until the 1970s, which dismissed women's diary traditions and elevated men's. Gannett pointed to the evolution of the genre from a regular recording of public and private events to a tool for self-discovery[13]. Conceptions of the diary as an insignificant subliterary genre are troubling because they are based on beliefs that private sphere issues are less worthy of attention than public sphere issues. I use the term coined by Brandy Parris (2005) to point to journaling practices as another example of "sentimental labor," historically devalued as "personal" and thereby unimportant[14]. This project argues that the continuous gendering of journaling dismisses the significance of personal writing practices. The ramifications of gendering journaling practices transcend devaluation of women's linguistic contributions; language and gender expectations also exclude men from comfortably entering and participating in particular discursive arenas while continuing to circumscribe the gendered division of writing practices.

This section highlights the gendered nature of journaling as a place to do emotional labor. Overwhelming attention to self-identity and social role fulfillment by women—and the absence of it in men's journals—illustrates the continuing imbalance of emotional labor as gendered. Social role fulfillment in late modernity feeds into the myth of women who are "able to have it all" and "do it all." The work of feminists in the 1960s paved the way for women to gain power outside of the home, but unfortunately, this balance of power has not yet been equalized at home. While it may be true that men may be increasingly taking on the burden of emotional work in a relationship, the *HealthyPlace* journals suggest that this work is still largely accepted by women as a vital part of who they are (supposed to be). For female journalers on *HealthyPlace,* mental health disorders jeopardize sociality, which in turn threatens their gendered self-identity.

Journaling as Therapy

Over the last 20 years, scholars from many fields have argued that narrative provides an effective therapeutic tool for individuals to make sense of events in their life by discursively organizing experiences in storied form (J. Bruner, 1990; Freedman & Combs, 1996; Johnstone, 2001; Josselson & Lieblich, 1993; Pennebaker, 1997; Riessman, 1993). For some journalers, the act of publishing their daily thoughts online serves as a form of reflection and self-help. Through publicly posting a profile, complete with personal information and rationale for journaling, and sharing their contemplations, journalers enact self-reflective competence and attempt to heal themselves—and possibly others.

HealthyPlace profiles provide explicit messages about why individuals turn to online journaling as journalers tell readers about their hopes and wishes for self-understanding

and healing, responding to the *HealthyPlace* mission[15] "to journey with others in building the capacity for hope and insight." In Figure 4.13, journalers tell readers what they hope to accomplish by regularly posting stories about their experiences with mental health disorders. David and Danielle, for example, tell readers that they write with the "hope" that through introspection and self-evaluation they will be able to comprehend their problems. David says that he "hopes that [he] will be able to sort through some of [his] thoughts and feelings in a sort of introspective self-therapy," and Danielle hopes that "writing a journal will help [her] realize" and gain insight about her disorder. Similarly, Jean describes writing as a self-reflective process through which she "wishes" to make sense of disorder in relation to self-identity. The ideological belief that writing has therapeutic value is reflected in David's nod to journaling as a "sort of introspective self-therapy" and Alina's more overt declaration that writing can "help me heal and deal with issues."

David:	I am 28 and keeping this journal here in the hopes that I will be able to sort through some of my thoughts and feelings in a sort of introspective self-therapy and hopefully be able to help others in the process. I believe deeply in the benefits of honest self-evaluation and the help in sharing yourself with the written word.
Danielle:	Hopefully, writing a journal will help me realize why I am here and how I got this far into something I know is slowly killing me.
Jean:	I wish to write to turn consciously toward my manic depression and think about it as part of who I am.
Alina:	I'm dealing with depression and self injury. I am writing this journal to help me heal and deal with issues that are still on going with me.

Figure 4.13: Constructions of Journaling as Therapeutic

Based on notions of psychotherapy and mainstream self-help discourses, journalers are encouraged to use language as a therapeutic tool on the "Journals Homepage," especially during difficult times, and this construction reproduces

psychotherapeutic discourses that promote the "talking cure,"[16] which emphasizes verbalizing emotionally disruptive experiences in order to minimize their impact. The notion that silence is counter-productive to healing is exemplified in the profiles of SarahJean and Michelle (Figure 4.14). SarahJean reaffirms the belief that serenity does not come through withholding one's thoughts and emotions when she claims that "the less I talk, the more I need to talk." Similarly, Michelle insists that writing regularly, along with continuous pharmaceutical and psychotherapeutic regiments, is necessary for her mental health, telling readers, "I need to write (and take meds and see a therapist) to be strong."

SarahJean:	Why is it that the less I talk, the more I need to talk?
Michelle:	I need to be strong and I need to write (and take meds and see a therapist) to be strong. I need to keep believing that none of this makes me a bad or lesser person.

Figure 4.14: Writing as Cathartic

This notion of writing as cathartic—from the Greek for cleansing or purifying—can be traced to psychoanalytic belief that one can feel released and healed by the act of expressing previously repressed deep emotions, especially in relation to traumatic events (S. Freud & Strachey, 1961; Leys, 2000). Taking up the coherence system of psychoanalysis, catharsis would be most likely to be experienced by journalers who share the thoughts that have been most deeply hidden. The limit of this model is that it assumes that writing and talking have a cathartic effect and are liberatory, which may not always be the case.Arguably, online journaling, becomes a tool of governmentality when producers frame successful journalers as those who write on a pre-determined timeline.

By defining successful journalers as those who write daily, *HealthyPlace* governs journaler conduct and perpetuates discourses that fuel anxiety about 'keeping up' with prescribed norms of 'good journalers.' To be a good journaler one should write during (and about) emotionally painful times, and one should write daily. Those who write less frequently are implicitly labeled as bad patients even though some individuals write less because they are experiencing moments of serenity. Because journaling during difficult times is constructed as most important, and the need to write daily is set up as the desired norm by producers, it is implied that journalers will share emotionally charged issues. The option of writing during "easy" times—when one feels healthy—is not presented as a model of successful journaling, although periods of journal inactivity, on account of a sense of wellness, are common for individuals that maintain journals for years at a time,. In this way, recovery discourses and specifically *HealthyPlace* govern users to remain forever in a system of unwellness and constant journaling that provides content for the website.

You Are Not Alone (@heatlhyplace.com)

In this section, I show how the *HealthyPlace* journals community is perceived as a group therapy space in which supporting others and countering fears of isolation are demonstrated. On the "About Us" page, *HealthyPlace* producers enforce the belief that isolation is undesirable and that social interaction is preferred, by assuring readers that "Here, at HealthyPlace.com [...] you are not alone" and that "with the proper support, [users] can weather the ups and downs of life and move forward to a positive spot." Journalers take up this belief system and reproduce it on mini-homepage profiles, often claiming that participation on *HealthyPlace* is motivated by a sense of social responsibility to help others.

In *Trauma and Recovery,* Judith Herman (1992) noted that while most individuals engage in recovery work privately, there is a "significant minority" who feel compelled to use their experience to improve the world around them, in what she calls the survivor mission;[17] "These survivors recognize a political and religious dimension in their misfortune and discover that they can transform the meaning of their personal tragedy by making it the basis for social action" (p. 207). My results showed that more than a minority of *HealthyPlace* journalers included social change as a motivation for journaling, with half pointing to helping others as a reason.

Creating community and sharing experiences for the betterment of society are common reasons given for journaling on *HealthyPlace.* Annette and Janay exemplify the mission to use journaling as a tool for mutual aid, as a practice expected to have the therapeutic qualities for other people besides the writer (Figure 4.15). Janay claims to journal "to help other people" emphasizes her investment in the philanthropic "mission" and Annette expresses a desire to reassure other community members that they "are not alone"—as promised by *HealthyPlace*[18]—and that a community of people exists to virtually connect with.

Janay:	I initially began writing this journal to help other people and to help myself.
Annette:	My hopes in writing this journal is to help myself with brutal honesty and maybe a few others as well. It's nice to know you are not alone.

Figure 4.15: Journaling for Mutual Aid

Journalers on *HealthyPlace* consistently refer to "sharing" with others as an important aspect of why they engage in online writing practices. Journalers who state sharing as a reason for writing do so with the intention of connecting with others and participating in a discourse community that values the experiences of others as models

for recovery.[19] In Figure 4.16, journalers take up the rhetoric of mentoring those who have yet to reach the same level of recovery. For example, Grant and Judy both describe online journaling as a way for them to share the wisdom they have gained through the process of dealing with disorder. Grant speaks of "sharing some of what I am just now starting to realize about life," and Judy describes the value of teaching others, who consequently "regain a life of wholeness long before [she] was able to." Like Grant and Judy, Jacqueline also speaks of transformation and a new-found optimism and strength that she wishes to share with community members who are still struggling "through the trials of this journey."

Grant:	Hopefully my journal will be a way of sharing some of what I am just now starting to realize about life.
Judy:	I write so that others might regain a life of wholeness long before I was able to.
Jacqueline:	We have grown through this process and share our experiences, our strength and our hope for others to make it through the trials of this journey... My days are positive now and I want to share that positive message each day with those who come to *HealthyPlace.*
Amy:	I believe that as people talk about their abuse, and speak about the emotions, darkness, and struggles to become whole, we will help one another along the journey.

Figure 4.16: Mentoring through Storytelling

Unlike most journalers who write about difficulties, Jacqueline exclaims, "My days are positive now and I want to share that positive message each day." Amy also relies on the metaphor of the healing journey and the importance of sharing stories with others as a form of mutual aid, contending that "as people talk about" issues, "we help each other." Because sharing is an act that requires relation with another, the desire to share one's story is a benevolent act that refutes critiques of self-help as completely solipsistic.

Sharing experiences with others in similar situations becomes a discursive act of community creation. In Figure 4.17, Lee explicitly tells readers that his journal is

intended to cultivate community. David speaks of community by labeling himself "a member of the bipolar club" and makes an explicit statement that he hopes to reach out to those who experience depression more than the manic state he predominantly deals with, telling readers "I hope that even those who swing down more can find something to relate to in my writings." Like David, Alicia speaks of a hope that her journal will be used as a therapeutic tool by anyone who "can relate" and encourages readers to "share it with someone" who can benefit. In these excerpts, journalers speak of the journal as a therapeutic text that can serve as a center for a supportive community in which those suffering from mental health disorders can share stories and literature with one another.

Lee:	My hope is that these entries can help me sort through my own thoughts and feelings, and that they will resonate with other supporters and survivors in a way that fosters community and encourages us all.
David:	I swing up more than down, a fact for which I am thankful but which makes me a minority member of the bipolar club. But I hope that even those who swing down more can find something to relate to in my writings. For those who are searching for understanding on someone else's behalf, a loved one or friend, I thank you for your care and concern.
Alicia:	If you can relate, I hope that what we are learning can help you. If not, perhaps you can share it with someone you love.

Figure 4.17: Forming Community through Journaling

Journalers clearly imagine others like themselves relying on *HealthyPlace* as a virtual support group and position their journals as texts that can assist those who suffer from similar mental health disorders. The underlying assumption that it is not only through the act of narrating and sharing that mental health improves, but also through the process of reading about similar experiences.

The act of journaling can be seen as transformative in that the stories told are deemed to be therapeutic for both the teller and the listener. Some journalers directly correlate the act of reading to therapy. For example, Laurie, a member of a 12-Step

fellowship,[20] tells readers that she is hopeful her journal will provide help to those who read it (Figure 4.18). Amy explicitly describes the process of reading the stories of others as a helpful tool in constructing her own narrative claiming, "when I read other people's words it puts words to my own pain and emotions." The assumption that reading about the process of others helps individuals make sense of their experiences is implied in Judy's profile when she "hope[s] that others, by reading my story, will find another stepping stone on their journey of healing."

Laurie:	It is written from my heart and God willing, may it help anyone who reads it.
Amy:	With this journal, I want to share my experience of life and healing; showing that it is possible to hurt and struggle and in the same breath experience joy and learning. I know that, often, when I read other people's words it puts words to my own pain and emotions.
Judy:	I write with the hope that others, by reading my story, will find another stepping stone on their journey of healing.

Figure 4.18: Reading as Therapeutic

While the primary goal for most journalers is self-improvement and introspective, many also describe their motives for journaling as philanthropic, based on an interest in improving the lives of others. There is a commonly expressed desire to reach out to members of their disorder community. In Figure 4.19, the common thread of reassuring others and attending to fears of isolation and insecurities is presented. Janay and Alicia's profiles realize the *HealthyPlace* pledge that "you are not alone" as they both present their experiences as proof that others suffer in similar ways and that to do so is "normal." Alicia, Jacqui, Candice, and David all use their journals to reassure others that support exists in the form of *HealthyPlace* communities by reassuring readers that they "are not alone."

Janay:	I initially began writing this journal to help other people and to help myself; to show people like me that they weren't alone and they weren't crazy.
Alicia:	I hope that people who read this will know they are not alone, they are not crazy, and I hope we all find there is hope and healing.
Jacqui:	I hope this journal will help other people going through a similar experience realize that they are not alone with it and also describe it to non-sufferers, from the inside.
Candice:	Hopefully, someone out there won't feel so alone since I'm talking about my own personal journey :o)
David:	If you are dealing with the monstrous mood swings of bipolar disorder you may be able to grab hold of my words and know that you are not alone.

Figure 4.19: Reassuring Others

Though it has been argued that self-help practices are narcissistic and self-involved, the data here suggests that self-help and helping others are not necessarily mutually exclusive; in fact, self-help narrative practices are more complex than previously believed. While self-help practices appear to be focused on the self, the regularity with which journalers reassure others that their experiences are not beyond the range of "normal" experiences and that virtual support exists on *HealthyPlace* suggests that the internet provides a space for social interaction and support in valid ways. *HealthyPlace* journals demonstrate that online self-improvement practices both encourage social interaction and reproduce the ideology that sociality is necessary for mental health and wellness. Connecting to others and nurturing relationships, including those with online community members, is part of the continuous emotional labor that is part of the project of the self.

Encouraging Interaction Online

Though journals are considered a genre in which writers share their stories without expectations of feedback, *HealthyPlace* journals are a virtually interactive genre. Internal links to leave comments and read those left by others demonstrate expectations about readership and reciprocity that accompany these non-traditional journaling practices. Like the genre of the blog,[21] *HealthyPlace* journals use internal links to read archives, comments, and other journals; on the left of the profile, a link tells readers to "give me your feedback," and links to leave "your comments" or read "visitor comments" follow each journal entry (Figure 4.20). When readers click on the link to provide feedback or give comments, they are sent to "My Feedback Area" attached to the journal. The use of pronouns like "I," "you," and the personal pronoun "my" provides yet another example of synthetic personalization; the feedback area has been constructed as an area where the journaler has written a unique and personalized message for the reader: "I appreciate you dropping by my journal page. I hope in some way it's helpful for you too. If you'd like to respond to something in my journal, or share something about yourself, just fill out this form." However, upon examination of multiple feedback pages, it becomes clear that the message is actually a template which has been attributed to the journaler through name and color-coding.

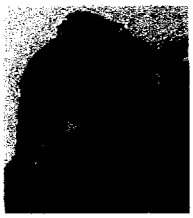
http://www.healthyplace.com/Journals/journal_mainmenu.asp?username=tanicide

Depression Issues - Depression Co...

Welcome to
HealthyPlace.com
Depression Journals

Grant's Journal

Smoke In The Hourglass



I'm a 21 year old college student and until recently I've always been a well-grounded person. In the last few months, I've come down with the "mental flu" and now I'm battling to overcome the demons crawling around in my head.

Since my depression started, I have explored the darkest depths of my own mind and I have turned to the blade for comfort. In the process, I have also discovered some wonderful things about being alive. Even the deepest moment of despair can reveal magic and wonders. Hopefully my journal will be a way of sharing some of the things I'm just now starting to realize about life.

Please feel free to share your feelings and experiences on my bulletin board.

this week's journal
give me your feedback
earlier journal entries

back to Depression community
My Journal Links
this week's journal
archives
visitor comments
Other Community Journals
Depression Journals Homepage
Related Links
Journals Homepage
Write Your Own Journal
send this page to a friend

Figure 4.20: Internal Links Virtually Encourage Social Interaction

Figure 4.21 shows that the messages thanking and instructing readers on Judy and Annette's feedback areas are in fact identical textually, despite slight differences in appearance. In order to share comments, which eventually appear on the feedback area, users must first complete a form that asks "What's On Your Mind?" a generic message that engineers a sense of intimacy and personalization (Figure 4.22). On this page, readers are provided with a space to leave profile information and virtually connect with the journaler via their public bulletin board. Similar to group therapy models where individuals first tell their story and then listen to feedback from others, the journaler tells readers via a template, "I'm always looking for feedback" followed by a lighthearted comment, "I know that leaves me open for anything :)." With the addition of the smiley face emoticon in addition to the colloquial speech style, the site producers continue the construction of intimacy and personalization that can be seen throughout *HealthyPlace*.

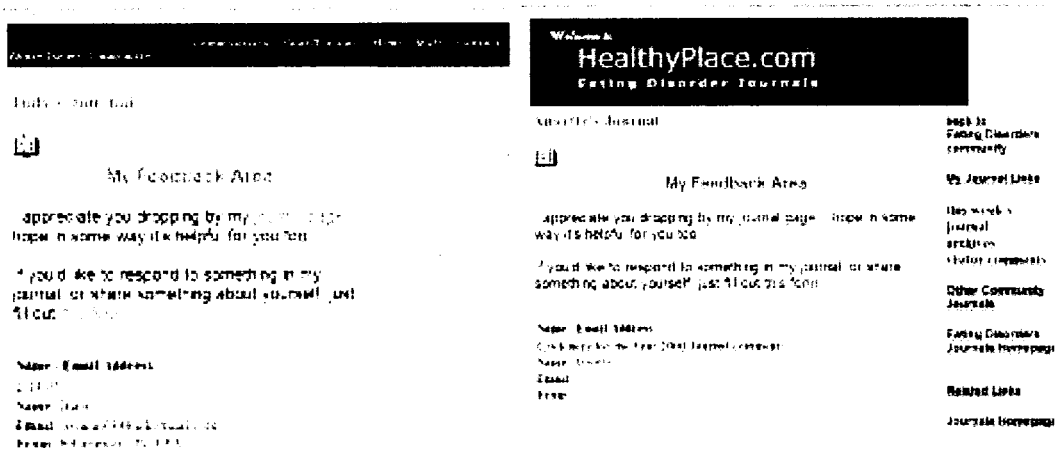


Figure 4.21: Giving the Impression of Intimacy through Synthetic Personalization

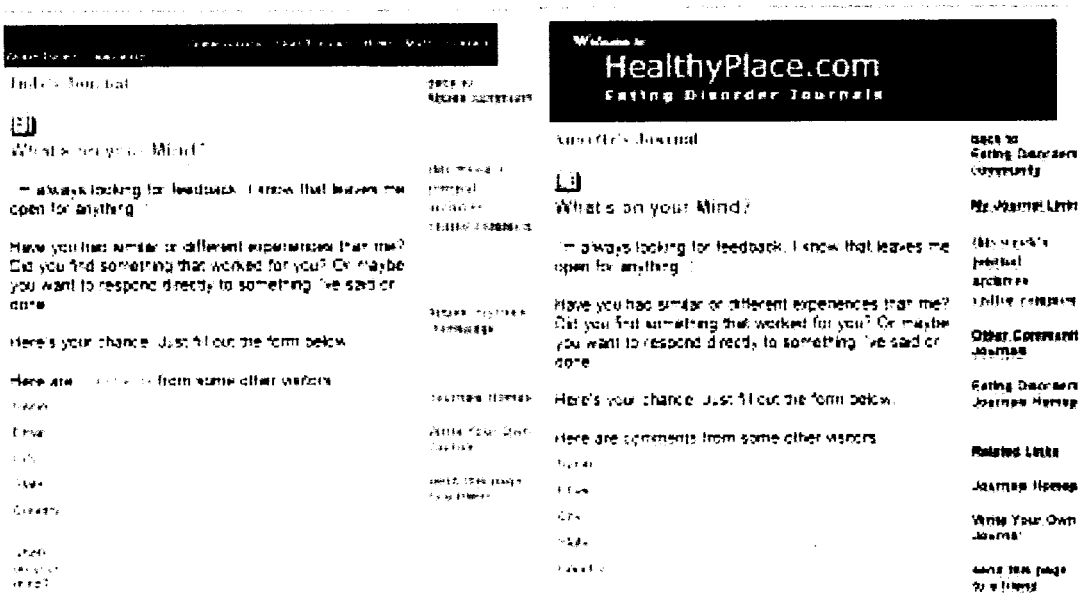


Figure 4.22: Continuing to Give the Impression of Intimacy

While online journals encourage storytelling in which writing practices revolve around the narrator, the practice of online journaling adds elements of interactivity to what had come to be regarded in the 20th century[22] as a solitary writing practice. Online journaling provides individuals with alternatives to traditional writing practices that involve publicly sharing and the possibility for interacting with others. This is not to say all journalers are engaged in dialogue with others when they turn to online writing practices, but that the expectation of potential readers of one's journal and the possibility of connection to others exists.

Conclusion

HealthyPlace users respond to discourses of healing through participation in a virtual support group that promises users liberation from particular disorders that afflict them. Producers of *HealthyPlace* state a goal of providing users with "A community of people providing mental health information, support, and the opportunity to share

experiences helpful to others." As shown in this chapter, this promise of fellowship is operationalized through the *HealthyPlace* journals community. What is most noteworthy about online journals is the social component they bring to journaling practices. Specifically, online journals—on account of the expectation of readership—provide opportunities for virtual interaction that is absent in paper-based forms. Of the fourteen journalers who encouraged readers to make comments on their bulletin board, four also thanked readers for visiting their journal. For example, in Figure 4.23, Laurie finishes her introduction with an invitation to readers to respond to her journal and also share experiences, saying, "I hope you'll share your thoughts about my journal and your

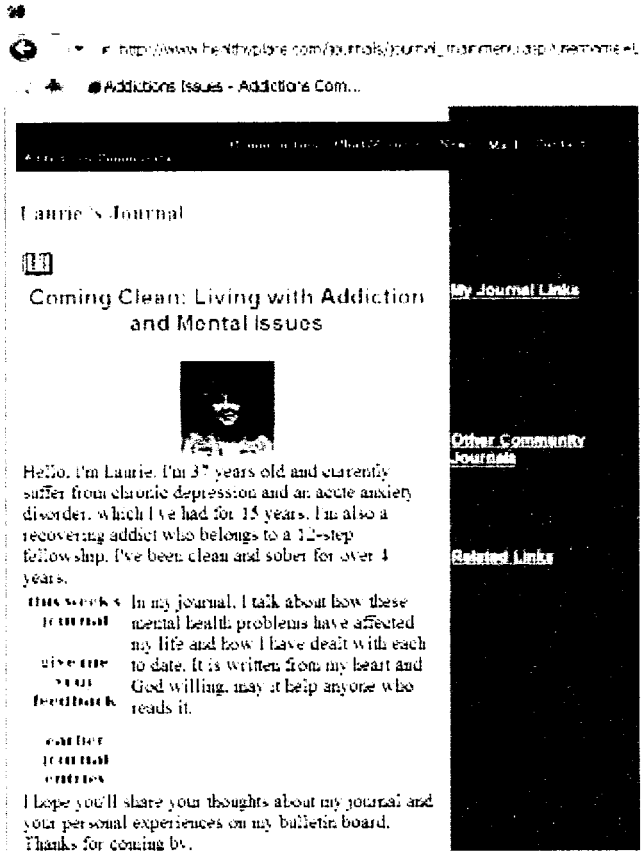


Figure 4.23: Journalers Encourage Online Participation

personal experiences on my bulletin board" and thereby encouraging *HealthyPlace* users to move beyond passively participating on the website. She ends by thanking readers for "coming by" as if the reader had been a guest in her home. By treating unknown audience members with familiarity, she contrives a sense of intimacy with readers by engaging in emotional labor to encourage sociability.

I found that the majority of journalers encouraged—or implicitly requested—feedback, and one fourth also expressed appreciation to readers in the way Laurie does (See Table 4.1). This shows that online journals function as more than merely stories to be read by others. The comment function and the journaler bulletin boards allow *HealthyPlace* journals to function like group therapy, in which journalers solicit advice from readers, and the uptake of comments demonstrates the realization of journals as socially interactive. Figure 4.24 illustrates the various ways journalers use synthetic personalization to encourage readers to "get involved" and use the journal environment for group therapy.

Amy:	Thank you for visiting and please share your experiences or feelings on my bulletin board.
Vicki:	I hope you'll come by often and don't forget to share your comments on my bulletin board
SarahJean:	I hope you'll leave your thoughts and comments on my bulletin board and that you'll visit again soon.
Annette:	I hope you'll post your experiences or thoughts about my journal on my bulletin board.
Lee:	I'd appreciate if you would post your feelings, experiences and comments on my bulletin board.
Michelle:	Your thoughts are welcome on my bulletin board. Please feel free to share your feelings and experiences on my bulletin board.
Danielle:	If you have some thoughts or comments about my journal, feel free to post them on my bulletin board.

Figure 4.24: Journalers Encourage Readers to Respond Online

For example, Amy asks readers to "please share" experiences and feelings; Vicki suggests readers "come by often" and reminds them not to "forget to share" comments, as if readers share an understanding of journals as interactive. Other journalers, such as SarahJean and Annette, do not assume that readers intend to post, but instead share "hope" that they will. Lee facilitates posting to his bulletin board by telling readers he "appreciates" postings from journal readers. Michelle constructs her bulletin board as a safe space where readers' "thoughts are welcome" and tells readers to "please feel free to share" feelings. This sort of open suggestion to "feel free," to take action and socially engage with other *HealthyPlace* community members, is echoed in Danielle's closing, in which she advises readers to "feel free to post" thoughts or comments about her journal on her bulletin board. The importance of this phrase should not be overlooked, as the idea of "freedom" underpins *HealthyPlace* discourses, as mentioned in chapter two, the *HealthyPlace* motto encourages users to "Experience the Freedom" that is promised by participation in the community website.

Though healing has not happened yet for journalers at the point profiles are created, journalers describe expectations about writing as a form of therapy that heals both self and other. On *HealthyPlace,* journalers attempt to achieve wellness through narrative practices that allow for reconstruction of self-identity in response to disorder while simultaneously providing a venue for community and support that reaches beyond the traditional neighborhood boundaries and the corresponding 12-step groups. Journaler profiles offer information about the types of self-identities that are desirable and show how self-improvement practices are believed to serve as a tool to manage identity. Largely based on gender norms, this chapter has illustrated how the project of the self for women is intricately tied to relationships and the fulfillment of traditional gender roles as well as professional roles. Through online narrative practices,

HealthyPlace journalers (re)construct self-identity in response to the disruptive nature of mental health disorder(s) and hope to help other members of the discourse community as they engage in the project of the self.

The implications of institutional discourses about disorder and wellness in late modernity will be discussed in the next chapter. The significance of social interaction and the promise of wellness will be discussed more fully in relation to the branding strategy of *HealthyPlace* to show how dominant discourses about solitude as indicative of disorder and social interaction as important to mental health feed the self-improvement industry and contribute to anxieties about sociality. In the next chapter, I move to a discussion of modality and how visual images representing *HealthyPlace* communities are employed to represent particular "truths" about disorder and wellness. The next chapter continues to use linguistic and visual analysis methods to illustrate how *HealthyPlace* is undergoing a process of corporate branding that (re)produces conceptions of disorder and wellness in relation to particular communities as categorized by the producers. I will continue to consider how the promise of transformation and recovery is being promoted and sold through messages constructed through specific image-types and web design effects.

CHAPTER FIVE: YOU CAN'T DO IT ALONE - TECHNOLOGIES OF SOCIALITY

As dominant discourses continue to circulate, the discourse of reflexivity and social interaction as productive of mental health must be considered a technology of power and remain in the forefront of research about governmentality and control of people's conduct. Circulating through a complex set of mechanisms, technologies of sociality, along with governmentality and discourse technologies, offer prescriptions for how to be a good social being contributing to the well-being of the population. They govern populations by advising individuals that personal betterment results from contributing to the well-being of self and others. The ultimate goal of this technology is to maintain homeostasis in all affairs pertaining to life and the longevity of the population.

Since the end of the 18th century, endemics have replaced epidemics as the primary public health concern. Whereas epidemics are characterized by an outbreak of an infectious disease that rapidly and widely acts upon a population, endemics are constantly present within a population. Foucault has argued that endemics gained attention because, on account of their permanency, they "sapped the population's strength, shortened the working week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive" (Foucault et al., 2003, p. 243). In the case of mental illness, institutions have turned to the power of governmentality to account for those affected by mental illness, financial and social cost of treatment, loss of productivity and related deaths to justify the need for intervention to combat the effects of these sorts of endemics. Foucault explains how incapacitating phenomena–natural and accidental—such as old age, accidents, or extreme mental

health disorders, fall under the concern of biopolitics, with a variety of mechanisms (i.e., Medicare, insurance, and pharmaceuticals) employed to eradicate and/or neutralize the debilitating effects (Foucault et al., 2003). Biopolitics is a technology of power applied to humans-as-living-beings or as a species, in contrast to disciplinary technologies that focused on human-as-body to be placed under constant surveillance, trained, and punished; biopolitics moves away from the individual body as a point of focus, and instead concerns itself with the body as part of the larger body of a population that is "affected by overall processes characteristic of birth, death, production, illness, and so on" (Foucault, p. 243). Early biopolitical interventions that medicalized the population and generated access to information through public hygiene campaigns paved the way for modern-day governmentality in which individuals are subject to technologies of power and the self in order to self-improve for the good of the larger population.

The discourses of mental health aimed at the everyday person, and corresponding technologies of sociality, advocate the need for connection with others, elevating sociability as a marker of wellness and mental health and creating a binary in which isolation and time spent alone are viewed less favorably, or worse, as a marker of disorder in need of intervention. This discourse of sociality applies to the high functioning person dealing with mental health disorders, not the extremely mentally ill.[1] Just as 12-step discourses tell people that "recovery is a process," they also tell people "you can't do it alone." Newcomers are encouraged to find a sponsor who will mentor them as they "work the steps." The importance of support and social interaction promoted in traditional 12-step environments is reproduced on the mental health community website *HealthyPlace*. As discussed in previous chapters, users are assured through linguistic strategies throughout the website that "When you're at

HealthyPlace.com, you're never alone" and through visual language that sociality signals wellness.

It is not uncommon for users, in conversation with other community members, to echo the claims made by *HealthyPlace* producers, assuring users that "you are never alone" at *HealthyPlace*. Alone in this sense does not refer to the physical state of isolation; rather, alone refers to a state of mind in which an individual feels that no one understands their situation. Galegher et. al. (1998) have concluded that when writers and readers participate in electronic support groups, one of the health benefits accrued is "the realization that 'I am not alone.'" Aloneness in this way becomes a state in which experiences can not be shared and related to by others even in the presence of others. Thus, face-to-face meeting environments do not necessarily solve the problem of feeling less "alone" when dealing with mental health disorders. When defining aloneness in this way, virtual support groups, especially with their global reach, are able to provide an environment where individuals can seek out and find others with similar experiences to validate such experiences as prevalent rather than unusual. Being like others, especially when that likeness is based on disorder and a state of unwellness, becomes a shared problem sold as a reason to unite and overcome.

The normalization of disorder discussed in chapter four illustrates how mental disorders have been framed by *HealthyPlace* producers as prevalent in contemporary society. Users are told in the "About Us" page that:

> One in five Americans has some form of mental illness in any given six months. That means between 30 million and 45 million people, possibly your friends, family members and co-workers, suffer from symptoms that cause distress in their lives, but that can be effectively treated.

Mental health disorders are made to sound alarmingly common, as friends and family are described as possible victims. For the *HealthyPlace* user suffering from mental health issues, these statistics paint a picture of millions of other people who also deal with these problems. Statistical panic is created by the use of numbers that quantify mental health disorders as alarming in their reach, while simultaneously comforting users with small numbers, like "one in five people suffer" by creating a sense of normality for disorders. The promise that others share similar feelings of misery and despair becomes comforting.

In this chapter, I return to the main concepts examined throughout this project and demonstrate how they are linked by the theme of sociality and governmentality *and* how prescriptions for becoming a good social being circulate through a complex set of mechanisms. Building upon the analysis of journalers in chapter four, I begin with an examination of the comments posted to journalers' message boards to illustrate how the appearance of social interaction is performed (or not) through the comment function linked to journals on *HealthyPlace*. I then return to the social semiotic analysis presented in chapters two and three to consider how the redesign of the website exemplifies a branding strategy that reproduces institutional discourses about recovery and wellness, while constructing a self-identity for *HealthyPlace*. Finally, gender and mental health are re-examined to consider the changing focus from women to one that looks at men as the silent sufferers in need of treatment and governing.

Reciprocity: Demanding Social Involvement Online

This section argues that the internet is a significant space for individuals seeking support and social connection. Previous research has challenged popular perceptions that computer-mediated modes of communication are asocial and/or antisocial (see

Spears, Lea, & Postmes, 2001; Thurlow, 2003; Walther & Parks, 2002). In fact, Kavanaugh et.al. (2005) found that the internet can strengthen social contact, community engagement, and attachment, especially when online communities are connected with face-to-face community networks. For virtual communities, reciprocity norms are important for group vitality; for community arenas like chatrooms and forums, reciprocity is essential. When communities are geographically dispersed, lack of reciprocity can be problematic because the lack of face-to-face relationships may lower accountability between community members.[2] Internet environments rely on usage rules and the presence of moderators to ensure group participation and govern sociability online; comments posted to journaler bulletin boards—as well as the popularity of forums and message boards—show that social interaction is an important part of this virtual support environment.

In chapter four, I showed how journalers encourage social involvement by inviting feedback on their mini-homepage profiles. Requests for feedback provide evidence that online journals differ from 12-step storytelling traditions by allowing cross-talk and advice in ways forbidden in these foundational face-to-face support groups. While online journals may appear to be a one-way communication module, with a writer producing material and readers consuming stories, the comment function and explicit suggestions for feedback illustrate that online journaling appears to be a social interaction. Not unlike blogs, Van Dijck (2004) observes that "besides being an act of self-disclosure, [blogging] is also a ritual of exchange: bloggers *expect* to be signaled and perhaps responded to. If not, why would they publish their musings on the internet instead of letting them sit in their personal files?" The computer mediation of journaling shifts the genre to include a social relation component that alters expectations about the

genre as public and social. Van Dijck (2004) suggests that online journaling and blogging may indicate a participatory turn in the culture.

The *HealthyPlace* journal differentiates the level of interactivity via the comment function, with greater activity correlating to a greater number of responses both to and from the journaler. Some journaler bulletin boards showed activity levels of over 150 comments per year while others ranged from 10-30 messages a year. Highly active boards often included response comments posted by the journaler, showing how the bulletin board serve as a secondary forum for conversation. The comment boards offer a window into how the journals generate a support network for users, who often check in on one another and connect through this additional arena. For example, when Grant began his depression journal, his first two comments were from other journalers welcoming him and offering connection if needed (Figure 5.1).

Michelle:	Hi Grant and welcome to the depression journal! I have been journaling here for over 2 years now. (I am the Michelle who is 30 with dark hair). These boards have found me comfort when I needed it, laughter when I needed it and I have even met one of the fellow journalers. Feel free to email me if you are looking for another sufferer who understands. I look forward to reading your posts. (October 31, 2003)
Ann:	Welcome to on-line journalling Grant. I journal also here at healthyplace.com at the eating disorders journal. I visit the depression journals because I too suffer from depression. Anyways I am looking forward to reading your entries. bye for now from Ann (November 1, 2003)

Figure 5.1: Journaler Comment Boards Facilitate Social Networks

Michelle tells Grant, "Feel free to email me if you are looking for another sufferer who understands," and Ann assures him by saying, "Welcome to on-line journaling Grant" and "I am looking forward to reading your entries." Similarly, Phil's bulletin board has numerous comments from Jacqueline, a journaler on the Personality Disorders Community, who frequently sends messages to check in on Phil and send him positive

messages (Figure 5.2). When reading Jacqueline's comments to Phil, it is clear that a conversation is in progress between the two, as Jacqueline shows recognition of events in Phil's life. For example, she talks about Phil's progress in his 12-step program saying, "glad to hear that you are going to get back into the rooms," and shares insider knowledge telling him, "Good luck with your fifth step there. It's a hard one when you are doing it with someone who does not have a personality inside that keeps yelling when you are at meetings 'we don't belong here'".

January 1, 2004:	Happy New Year's to you too! May this be the best year for you and your family. Lady J
February 13, 2004:	Phil, Journal work always seems to slow down when things in our lives are going smooth. Good luck with your fifth step there. It's a hard one when you are doing it with someone who does not have a personality inside that keeps yelling when you are at meetings "we don't belong here". My personality that drank never showed up at meetings with me for a long time. Once I explain that to other multiples who are struggling with their 12 step program it makes sense. I have other people who belong to one of my online groups comment and let me use their thoughts with my journal work here on healthy place. We are trying to get the boards running to so if you get some time visit in the communities for personality disorder also. Have a great valentines day and thank your partner for being there for you. It takes a lot of courage to stand by us, but we're worth it. Jacqueline
December 6, 2004:	glad to hear that you are going to get back into the rooms. I wish you lots of peace and serenity. don't beat yourself up to much. Progress not perfection. Been there my self. Jacqueline
December 13, 2004:	Be gentle with yourself and enjoy your family's visit. Have a safe holidays and i'll be checking back again. Lady J

Figure 5.2: Journalers Connect with Each Other via Comment Boards

In addition to community members watching over one another, readers often email regularly to journalers and form a virtual connection that is visible on the bulletin board. Comments made to David's bulletin board show that his absence has been noted and others are concerned about him. In Figure 5.3, Denisa tells David, "I miss you and

love you ☺" and shares her hope that he returns "ASAP" to "the group." Ann implies that she regularly connects with David by stating that she is "just checking in."

December 13, 2003:	David, Don't know if you are reading, just wanted to tell you I miss you and love you ☺ I hope you are back with us on the group ASAP. Denisa
January 12, 2004:	David, just checking in to say that I read your last journal entry. Interesting and exciting! sincerely from ann

Figure 5.3: Readers Virtually Connect with Journalers on Comment Boards

In Figure 5.4, comments posted to Jacqueline's bulletin board show that readers initiate connections with journalers, and journalers interact one-on-one with readers. Sharon requests Jacqueline's email address because she has "something [she] want[s] to send," and Jacqueline directs her to the address in a proceeding comment. Like Jacqueline, Alina also responds personally to readers on her bulletin board, when appropriate. The comment from kt is disturbing as she tells Alina that "people say im crazy, and sitcidal I don't do it to kill myself only to get that emotional high" followed by the request "....so please write bac."[3] Despite the fact that Alina is probably ill-equipped to deal with someone who is suicidal, she writes back to kt on the comment board and minimizes the intensity of the post by saying, "I know you aren't suicidal. You are just hurting. Like I was." Alina provides the readers with options, advising kt seek professional help, "Maybe you should talk to someone, like a counselor" or making herself available, "maybe if you want you can talk to me?" Alina, like Jacqueline, shares her private email address and availability schedule so that kt can connect with her outside of the *HealthyPlace* community. She closes with an optimistic comment welcoming continued connection saying, "Hopefully we will be able to talk. Hugs!"

February 25, 2006:	There is something I want to send you. what e-mail should I send it to. I am a survivor. Sharon
March 6, 2006:	Sharon you can reach me at the address above. Lady J
March 7, 2002:	hi..im 18 n i have been cutting sicne i was 12. i cant stop. i have been thro it all. n nothing ever helps, talking helps somtime but i have no friends really. i do it like everyday almost. i have cut, sliced. burned, eraser burt, ripped open, dugg my nails so far in my skinn. please write me back...i feel ur pain..i hav eodne it all over my body, people say im crazy, and sitcidal i dont do it to kill myself only to get that emotional high....so please write bac. Kt
March 8, 2002:	Katt (right)? I know you aren't suicidal. You are just hurting. Like I was. Maybe you should talk to someone, like a counselor, or maybe if you want you can talk to me? My aol sn is tinirini2000. I'm rarely online on the weekends, but during thw week I am, but I don't get back here till about 7 in the evening because I work. Hopefully we will be able to talk. Hugs!

Figure 5.4: Comment Boards Provide One-on-one Interaction Space

It is apparent that *HealthyPlace* journalers are aware—and expect—that other community users are reading their journals, supporting social network theory that suggests voluntary participation is evaluated and negotiated based on perceived costs and benefits.[4] Journal entries provide evidence that individuals consider the costs of spending time and energy sharing their stories online partly in relation to the perceived benefits gained by readers. For example, Jacqui posted a journal entry in 2001 addressing a lack of perceived readership based on a lack of comments to her bulletin board, noting that she "feels like [she] is writing to thin air, as only one person has left a message" (Figure 5.5). This comment exemplified expectations of both readership and reciprocity; even though Jacqui has no way to track readership on *HealthyPlace* journals, she assumes lack of reciprocity evidences a lack of interest and threatens to stop sharing her journal. Jacqui does not explicitly ask readers for feedback about whether reading her journal is helpful, instead she implies that she is evaluating whether to discontinue journaling, telling readers, "Before I write any more I would like to know if anyone is reading my journal." The lack of face-to-face connection between

HealthyPlace community members can create frustration in journalers who may incorrectly correlate readership with number of comments, despite studies that suggest only a small percentage of readers respond to online journals and blogs (S. C. Herring, Kouper, I., Scheidt, L.A., & Wright, E.L., 2004).

> Before I write any more I would like to know if anyone is reading my journal, because to be honest it feels like I am writing to thin air, as only one person has left a message.
>
> I have to say that I feel let down and very unsupported.
>
> It is not easy telling the world about what happens to you at your most vulnerable and lowest time, and I thought I could help others with what I said. but it doesn't appear to be the case-or am I being over sensitive? (May 30, 2001)

Figure 5.5: Journalers Describe Expectations of Readership

Readers picked up on Jacqui's frustration, realizing that her post functioned not only as a statement of such, but also as an indirect request for acknowledgment that her writing provides benefit to readers, as she imagined. Jacqui's statement spurred a number of responses from readers[5] who had remained silent until forced to acknowledge their existence to ensure the continued publication of the journal (Figure 5.6). For example, alxmom sent a reassuring comment, telling Jacqui, "I'm listening" and "I support you and appreciate your journal" (April 3, 2001) and Kathleen encourages

alxmom:	Jacqui, I'm listening. Although, never hospitalized, I have some of the same feelings you do. I support you and appreciate your journal (April 3, 2001)
Kathleen:	I just wanted to let you know that I just stumbled across your journal and am going to read it from now on. It has really helped me. I was almost admitted before but the doctors said I wasn't an immediate risk. However, unlike you, I wanted to go in the hospital. I wanted people to help me, I just wanted to stop doing things. Keep writing, you have inspired me. I know I am not alone. Thanks.

Figure 5.6: Readers Express Appreciation and Encourage Continued Journaling

Jacqui to "Keep writing, you have inspired me" (June 27, 2001). Jacqui reciprocates by thanking readers in a journal entry; she describes the importance of virtual interaction, in Figure 5.7, saying "now I will be able to carry on and write" (June 3, 2001), and a statement to "everyone who has left [her] messages" telling them she "get[s] a lot of support" from comments (March 12, 2004).

Jacqui's journal
Thank you alxmom, for leaving me your message of support. You don't know how much better it has made me feel. Now I feel able to carry on and write. (June 3, 2001)

Thank-you, everyone who has left me messages. I get a lot of support from your words. They really, really are greatly appreciated. It is a nice feeling also to know that people do read my diary. I hope it is of some value. (March 12, 2004)

Figure 5.7: Journalers Acknowledge Reader Comments

There are also many readers who post their unsolicited appreciation and support to journalers on their bulletin boards. For example, Ashley directs a comment to Judy in which she shares that she has "read [her] journal on and off throughout the last few years" and that she is open to talking with Judy and tells her, "if you ever want to say hi back, you can email me" (Figure 5.8). The comment function, in addition to providing a space to discuss topics presented by journalers, also provides an arena for readers to reciprocate and connect with journalers.

Ashley: hi. i have read your journal on and off throughout the last few years. i might have commented once or twice. i like the things you write. i was sexually abused as a child, and had other trauma. i have found that it has affected every aspect of my life, even the small things. i cannot be in a relationship, or even have friends..i am afraid of so many things, and i don't know how to overcome it. on the rare good days, i try reminding myself i have a purpose, but it's hard. i hate when people tell me to not let the past define who i am now..except, it does, and i don't conciously, or intentionally let it. anyway, i just wanted to let you know i have read this. if you ever want to say hi back, you can email me. it would be nice to talk to someone from canada, and someone who has lived a few more years than me..maybe it would give me a bit more hope. thanks. take care. (May 5, 2006)

Figure 5.8: Readers Post Unsolicited Comments of Support on Comment Boards

Figure 5.9 shows how Jacqui told readers in January 2005 that she was going to stop journaling because "it appearss that no one is reading the journal right now and I have to say that things have improved that much, so there has been little to say lately" (January 26, 2005).

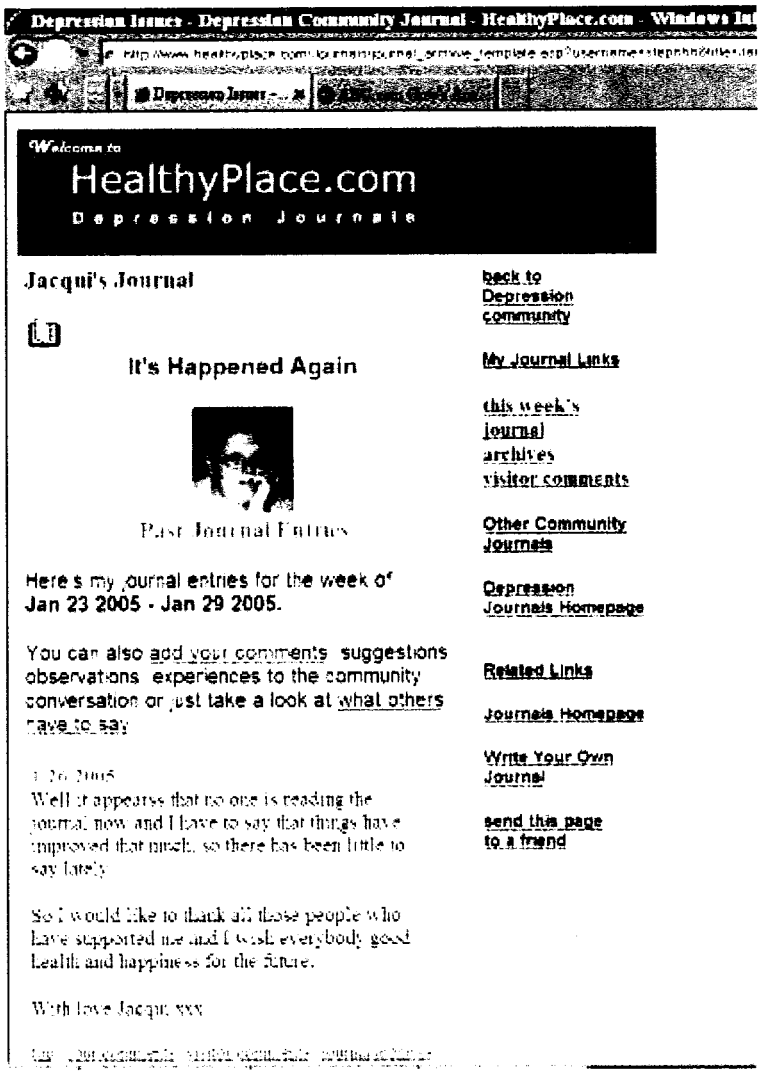


Figure 5.9: Expectations about Readership Motivate Journalers

The parting comment, again, suggests that journalers often believe their stories benefit an imagined audience that, when dissipated, calls for the end of journaling. Moreover, Jacqui's comment reproduces institutional discourses that suggest journaling is therapeutic when used to articulate difficult emotional experiences and that reflecting on the positive is less useful. Unfortunately, this belief does not consider the benefits of journaling to make sense of subjects lacking such emotional charge. A year later, Jacqui returned to journaling based on requests she received from readers. In response to comments from readers she begins her journal again, with her first post stating, "I have been asked for an update on how things have been going since I last made an entry here. Thank you to those people who have taken such an interest. So Here goes:- " (April 22, 2006). The reader comments and Jacqui's public response illustrate the social involvement that exists between virtual support group members and provides evidence of why computer-mediated communities are valuable to those who rely on them.

The emergence of spam on the bulletin boards in late 2006 became a problem for a number of journalers, effectively ending the stream of conversation between journalers and readers. Alina's comment board, shown in Figure 5.10, shows how extensive spam proves distracting. After being one of the most active boards on *HealthyPlace* journals, SarahJean's bulletin board, became inundated in June 2006 with spam advertising pharmaceuticals, pornography, car insurance, real estate, and online casinos, to the extent that no relevant comments to her journal entries were posted after that date and the link to the comments board was eventually disabled.

Figure 5.10: Spam Interrupts Flow on Comment Boards

A year later, the bulletin boards for eleven out of twenty-four journalers became inaccessible. Although thirteen bulletin boards remained active, four were receiving large amounts of spam and no new reader comments. Unfortunately, the benefit of conversations between journal writers and readers may soon cease to exist if *HealthyPlace* does not resolve the spam problem. For those preferring virtual

interaction, forums and chatrooms may prove the only remaining viable option on *HealthyPlace* as journals become a unidirectional medium.

Branding HealthyPlace: Selling a Social Lifestyle

This section returns to the analysis presented in chapters two and three to consider how the visual and linguistic elements presented exemplify a branding strategy to construct *HealthyPlace* self-identity. Corporate branding strategies, carried out through redesign, illustrate how design shifts reflect possible shifts in constructions of disorder and wellness, as well as differing appeals to self-help consumers. In the service of ideologies that normalize disorder, visual resources and discourse strategies are deployed in service of branding *HealthyPlace* to sell wellness as a lifestyle of constant self-improvement regimes centered on sociability. This branding strategy also includes attention to constructing *HealthyPlace* as a safe internet community space run by caring individuals modeling sociability.

HealthyPlace is sold as a space where individuals can receive necessary support to "weather the ups and downs" and "move forward" to a "positive spot." Life is metaphorically constructed as full of "ups and downs"[6] in which the ups are the desired points and the downs are less than ideal. Looking to work on orientational metaphors, "up" and "down" are often attributed to states of happiness and sadness similar to the way in which the human body functions in its environment; happy is up and sad is down (Lakoff & Johnson, 1980). Kress and van Leeuwen's work on information values similarly relies on orientation metaphors, attributing a sense of idealness above and that which is real—and not idealized—below or at the bottom. Individuals are told that *HealthyPlace* exists to help users "weather" the ups and downs, providing imagery of extremity rather than calm. The promise made by *HealthyPlace* is one of "moving

forward," rather than remaining perpetually "stuck" in a space that is conceivably not positive—and hence not healthy. Notions of healing tied to metaphors of progress and transformation after a successful journey construct recovery as labor intensive. Change is seen as healing and transformative, as with the metamorphosis of the butterfly discussed in chapter three.

At first glance, it appears that *HealthyPlace* is moving from a biomedical model to a psychotherapeutic model as the new site places an emphasis on social contact as curative. However, closer inspection indicates that the updated site utilizes a combination of the biomedical model—in the form of information about and advertisements for pharmaceuticals—and the psychotherapeutic model—as evidenced by the multiple genres in which users are encouraged to engage in the "talking cure" to heal themselves. Revisions to the *HealthyPlace* website draw from both of the aforementioned discourses to construct recovery and healing as a "project of the self" (Giddens, 1991) that requires effort on the part of the user to attain wellness—a state of balance and serenity. Thus the site demonstrates how the "project of the self" becomes reified through a combination of therapeutic practices and pharmaceutical regimes that promote and/or promise sociability through images depicting the appearance of sociality.

In examining the design changes and consequent reconstruction of *HealthyPlace*, I demonstrate in this chapter how ways of thinking about mental health disorders have shifted from conceptions of individually managed, discrete disorders to notions of a complex and intertwined system of disorder. In profiles, *HealthyPlace* journalers consistently describe more than one mental health disorder as negatively impacting their ability to perform social and professional roles.[7] In light of this shift, the reconceptualization of disorder as part of a complex biomedical and psychotherapeutic

system drives the continued construction of a system of experts whose knowledge becomes necessary and relied upon.

Much of the marketing of this system is accomplished visually. Post-industrial service-driven economies, unlike previous manufacturing economies, have become increasingly dependent upon symbolism, imagery, and design to market products.[8] This increasing *semioticization* in contemporary society, according to Thurlow & Aiello (2006), is significant because "in fact, there is a little apparent materiality to the 'products' being sold; instead, what is the exchange of capital hinges on the promotion of ideals, images and lifestyles"(p. 4). Companies that do not provide tangible products are far more reliant on semiotic resources to promote ideals as the lack of tangible sellable products increases the need to create an image of what a service offers to consumers. With this in mind, service-driven companies like *HealthyPlace* must create a recognizable brand that drives consumer interest and maintains customer loyalty. Research by Barbara Warnick (2004) has suggested that design plays an important role in how people choose which sites to frequent. With the increased competition of mental health websites, corporate branding becomes necessary to ensure consumer loyalty and user traffic.

Since readers often evaluate the validity and trustworthiness of websites on aesthetics and professional appearance, the branding of *HealthyPlace* adds credibility to the site. When comparing the old and new versions of the website, there is clearly a trend to create a more professional-looking site, one that privileges uniformity and a corporate aesthetic. Figure 5.11 provides examples of the banners that mark virtual community territories through title and color. Designed to resemble the corporate logo banner on the *HealthyPlace* homepage, community logo banners share basic design features that create a sense of coherence across the website. Design features serve to

Figure 5.11: Examples of Community Banners

brand *HealthyPlace* as an all-inclusive one-stop shop for users to frequent. Warnick (2004) found that design aspects were overwhelmingly cited as indicators of why individuals chose one site over another, with individuals commenting that the look, organization, and information focus most affected their decision making.[9] She reports:

> when users consider credibility as a dimension in their choice of Web sites, their evaluation is not intrinsically tied to the identity of the site author or credentials. Instead, users are more influenced by other factors, such as professionalism of design, usability, relevance and usefulness of site content, motivation, and other factors that operate as signs of trustworthiness and expertise.

This sort of attention to form over function has been described by Mike Featherstone as *aestheticization* (Featherstone, 1991) and been taken up by Aiello & Thurlow (2006), who have shown that a corporate branding strategy "manifests

aestheticization in its privileging of design over substance." A comparison between the original *HealthyPlace* website and the revised version clearly illustrates an emphasis on design to brand *HealthyPlace*. The *HealthyPlace* website exemplifies how semioticization takes hold as the visual medium has become increasingly multimodal and less text-dominant. As computer technology has advanced in ways that have made microprocessors faster, memory capacity larger, internet connection speed faster, and graphic files smaller, web- sites have become increasingly multimodal and visually oriented. These changes call for more research that considers how symbolism, imagery, and design play into the ways ideals, images, and lifestyles are promoted. The importance of images to act upon people has been forwarded by Van Leeuwen (2005):

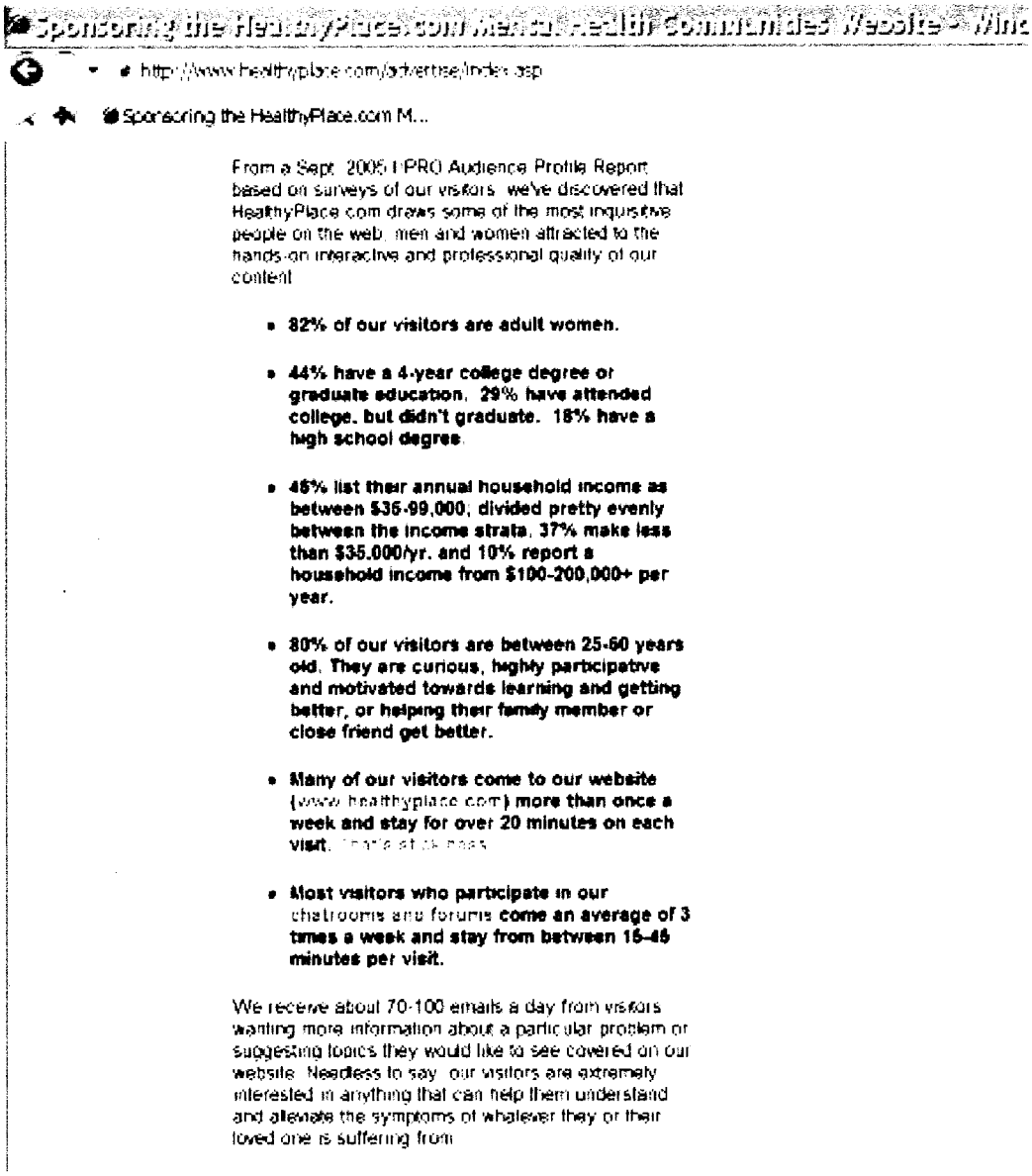
> Images have for the most part been studied as representations rather than as interactions. [...] But clearly images are also used to *do* things to or for or with people: to persuade (advertisements), instruct (patterns for dress making), explain (diagrams in textbooks), warn (image of skill and crossbones on a door), and so on. (p. 120)

Working from this premise, this dissertation has demonstrated the power of visual language as a communicative strategy and constitutive of ideological ways of knowing and being in the world.

In an era of branding, stock images have replaced photographs as the primary marketing tool, such that Machin (2004) argues, "The more they are multi-purpose, generic and decorative, the better they will sell." Instead of images depicting a product, images depicting lifestyles through concepts and values, like friendship, are increasingly used to represent a product. Taking into account the changes in advertising that attempt to sell lifestyles and ways of being, it is not surprising that groups of happy-looking people are increasingly the recurrent visual resource adopted by *HealthyPlace*. Machin

has noted the reliance on image bank images of the "bright and happy world of 'positive thinking' favoured by contemporary corporate ideology" (p. 320) is a prime marketing trend attempting to sell a lifestyle of happiness. Images used on *HealthyPlace* employ images of this sort to sell a lifestyle of happiness through sociability.

The trend to depict lifestyles as a means to entice consumers can be seen on *HealthyPlace*, as updated webpages present "everyday" people to be read as satisfied customers.[10] Depictions of *HealthyPlace* users as "average" people illustrate how its producers participate in the production and circulation of discourses that construct mental health disorders—and self-improvement practices—as an "everyday" issue to be attended to. Just as *HealthyPlace* producers use statistics to attract advertisers, they also employ them as a tool to create credibility among users, showing they are aware of who the users are and implying they can engage user needs better because of this knowledge. As shown in Figure 5.12, information about gender, education, income, and age (in that order) is provided to construct the *HealthyPlace* user, with demographics about ethnicity, sexuality, and dis/ability excluded. The ranges for the statistics provided are broad, making claims that *HealthyPlace* serves a very broad population. Based on these statistics, the average user is an adult woman between 25 and 60 years old, with a college or graduate education and an income of anywhere between $35,000-$99,000 annually. Despite the appearance of detail, the wide range in age and income does not provide much information except to say that a large percentage of women fit within the demographic. Gender, however, stands out because it represents a large percentage within a binary system and reproduces the discourse that women are traditionally affected with mental health disorders in greater numbers than their male counterparts.



Sponsoring the HealthyPlace.com Mental Health Communities Website - Mic

http://www.healthyplace.com/advertise/index.asp

Sponsoring the HealthyPlace.com M...

From a Sept. 2005 I-PRO Audience Profile Report based on surveys of our visitors, we've discovered that HealthyPlace.com draws some of the most inquisitive people on the web: men and women attracted to the hands-on interactive and professional quality of our content.

- **82% of our visitors are adult women.**
- **44% have a 4-year college degree or graduate education. 29% have attended college, but didn't graduate. 18% have a high school degree.**
- **45% list their annual household income as between $35-99,000, divided pretty evenly between the income strata. 37% make less than $35,000/yr. and 10% report a household income from $100-200,000+ per year.**
- **80% of our visitors are between 25-60 years old. They are curious, highly participative and motivated towards learning and getting better, or helping their family member or close friend get better.**
- **Many of our visitors come to our website (www.healthyplace.com) more than once a week and stay for over 20 minutes on each visit.**
- **Most visitors who participate in our chatrooms and forums come an average of 3 times a week and stay from between 15-45 minutes per visit.**

We receive about 70-100 emails a day from visitors wanting more information about a particular problem or suggesting topics they would like to see covered on our website. Needless to say, our visitors are extremely interested in anything that can help them understand and alleviate the symptoms of whatever they or their loved one is suffering from.

Figure 5.12: Statistics About *HealthyPlace* Users Enact Governmentality

The use of statistics about user traffic allows *HealthyPlace* producers to harness the power of governmentality through mechanisms that justify intervention by those offering products and services that reputedly benefit society by improving the lives of individuals. Producers state, "We receive about 70-100 emails a day from visitors wanting more information about a particular problem or suggesting topics they would

like to see covered on our website," thus providing advertisers evidence that a market exists for information that will "help them understand and alleviate the symptoms of whatever they or their loved one is suffering from." This awareness of users, illustrated through statistics, is also employed to generate credibility with potential advertisers. Potential advertisers are assured that, "Here, at HealthyPlace.com, we understand that when you pay money for marketing and promoting your product or service, you expect real benefits in return. We don't just put your banner up and hope for the best. We are proactive in getting your message out and helping you measure your return on investment." The "Sponsoring HealthyPlace" website serves as a reminder that the mental health community website exists, at least in part, due to the financial support of advertising dollars that "pay money for marketing [a] product or service." *HealthyPlace* positions themselves as knowledgeable about the obstacles to effective advertising, and share their statistics about user traffic to show a rich market, claiming they have "over 1 million unique visitors a month" to the web community, "1,500 people a day gather in [the] chatrooms," and "nearly 450,000 people ... have signed up for [the] 'targeted by disorder' email newsletter lists."

Though *HealthyPlace* attempts to position itself as an altruistic website, rather than a capitalist endeavor that aims to self-promote in order to sell product, the use of visual resources to create a desirable state of being and advertise pharmaceutical products suggests otherwise. According to statements on "About HealthyPlace.com and Our Editorial Policy," the producers have attempted to distance themselves from the influence of advertisers by stating that:

> HealthyPlace.com, Inc. is a private corporation based in San Antonio, Texas. The funding for the HealthyPlace.com Site comes from private individual investors. We do sell advertising to outside companies and organizations. No commercial or

> non-commercial organizations have contributed funding, services or material for the site (except for paid advertising or sponsorship material which is clearly marked on the specific pages of the HealthyPlace.com Site as being "Sponsored By" or an "Advertisement")

In spite of this disclaimer that "no commercial or non-commercial organizations have contributed funding, services or material for the site," producers contradict the distancing move by simultaneously stating within the same paragraph that they do sell advertising to outside companies and organizations and the producers count advertisers heavily. Though it is uncertain about what sorts of influence that the producers are hoping to mitigate, the fact remains that advertisements are present on the site and contribute to the discourse (re)constructing wellness and disorder. I surmise that *HealthyPlace* is invested in seeming non-commercial because they want to seem like a "real" community and generate and promote a greater sense of "authentic" sociality to users.

Throughout the *HealthyPlace* website, both the biomedical model and the psychotherapeutic model are represented through images and textual elements illustrating the differing ideological ways of thinking about healing. *HealthyPlace* offers examples of both of these discourses at work in the construction of *HealthyPlace* as a place for healing; however, the updated version of the site has increased its use of images that convey the importance of people—and hence relationship—as important for mental health. On *HealthyPlace* there is evidence that there is currently a discursive shift underway; whereas focusing on brain chemistry was privileged in the 1990s, the focus has moved to the social results that drugs can produce, with the consequence that sociality rather than brain chemistry is forefronted. In this way, technologies of sociality become important tools to teach those engaging in the project of the self how to

contribute to creating a healthier society through practices mandated by expert discourses about mental health and wellness.

Gender and Mental Health: Shifting the Burden to Govern Society

Its producers attempt to construct *HealthyPlace* as a diverse community of both "men and women." However, a glance at the statistics they provide show that a large majority of users—82% in fact—are women. The prevalence of women's voices and photographs across the site further demonstrate the gendered nature of mental health discourse and the expected audience. In line with *HealthyPlace* user statistics and gendered representations throughout the site, women have traditionally been described as the primary consumers of self-help literature at 85% (Rapping, 1996). Suggesting that the concept of self-help literature itself is gendered, cultural critic Micki McGee (2005) has contested claims that women are the primary consumers of this sort of literature and has made a case for expanding the notion of self-help literature to include self-improvement texts—like vocational and spiritual guides—that have traditionally included a male reading audience. When coupled with McGee's point that "men ingest the material of the books, it is, as readers and editors all attest, largely through the 'teachings' of the women with whom they are all involved" (cf. Simonds, 1992, p. 131), it stands to reason that men are not excluded from this discourse, but rather are affected. Statistics which place male consumers of self-help at a mere 15% may, in fact, be underestimating the ways in which men engage in self-improvement work. If the point made by McGee that both men and women are increasingly engaging in self-improvement practices is correct, then the focus should be on the ways that both women and men are positioned.

While women are known to suffer depression twice as much as men,[11] recently attention has shifted to the large number of men who remain unaware of or untreated for mental health disorders, with experts working together to intervene. The National Institute for Mental Health (NIMH) has raised questions about whether gender is indicative of higher incidence of depression or whether gender is actually linked to awareness and acknowledgment of symptoms, thereby inflating statistics that show women to suffer at greater rates than men. Their public health media campaign, "Real Men Real Depression," launched in 2003, was designed to create awareness, educate the public, and reduce stigma about the realities of depression in men.[12] The pamphlet published for the campaign suggests that insufficient data exists to verify "if depression is truly less common among men, or if men are just less likely than women to recognize, acknowledge, and seek help for depression"(NIMH, 2005). Yet, NIMH deploys the power of governmentality to counteract this dilemma by offering statistics demonstrating depression affects more than six million American men a year and to signal a public health crisis (NIMH, 2005).

Another indicator of increased attention to disorder in men is the recent special issue of the mainstream news magazine *Newsweek* (Scelfo, 2007) dedicated to depression in men. The main story relies on the same statistics that quantify diagnosis for American men at six million and adds that "millions more suffer silently, unaware that their problem has a name or unwilling to seek treatment," rhetoric that creates panic and a need to act. Men are being constructed as the newest group requiring intervention to counter to the effects of depression, and unlike constructions of disordered women as weak and overly emotional, men are being constructed as ignorant to the symptoms of depression and/or reluctant to take action to deal with the problem.

The disassociation of mental illness—and depression most specifically—as feminine or "womanly" speaks volumes about commonsense notions pertaining to women's behaviors as undesirable characteristics for men. The NIMH "Real Men Real Depression" campaign and the *Newsweek* online issue both rely on testimonials of "real men" experiencing depression to validate seeking treatment as necessary, despite conflicting messages about masculinity and asking for help as a sign of weakness. John Aberle is described in the *Newsweek* story as a "sales and marketing consultant, retired Air Force security specialist, part-time radio talk-show host, devoted husband, active father and a 6-foot-4, 250-pound body-builder" (Scelfo, 2007, p. 6), a description that activates traditional markers of masculinity to affirm Aberle's manhood in the midst of describing his struggle with depression. Similarly, in the "Real stories of Depression section" on the NIMH website, the professional identity of Jimmy Brown as a "fireman" is employed to frame the individual as a "real man" who shares the concerns of maintaining an acceptable masculine identity; "Especially in the fire service. Fire service, police service; it's an entirely macho atmosphere" (NIMH, 2007). But, the stereotypical big and strong guy who does not get emotional, share his feelings, or cry is set up and then knocked down by the testimonies of Aberle and Brown, who share their responses to depression and discuss the importance of dealing with mental health problems. Aberle is described as a big man who "twice faced a depression so deep, he cried on his knees." In his testimonial, Brown shares common misperceptions about him, saying "[People] think I'm a big, tough fireman. I'm supposed to be able to deal with anything, I'm supposed to be able to just pick up, carry on, like the old commissioner said, 'Just be able to suck it up. And just keep going'." Aberle and Brown provide a voice to contradict popular beliefs and attempt to validate behaviors often considered outside the norm of orthodox heterosexual male identity.

These two "real men" model the success that comes from taking the initiative to challenge traditional behaviors and engage in self-care practices that include attention to the emotional. For example, Aberle claims that the "real definition of what it means to be a man" should include "Taking care of [the] self physically, mentally *and* emotionally" (Scelfo, 2007, p. 6). Brown points out that the result of trying to "suck it up" and "just keep going" is unreasonable; he informs readers, "You can't just do that. If you tried to, it's just gonna come back up again and again and again. It may take a while but it's gonna keep coming back up." This reframing of depression as a problem of "real men" illustrates how discourse technologies are attempting to reconstruct notions of masculinity and male identity as one in which self care is a reflection of one's ability to be in control and seek help when needed. Real men talking about the importance of "dealing with depression," as described by Aberle, create a new model of successful masculinity and sociality.

While it is important that mental health disorders are being reconsidered with respect to gender, this reconsideration essentializes disorder by constructing manifestations as typical based on biological sex. For example, in the *Newsweek* cover story, the sexes are described as exhibiting different behaviors and symptoms when depressed; men are described as being "better at hiding their feelings," whereas women are said to "often weep and talk about feeling bad." These behaviors are generalized as inherently based on sex, ignoring the social conditioning that men should "hide their feelings" and that women are "emotional." The cliché "boys don't cry," which re-enforces masculinity as divorced from emotionality, has been taken up and challenged to change beliefs about emotionality as unacceptable male behavior. Scelfo (2007) admits to the clichéd nature of essentialist claims that men are less openly comfortable with their own emotions than women, but points out that "the facts suggest that, well, men tend not to

take care of themselves and are reluctant to own up to mental illness," despite the emotional and medical implications. For those men who recognize they have a problem, seeking help is often viewed as a sign of weakness, conflicting with dominant discourses about male identity.

Many of the symptoms attributed to depression in men relate to an inability to control one's emotions; short temper, angry outbursts, and in the most extreme, violent behavior are said to be common coping mechanisms for depression in men, along with a tendency to "mask their feelings" of depression through a number of behaviors like drug and/or alcohol abuse. Problematically, the construction of men's depression legitimizes anger and other behaviors that are attributed to mental health disorders in men. Rather than discussing the common symptoms of isolation, unhappiness, and lack of motivation, the primary focus is on common masculine behaviors gone awry. Clearly, the social repercussions of these sorts of behaviors warrant action to minimize situations in which individuals strike out at others. However, the awareness campaign does not construct depression in men as a public safety issue, but instead frames the issue as one of lost productivity and increased health care costs.

According to *Newsweek*, the cost of unrecognized depression in men is astronomical and has been connected to mortality and productivity:

> The widespread failure to recognize depression in men has enormous medical and financial consequences. Depression has been linked to heart disease, heart attacks and strokes, problems that affect men at a higher rate and an earlier age than women. Men with depression and heart disease are two or three times more likely to die than men with heart disease who are not depressed. Lost productivity due to adult depression is estimated at $83 billion a year. Over the past 50 years,

> American men of all ages have killed themselves at four or more times the rate of women, depending on the specific age range. (Scelfo, 2007, p.3)

With the compilation of statistics about lost productivity and mortality rates resulting from mental health disorders in the American male population, governmentality is employed to intervene and influence conduct. To ensure longevity of the population, expert knowledge becomes a tool to track obstacles to optimal health, as mechanisms of prediction and calculation of rates influencing birth, death, and longevity, are biopolitics' "objects of knowledge and the targets it seeks to control" (Foucault et al., 2003, p. 243).

Biomedical discourse adds authority to explain depression as more than "feeling blue" or having what *Newsweek* called the "Moody Boy Blues" in the online photo gallery depicting "some of history's greatest male leaders, artists, and entertainers who silently suffered from depression behind the guise of their talents" (February 26, 2007). Nineteenth-century beliefs that madness—and hysteria in particular—were problems of the nervous system have once again become the focus of biomedical discourse on brain chemistry. Beliefs that mental illness results from hormonal fluctuations related to female reproductive cycles, such as puberty, childbirth, and menopause, have been challenged and experts increasingly are questioning whether men experience mental illness in greater numbers than previously assumed.

Conclusion

As a problem of productivity and economic cost, mental health disorders are a concern of biopolitics to be governed and regularized, through mechanisms designed to measure and estimate, with the goal of maintaining an average and optimal state of life despite variations within a population. To maintain an average degree of mental health, mechanisms to increase wellness and/or lower mental health disorder rates are points of

intervention. Mechanisms of biopolitcs are employed to "tak[e] control of life and the biological processes of man-as-species and of ensuring that they are not disciplined, but regularized"; biopower can be understood as the power of regularization concerned with "making live and letting die" (Foucault et al., 2003, pp. 246-247). Regulatory technologies, like governmentality, are centered on the life of a population and try to control random events that interfere with regular life through predictions about such events and modifications and interventions to counter the destabilizing effects of such dangers upon the homeostasis (and equilibrium) of society as a whole.

The profit motive of industries that benefit from the normalization of mental health disorders is undeniable. The broadening of disease categories and availability of expert knowledge allowing for self-diagnosis creates a larger market for products and services that promise relief to a growing number of available consumers. Institutional discourses that reproduce permanency of disease and treatment programs that promote elusive states of healing and recovery problematically contribute to the perpetuation of dependence on therapeutic and pharmaceutical regimes. Bringing men into the mental health discourse increases the market for mental health services and shifts the burden of engaging in emotional self-care to include men in emotional labor. Anxiety to get healthy is shared by both men and women in late modernity, such that the job of self-improvement now falls on everyone's shoulders.

Returning to Foucault's account of endemics as a modern public health concern that slowly "saps" a population's strength with their permanence, it makes sense that less serious—and often less visible—mental health issues would eventually become points of intervention as more advanced statistical and demographic models provide evidence that problems exist in areas previously overlooked. The project of the self has become a laborious task, in which both women and men are not engaging in various ways, with

men becoming the new group to be governed and educated about their role as "real men," who must engage in technologies of the self and utilize discourse technologies to take care of themselves emotionally—as well physically and mentally—to be responsible social beings.

CHAPTER SIX: CONCLUSIONS & TRAJECTORIES

The impetus for this research was an interest in how support groups—constructed as spaces for help and healing—rely upon rules and discursive rituals that control the conduct of participants in subtle and, often, unquestioned ways. Support groups built upon the 12-step model, for example, rely on steps and traditions that are anchored in particular beliefs about desirable identities and conduct. In these groups, narrative practices modeled by "old-timers" teach "newbies" how to mirror a successful recovery identity that constructs the storyteller as troubled, but actively "working on it." Those who tell the "right" story, perform the desirable recovery identity, have accepted "disease" as a manageable constant in their lives, diligently "working the steps" to maintain a sense of wellness paradoxically characterized by a sense of dis-ease. Within this perpetual state of disease, a proper narrative signifies health and recovery in process, simultaneously advocating permanent membership in the community as a preventative measure to ensure lower incidence of relapse to extreme unwellness. Allegiance to the community and a continued identity of being in recovery is explicitly promoted in the 12-steps; step 12 instructs individuals to pass along the "message" and "practice these principles" as a result of "having had a spiritual awakening" (See Appendix 2). The goal of the project was to explore how self-improvement storytelling practices are shaped.

The emergence of the internet and the popularity surge of online communities and blogs led me to wonder how individuals are using the internet as an alternative space for support and information about health and disease. It seemed likely that the discourses of self-improvement and recovery that have permeated American popular culture were reproduced online through personal webpages, blogs, message boards, and

chatrooms. With this in mind, I designed this study to understand how online institutional discourses are constructing mental health disorder and wellness and how individuals are responding to these messages. First, I set out to identify what messages about mental health and disorder are (re)produced on the popular mental health community website *HealthyPlace* and what types of semiotic resources are employed to promote these perspectives. Next, I examined how individuals who have turned to online support groups have been taught to perform specific identities via narrative practices, such as journaling.

Internet technology has created a new space for institutional discourses of health and wellness to be produced, circulated, taken up and utilized in the project of the self; the internet has provided an alternative space for individuals to engage in mental hygiene and the project of the self through self-improvement practices. The project of the self, when engaged in the service of mental health online, is an activity in which individuals discursively exhibit a hyper-awareness of their sense of unwellness and become responsible for their own healing via psychotherapeutic services and pharmaceutical drugs. This dissertation has shown how individuals go about the work of performing disease/disorder and the pursuit of wellness through online narrative practices.

To analyze self-improvement and mental health online, a variety of theoretical foundations and methodological tools were necessary. In addition to critical discourse analysis, invested in uncovering linguistic reproduction of naturalized ideology, this project employed social semiotics to illuminate the fundamental role of the visual and critical narrative analysis to show how storytelling practices are ideological. Furthermore, the research moved across levels of discourse, beginning with institutional

discourse and ending with individual online storytelling practices responsive to the former.

The goal of this project was to identify dominant discourses underpinning late modern mental hygiene rituals and to demonstrate how individuals respond in an online support community. I found that dominant discourses normalize disorder as an everyday occurrence, requiring vigilant attention and commitment to self-improvement while selling a lifestyle of continuous participation in recovery communities that promise transformation. Visual and linguistic resources on *HealthyPlace* provide meaning potentials to sell a lifestyle of working on wellness, requiring individuals to be active agents in maintaining and producing a self-identity that reflects a realistic ideal of a happy and social person contributing to the better of society.

While each chapter of this dissertation generated substantial data, each also raised further questions that were impossible to address in this project. In this chapter, I discuss the primary areas that emerged as worthy of deeper investigation and areas for future research, specifically: self-improvement discourse and notions of the self; discourses of community and place; governmentality & (re)gendering mental health; branding, consumerism, and capital; self-identity construction and storytelling beyond the journal; and the continuing project of the self.

Self-improvement Discourse & Notions of the Self

I attempted to contextualize the project of the self and mental health discourse in relation to self-help and recovery discourses in chapter one. However, due to the lengthy history of self-improvement discourse in the United States, a Foucauldian historical analysis, beginning with early settlers, would better shed light on the ideologies informing the connection between self-improvement and mental health discourses in

late modernity. Such discourses are intricately tied to contradictory notions of the self. In the context of philosophical shifts from the modern to the postmodern, *HealthyPlace* provides evidence about how self-improvement and mental health discourses are caught between paradigms. While the social constructionist project of the self appeals to contemporary notions that a transformable self can be "worked on," Enlightenment notions that individuals have an authentic self to be found and known also permeate the discourses. Placed alongside notions of the self, a historical examination of self-improvement discourses can trace how these discourses have been working simultaneously and informing ways of thinking and talking about self-care in late modernity.

Discourses of Community & Place

As discussed in chapters two and three, website design choices contribute to constructions of wellness and disorder via visual and linguistic resources. The construction begins with the medium as an alternative social space unconstrained by time as opposed to traditional face-to-face support groups; users are told "Our HealthyPlace.com chatrooms and forums are open 24 hrs. a day, 7 days a week." Whereas traditional face-to-face support groups[xcviii] require a physical meeting space and an agreed upon time,[xcix] users may convene online from locations around the world; thus, individuals from geographically remote locations can meet and are not limited by mobility. The visual and linguistic construction of *HealthyPlace* as a functional family environment where users can find a sense of social attachment and escape loneliness is manifested across the mental health community website. The discourses of community and place are intricately tied to ways of thinking about healing and recovery online as a social endeavor.

Governmentality & (Re)Gendering Mental Health

Through an examination of *HealthyPlace*, I have argued that mental health has become an object of governmentality, in which expert discourses alert individuals to warning signs of the "normal" problem of mental unwellness and create a need for perpetual action with the implied alternative of a less-than-optimal life. Responding to the market demand for self-care advice and support communities, *HealthyPlace* offers the possibility of wellness through virtual literacy practices. The designation quantifying of mental health disorders as a common problem for the average person—the normalization of disorder—has created a demand for psychotherapeutic services and pharmaceutical products, which in turn, increases the probability of consumer-oriented mental health discourses becoming hegemonic. Broadening criteria for mental health disorders and the normalization of disorder contribute to the growing acceptance of being in recovery as a lifestyle choice for both women and men.[c]

In chapter four, I demonstrated how journaler profiles serve as a tool to manage and display desirable self-identities in response to dominant discourses of wellness; profiles shed light on how the project of the self is gendered, with women focusing on sociality and identity maintenance and men showing an interest in self-discovery and meaning-making. Profile analysis illuminated that for women, specifically, mental health disorders threaten one's ability to fulfill social and professional roles as mandated by societal norms. With the rapid increase in online journals, scholars have begun to examine the ways that gendered writing practices spill over into computer-mediated communication (Herring, 2004), an examination to which this project contributes.

HealthyPlace online journaling practices provide a late- modern example of how individuals—still women more than men—are increasingly "working on themselves" in hope of self-improvement. McGee's argument that the central requirement for

Americans to work on the self and "be all one can be" is a seductive message that leads to an endless cycle of re-invention and overwork. Self-help culture and advice literature are taken up as coping devices for members of post-traditional society. While men are also concerned with self-improvement, self-identity work connected to relationships continues to be primarily the burden of women. Women have taken on the additional burden of improving themselves for the job market. With women as full participants in the American workforce in late modernity, self-identity is defined not only through relationships, but also professional accomplishment and, as a consequence, circulating discourses that spout promises of self-improvement that inevitably reproduces gendered self-help behaviors that may or may not offer desired results.

While women have traditionally been the focus of governmentality and mental health, chapter five showed how men are increasingly under the spotlight. Although women are the primary users at *HealthyPlace,* men also participate in the community. The construction of men as a population in need of mental health governing, as evidenced in national campaigns and news magazines, suggests that future critical discourse analysis of institutional discourses aimed at men would provide valuable insight into the (re)gendering of mental health and the effects of governmentality in late modernity.

Branding, Consumerism, & Capital

Statistics compiled by the Pew Internet Study on American Life have shown that queries about health and disease are the number one reason individuals go online, and 80% of American internet users have searched for information on at least one of seventeen health topics (Fox, 2006). More importantly, 22% of people using the internet for medical purposes reported including mental health topics in their searches. These

statistics show a large consumer market for mental health products and services, which in turn, demonstrates a continuing need for critical research examining how disorder and wellness are constructed, internalized, and taken up online since the implications of social control are implicit in institutional discourses defining disorder and wellness and specific courses of action promoted as necessary to achieve (and maintain) a state of wellness.

In chapter five, I demonstrated how visual resources and discourse strategies are utilized to construct the *HealthyPlace* brand as a friendly online community promoting a lifestyle of wellness. In conjunction with recovery discourses invested in maintaining a state of dis-ease—categorized as disease—*HealthyPlace* justifies a market for expert advice and services geared at producing reliance and dependence through normalizing disorder. Web design features described in chapter two and three situate how wellness is constructed as a desirable lifestyle in which the average person can participate. Due to the sheer quantity of images for analysis, this project focused primarily on how wellness has been constructed as an attainable and "realistic ideal" available for consumer consumption by "everyday" people. A continued social semiotic investigation of *HealthyPlace* would profitably interrogate the absence of images depicting the undesirable state of disorder, to balance the analysis between the ideal and the real. Moreover, although the discussion of branding in chapter five touched upon the late modern trend of selling lifestyles rather than products, this project would benefit from a neo-Marxist critique allowing for discussions of consumerism, capitalism, and mental health in contemporary times.

A robust examination of capitalism and health care would consider policies and legislation surrounding health care and mental illness in the United States. Dominant discourses about personal responsibility for health care and de-socializing of disease can

be traced to shifts in government funding for social programs such as President Ronald Reagan's U.S. policy toward the treatment of mental illness during the 1980s. The consequences of mental health care policies in the 1980s remain visible today as individuals have become increasingly responsible for the work of self-care and managing their own mental health.

Self-Identity Construction & Storytelling Beyond the Journal

In chapter four, I showed how *HealthyPlace* journals provided a space for self-identity construction, sense-making, and social connection. While journals offer the most obvious form of self-identity construction via storytelling practices, other virtual spaces allow for similar results in a user's quest for healing. For example, *HealthyPlace* forums,[ci] while also a space for social connection and self-identity construction, function differently from journals. Unlike journals, which revolve around the experiences of an individual, forums are topic- and/or community-driven. Conversation—rather than storytelling—is the norm, with users engaged in virtual turn-taking. Unlike in journals, the individual who begins a forum conversation thread is not necessarily the focus of the discussion and may not be the main holder of the virtual floor throughout the length of the exchange.[cii] Previous research on adjacency pairs, in Conversation Analytic (CA) terms, may be useful to uncover the types of questions, greetings, and invitations that call up responses on forums.[ciii] A complementary critical narrative analysis of storytelling practices and self-identity (re)construction taken up in other online environments, such as forums and chatrooms, would expand knowledge about how individuals respond to institutional discourses within the project of the self in late modernity.

Unlike the self-identity construction in the *HealthyPlace* journals, where individuals construct themselves as average people working on themselves, self-identity creation on its forums, for example, is more playful.[civ] An analysis of *HealthyPlace* forums would provide a rich ground for considering self-identity construction in another sort of virtual support environment, with a focus on how user names, avatars, emoticons, photographs, specialized signatures, and frequency labels[cv] create a self-identity to be read by other community users. In virtual spaces where user profiles do not provide an explicit moment for self-identity construction, how do users represent a sense of self to others? What sorts of linguistic and visual resources do forum users employ to construct self-identity and go about the work of healing?

The Continuing Project of the Self

In late modernity, the project of the self has become a mainstream concern in late modernity with individuals working on self-improvement towards an ever-elusive goal of ideal wellness; self-identity has become a reflexive project in which conceptions of the self are intricately tied to dominant discourses that define desirable identity formations. If, as Giddins has suggested, living in late modernity is riddled with dilemmas with respect to the level of the self that must be resolved to sustain a coherent narrative of self-identity, then language scholars must continue to explore how identity is (re)constructed through storytelling practices, especially in regard to the ways ideology is embedded within them. Websites such as *HealthyPlace* provide evidence that the project of the self is not merely a dilemma to be solved, but a commodified lifestyle to be capitalized on, possibly at the expense of a vulnerable—and unsuspecting—population. I propose that critical discourse analysts continue exploring how power is negotiated through language use, specifically, as individuals go about the project of the self in

service of mental hygiene. And for narrative analysts, I call for critical examinations that consider the power of discourse to govern individuals and their storytelling practices deployed for the project of the self. The stories we tell about who we are and hope to be are not neutral; rather, a web of interrelated discourses informs the stories we tell and how we tell them.

END NOTES

CHAPTER ONE: GOVERNING MENTAL HEALTH AND SELF-IMPROVEMENT IN LATE MODERNITY

[1] I use the parenthetical conception of (re)create to draw attention to the multi-functionality of the term, in that individuals may engage in creating a new identity—different from one previously imagined—or in recreating an identity that draws from an earlier version that is similar, though perceived to be improved.

[2] I use the term *self-improvement* rather than *self-help* throughout this project in order to illustrate how discourses and corresponding practices are in fact focused on 'improving' the individual to meet the demands of technologies of power. Moreover, the term self-help infers that individuals need assistance and implies a state of victimhood. I argue that while many individuals do need 'help' with serious problems, there are also many that perceive a need to 'improve'. It is this attention to 'improvement' that I am most interested. I should add that self-help carries a gender connation, which I would like to work against in this project.

[3] The emergence of the internet as an alternate space for individuals to form social networks in order to provide and receive emotional support has been documented by scholars of computer mediated communication; the July 2005 issue of the *Journal of computer-mediated communication* (Preece & Maloney-Krichmar, 2005) was dedicated specifically to the theme of online communities.

[4] For early discussion about the internet as a valid social space, see (Parks, 1996).

[5] For consistency, I use the term "forums" rather than "fora," as is done on the *HealthyPlace* website.

[6] Virtual communities like *HealthyPlace* illustrate the complexity of "expertise" in self-help practices in the ways traditional experts and non-experts are given access to the (virtual) floor for advice dispersal. Though it is beyond the scope for this project, future research may examine how individuals negotiate authority and expertise in spite of their own status as unwell and in recovery.

[7] I look to Deborah Cameron's work on the increasing hyper-awareness about language practices—known as "verbal hygiene"—to extend upon the connection between increasing anxiety and discourse in late modernity.

[8] *HealthyPlace* claims that they are "the largest consumer mental health site." I understand "consumer" as defined by the Oxford English Dictionary to be, "One who purchases goods or pays for services; a customer, purchaser." On the page describing the site's editorial policy, they describe themselves as an "an independent media company designed to provide news, information, and educational material to consumers" and "free from influence by sponsors, partners, or other sources." The contradictory nature of *HealthyPlace* as a business venture selling products to buyers or an altruistic enterprise providing information and support will be considered further in this dissertation.

[9] Following Rodgers and Chen (Rodgers, 2005), I define an online community as a group of individuals with a common interest or a shared purpose, whose interactions are governed by policies in the form of rules, rituals, or protocols; who have ongoing and persistent interactions; and who use electronic communication as the primary form of interaction to support and mediate

social interaction and facilitate a sense of togetherness (Bressler & Grantham, 2000; Dennis, Pootheri, & Natarajan, 1988; Figallo, 1998; Jones, 1997; Preece, 2000; Ridings & Gefen, 2004; Smith, 1999). Based on this definition, *HealthyPlace* qualifies as an online community. Through participation in journaling, bulletin boards, and chat rooms, *HealthyPlace* users share a common purpose of self-improvement. Individuals have a sense of community and togetherness based on frequent online interactions. Users' interactions are governed by explicit rules and policies pertaining to member conduct on *HealthyPlace*, and electronic communication is the chief mode of communication.

[10] Galegher, Sproull, and Kiesler (2003) provide sources for further reading on technical and professional groups (e.g., Finholt & Sproull, 1990; Herring, 1996; Howard, 1997; Orlikowski & Yates, 1994), hobby groups and special interest groups (e.g., Baym, 1993, 1996; Sproull & Faraj, 1995), political action groups (e.g., Gurak, 1997), and general communities (e.g., Smith, 1992).
[11] While this project relies on Foucauldian notions of discourse, it is beyond the scope of the project time to provide a historical account of the texts informing the discourse. Future research will benefit from such an analysis.

[12] For reading on talk shows as a space for public recovery see (Lowney, 1999; Shattuc, 1997).

[13] Founded in 1938, Alcoholics Anonymous (AA) is recognized as one of the first support groups relying upon storytelling as an identity (re)construction tool (Jensen, 2000). Eventually, a variety of 12-step programs formed to meet the increasing sub-groups "recovering" from a variety of addictive disorders. To read further on 12-step group practices and the role of storytelling, see (Galegher et al., 1998).

[14] This dissertation does not attend to a thorough Foucaultian historical analysis of discourses as it is beyond the scope of the project. Future research would benefit from such an analysis.

[15] Biomedical discourses focused on brain chemistry as the cause of mental illness are also relevant to current discussions of self-improvement, but are tangential to practices that rely on discursive practices to heal. Biomedical discourses are discussed in greater detail in chapter five.

[16] The notion of the "talking cure" and other Freudian contributions to modern-day psychotherapy discourses will be taken up extensively in this dissertation, as they form the basis of expert knowledge that lay people have come to rely on in positioning themselves as experts in their own—and others'—healing.

[17] Key texts for 12-step groups AA and Al-Anon include: *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*, also known as "The Big Book," written by Bill W. (1976); AA's *Twelve Steps & Twelve Traditions (1981)*; *Paths to recovery: Al-Anon's steps, traditions, and concepts* (1997); and *Al-Anon's Twelve Steps & Twelve Traditions* (1981).

[18] Foucault (2003) defines four technologies in his governmentality lectures.

[19] Even though the site was launched in March 2000, these first-year figures remain on the "Sponsoring a *HealthyPlace* Community Website" presumably to convince potential advertisers of the website's reach.

[20] The hyperlink promoting the website as "award-winning" was broken throughout the course of this study despite auto-responses that claimed the broken link had been reported and would be fixed.

[21] *Alexa Internet* traffic rankings are based on data collected from millions of Alexa Toolbar users consisting of a combined measure based on the number of users who visit that site and the number of pages on the site viewed by those users. Reach measures the number of users and is typically expressed as the percentage of all Internet users who visit a given site. Though these statistics may not be a representative sample of the global Internet population, the data provided by *Alexa Internet* and other similar web traffic programs all present similar limitations.

[22] According to *Alexa Internet*, 48.7% of *HealthyPlace* users are in the United States, followed by 5.2% from the United Kingdom, and 5% from Canada.

[23] The Top 10 sites in the United States as of February 10, 2006 were respectively: Yahoo!, Google, Myspace, Microsoft Network (MSN), EBay, YouTube, Thefacebook, WikiPedia, Craigslist.org, and Windows Live. Comparatively, the Global Top 10 sites were: Yahoo!, Microsoft Network (MSN), Google, YouTube, Myspace, Windows Live, Baidu.com (Chinese), Orkut.com, www.qq.com (Chinese), Wikipedia.org.

[24] For further reading on storytelling in AA and Al-Anon, see (Daniell, 2003; Jensen, 2000).

[25] By the same token, users must also inhabit an unhealthy identity to be a good member of the *HealthyPlace* community.

[26] A well-known example of this practice can be seen in 12-step support groups, such as Alcoholics Anonymous (AA) and Al-Anon, where individuals meet regularly to reconstruct their ever-changing life stories in relation to recent events in their lives.

[27] Gunther Kress and Theo Van Leeuwen set out to create a visual grammar that would account for how images and text work together to interact with readers and create potential meanings .

[28] Parenthetical constructions will be turned to when it provides a more complex reading of terms and simplifies the sentence structure. In this case, constructions of users as (un)healthy is not to suggest a political move to avoid labeling individuals as unhealthy, but rather suggests that users construct themselves as both healthy and unhealthy.

CHAPTER TWO: WELCOME HOME – COMPOSING (A) HEALTHY PLACE

[1] Ironically, one could argue that the name "healthy place" is a misnomer in that the website serves as a congregation space for the unhealthy to frequent as they work towards an ideal of health and wellness and that "un-healthy place" is a more apt name.

[2] Because color varies across computer monitors, the color is not consisant.

[3] For further reading on systemic functional linguistics, see (Eggins, 1994; Thompson, 2004; Young & Harrison, 2004)

[4] Of the 24 *HealthyPlace* journaler photographs, 17 depict smiling individuals. In the remaining photographs, individuals wear serious expressions or provided photographs in which their expression is not discernible.

[5] Carpenter and home design guru Ty Pennington became well-known from his work on *Trading Spaces*, appearances on *The Oprah Winfrey Show*, and finally, as the design team leader for the show *Extreme Makeover: Home Edition*.

[6] In a recent issue of *Newsweek*, devoted to the topic of men and depression, a photo gallery of successful men who have battled depression illustrates how a conflation of the real and ideal is effective. The photo gallery was framed by a discussion about changing perceptions of depression in men as 'normal' rather than stigmatic. The photo gallery included "some of history's greatest male leaders, artists and entertainers who silently suffered from depression behind the guise of their talents" including: President Abraham Lincoln, Painter Vincent van Gogh, British Prime Minister Winston Churchill, CBS '60 Minutes' correspondent Mike Wallace, author Ernest Hemingway, American astronaut Buzz Aldrin, Pittsburgh Steelers quarterback Terry Bradshaw, former CEO of CNN Tom Johnson, and comedian Jim Carrey. ("Photo Gallery: Moody Boy Blues," 2007)

[7] Emmons (2003) has provided examples of advice manuals targeted at women to show how the trend of privileging the authentic voices of female sufferers is increasing. Despite intentions to attempt to speak with their readers, rather than to direct them, authors rely on their expert status, and, in the end, both prescribe rather than negotiate solutions. For further reading see Valerie Davis Raskin's *When Words Are Not Enough (1997)* and Ellen McGrath's *When Feeling Bad is Good (1992)*.

[8] All three journalers in this example look back at viewers with the demand gaze, although the printed reproduction of Kelly's photograph is difficult to discern.

[9] Although this project would benefit from an examination of chatrooms, in order to maintain chatrooms as a "safe space," *HealthyPlace* prohibits contact with community members for research purposes.

[10] I have not modified the language of *HealthyPlace* users as my goal is to represent the language as it is used.

[11] Alternatively, users can connect to the General Forums Index page by clicking the text-link "Bulletin Boards" underneath the "Communities & Events" section in the left-side menu or "Forums" underneath the "Communicate" section in the center of the homepage.

[12] I coin the term *thread opener* to describe the function of the initial post that opens a virtual conversation on a forum or message board.

[13] The focus on modality in chapter three provides elaboration on visual representations and denotations of "truth."

[14] For further reading on consumer culture and aestheticization see Mike Featherstone's *Consumer Culture and Postmodernism* and "Perspectives on consumer culture."

[15] A Google™ search for this phrase brought up the website MotivateUs.com, in which the quote was placed among others on the September Inspiration page, which was the same month it was posted on *HealthyPlace's* "Thought For Today" section.

CHAPTER THREE: LOOKING HEALTHY - VISUALIZING DISORDER & WELLNESS

[1] With the availability of digital photography and user-friendly image manipulation software, the modality of photographs may lower as the belief in truth value changes.

[2] The community name has been shortened from Sex Issues Community to Sex Community on the community logo banner whereas the community is labeled as Sex/Sexuality on the homepage directory.

[3] Early images can still be found on *HealthyPlace* by using links that have not been updated or by typing in a different extension. New pages use the extension ".asp" instead of ".htm" and do not include "Site" in the URL. For example, the extension "http://www.healthyplace.com/Communities/Anxiety/index.asp" sends users to the updated site, whereas "http://www.healthyplace.com/Communities/Anxiety/Site/index.htm" links to the original version.

[4] This image representing the Bipolar Disorder is no longer readily accessible through most internal hyperlinks to the community. This community page has been revised, yet it is still accessible from a few unchanged hyperlinks.

[5] The first twelve images that were brought up by a Google™ image search of the term "New Age" shared the stylistic characteristics of the surreal landscapes described here.

[6] Personality disorders represented on this community include: Borderline Personality Disorder (BPD), Multiple Personality / Dissociative Identity Disorder (MPD/DID), and Narcissistic Personality Disorder (NPD).

[7] Search results for the concept spirituality brought up approximately 36,000 images, of which 30 were of the yin-yang symbol. The concept balance brought up approximately 20,000 images, of which 25 included the yin-yang symbol. (accessed January 10, 2007).

[8] The reality show "The Swan" also plays on this metaphor as women are said to be transformed into beautiful swans through a regime of diet, exercise, and plastic surgery (Marwick, 2006).

[9] Television advertisements for Cymbalta® ask the question, "Where does depression hurt?" Viewers are told that depression hurts everywhere—both emotionally and physically. Because depression is a mental condition, part of moving it beyond a state of mind, is to embody it and create a metaphorical understanding of disorder.

[10] An image search for schizophrenia in GettyImages® and istockphoto® produced similar image-types in which the head has been stylized to appear multiple, divided, and/or distorted. 67 out of 112 search results were generated through GettyImages® and 8 out of 37 from istockphoto® (February 5, 2007).

[11] Images depicting abuse—often conflated with child abuse—often use props such as stuffed animals and blankets to signal the innocence of childhood, as seen on the *HealthyPlace* Abuse Community homepage. For instance, a GettyImages® search for the keyword 'abuse' generated the question "Which 'abuse' do you mean?" followed by two options: 'child abuse' and 'violence.' When I searched 'child abuse' specifically, 97 images were generated, of which 16 focused on or included dolls and/or stuffed animals as props (February 1, 2007).

[12] I contacted Webhead Software about the *HealthyPlace* web design strategy, but was unable to get an interview because they were unable to secure authorization from *HealthyPlace*.

[13] Major advertising sponsors for *HealthyPlace* include: AstraZeneca-Seroquel; Bristol-Myers Squibb-Abilify; Eli Lilly-Strattera and Cymbalta; Forest Laboratories-Lexapro; GlaxoSmithKline-Paxil; Pfizer- Zoloft; Rader Programs-Eating Disorders Treatment Centers; Remuda Ranch-Programs For Anorexia and Bulimia; Wyeth-Effexor XR

[14] Though I was unable to confirm why only these particular community homepages have been updated, I suspect the decision to revise is based on advertising and user traffic. A list of *HealthyPlace* sponsors in Table 3.2 shows a correlation between updated disorder communities and related pharmaceutical products.

Table 3.2: Self-reported list of *HealthyPlace* sponsors

Disorder(s)	Product	Manufacturer
Depression	Effexor XR	Wyeth
Depression	Lexapro	Forest Laboratories
Depression ***Anxiety***	Cymbalta	Eli Lilly
Depression ***Anxiety*** ***PTSD*** ***OCD***	Paxil	GlaxoSmithKline
Depression ***Anxiety*** ***PTSD*** ***OCD***	Zoloft	Pfizer
Bipolar	Seroquel	AstraZeneca
Bipolar ***Schizophrenia***	Abilify	Bristol-Myers Squibb
Eating Disorders	Eating Disorders Treatment Centers	Rader Programs
Eating Disorders	Programs For Anorexia and Bulimia	Remuda Ranch
ADHD	Strattera	Eli Lilly

[15] The overrepresentation of women as a visual resource is not confined to the community homepage images; women are seen more often than men throughout the *HealthyPlace* website.

[16] A close examination of the image used for the "Sex Community" makes apparent the manipulation of stock photos of individuals that have been "photo-shopped" together to create an image of two couples.

[17] Although self-reported data is unverifiable, in their research about online dating, Ellison, N., Heino, R., & Gibbs, J. (2006) stated that the majority of online dating participants claimed that they attempted to present an accurate self-representation online, which was echoed in their survey data.

[18] Though most of these pages are relatively inaccessible to users, they remain active on the server and may still be found through a few unchanged links or by direct typing of the old site URL into a

browser. For example, the most recent version of the homepage can be accessed at www.healthyplace.com, whereas the older version can be accessed at www.healthyplace.com/index/. When www.healthyplace.com is typed in, the user is sent to the new homepage which is in asp rather than html. However, because the html file still exists on the public server, it remains accessible to users via direct linking or faulty internal routing. Because both addresses exist with and without the extension, the server reads them as different pages that can still be searched through the internet. If a user were to use the older homepage, they could still navigate to the new site with any of the links that remain active or updated.

[19] The image of a distressed woman with a man looking in her direction is typical of images that are used to represent depression.

[20] Although self-reported data is unverifiable, in their research about online dating, (Ellison et al., 2006) found that the majority of online dating participants claimed that they attempted to represent an accurate self-representation online, which was echoed in their survey data.

CHAPTER FOUR: NARRATING SELF-IDENTITY THROUGH THE ONLINE JOURNAL

[1] Labov and Waletsky's (1997) research on narratives of personal experience provides an initial foundation for understanding the fundamental structural elements that are usually found in full narratives; narratives often consist of an abstract, orientation, complicating action, resolution, and a coda. These narrative components may be examined to gain an understanding about how specific elements do certain types of work. For example, the abstract may be examined to understand how the writer positions themselves in relation to disorder and the practice of journaling. Also, the orientation can be examined to understand how particular entries are being related to the larger goals of the journal and/or how new events and people are framed in relation to particular life experiences.

[2] I do not analyze the daily journal entries in this project as it is beyond the scope of this project.

[3] Participation in forums and chat rooms are other online practices that provide insights into identity construction; analyses of they practices are beyond the scope of this project, but are worthy of future research.

[4] Despite attempts to collect information on acceptance rates, it remains unclear whether applicants have been rejected from *HealthyPlace*. However, the process of application suggests that gatekeepers choose those journals that are deemed acceptable based on unknown criteria.

[5] For further reading on the tension between agency and structure, see Giddens' (1984) work on the *duality of structure* in *The Constitution of Society: Outline of the Theory of Structuration.*

[6] One might question why communities like parenting and relationships have been included under the rubric of mental health. It is worth noting that these artificially produced categories respond to late-modern discourses that encourage attention to relationships as essential to mental health well-being.

[7] Because all journalers claimed to suffer from at least one mental health disorder, this category is not quantified in Table 4.2. Table 4.1, however, quantifies which disorders journalers identify with.

[8] Though it is not clear if users have been rejected, this statement implies that there is some sort of selection criteria in which HealthyPlace producers have the power to include or exclude.

[9] The concept of the "inner child" circulates frequently in self-help literature, especially texts aimed at survivors of child abuse and childhood sexual abuse. See (Ainscough & Toon, 2000; Bass & Davis, 1988; Blume, 1990; Fredrickson, 1992; Maltz, 1991) .

[10] Though Barker (2002) has claimed that of the approximately six million Americans diagnosed with FMS, nearly all are women, she also noted statistics contesting the high female-to-male ratio. The Oregon Fibromyalgia Foundation sets the female-to-male ratio at 20:1 whereas epidemiological studies show less gendered ratios, ranging from 3:1 to 7:1. For further reading, see also (White, Speechley, Harth, & Ostbye, 1999; Wolfe, Ross, Anderson, Rusell, & Hebert, 1995)

[11] According to the *Diagnostic and statistical manual of mental disorders* (DSM-IV)(American Psychiatric Association. & American Psychiatric Association. Task Force on DSM-IV., 2000), "the essential feature of Dissociative Identity Disorder is the presence of two or more distinct identities or personality states (Criterion A) that recurrently take control of behavior (Criterion B). There is an inability to recall important personal information, the extent of which is too great to be explained by ordinary forgetfulness (Criterion C). The disturbance is not due to the direct physiological effects of a substance or a general medical condition (Criterion D).

[12] According to (Waseleski, 2006), in relation to gender, exclamation points "function most often to indicate friendliness and to emphasize intended statements of fact." Her findings have shown that exclamation points do not serve as "markers of excitability," a phrase that she has argued problematically "implies instability and emotional randomness" in the writing of women. Other research on the use of exclamations, as referenced in Waseleski (2006) includes: (Colley & Todd, 2002; Rubin & Greene, 1992; Scates, 1981; Winn & Rubin, 2001).

[13] Gannett claims that "As the diary or personal journal became increasingly affiliated with the rigidly demarcated women's sphere of the nineteenth century, it probably suffered a loss of prestige, which may well have hastened the departure of men from the ranks of its practitioners and contributed to the pejoration of the term "diary." (1992, p. 141).

[14] In her work *Emotional labor, women's work, and sentimental capital in nineteenth-century American fiction*, Parris (2005) argues that "Despite Sentimental injunctions to keep women in the home and out of the marketplace, women wrote from within the Sentimental to claim the value of domestic labor and the influence of women in the business world." Through emotional labor, authors were enabled to discuss women's productive public contributions via the affective practices condoned by Sentimentalism.

[15] As noted in earlier chapters, synthetic personalization is used to create a sense of informality and relationship between users. *HealthyPlace* producers do not remind users that *HealthyPlace* is a corporate entity providing a service; they couch their mission within an expression of camaraderie and solidarity. *HealthyPlace* producers situate themselves as fellow travelers along the road of recovery.

[16] Although commonly associated with Sigmund Freud and psychoanalysis, the term "talking cure" was originally used by Josef Breuer's patient Anna O. to describe the talking therapy that relieved her symptoms of hysteria (1880-1882). Anna O.'s case was the beginning of psychoanalysis and the modern day psychotherapeutic practice of talking about one's problems to

find insight and emotional well-being. For further reading about Anna O. and the "talking cure" see Studies on Hysteria (Breuer & Freud, 1957).

[17] While Herman's work does not specifically refer to mental health issues, her claims about the survivor mission are made in relation to individuals who are recovering from rape and childhood sexual abuse. A number of journalers on various *HealthyPlace* abuse communities refer to these types of experiences as motivators for sharing their stories.

[18] Research on virtual support groups has shown that a majority of respondents reported that "feeling I am not alone" was one of the positive benefits of group membership. (Galegher et al., 1998)

[19] The concept of mentoring newcomers to support groups is frequently found in 12-Step programs like Alcoholics Anonymous and Al-Anon, where "old-timers" fulfill their community obligation by serving as a "sponsor" for newcomers.

[20] The importance of reading program literature is an important 12-step practice.

[21] On many levels, *HealthyPlace* journals resemble blogs—specifically personal blogs, but the fact that they are governed by *HealthyPlace* means that content is constrained by topic.

[22] In the eighteenth century, journals were often collaboratively written and shared, unlike their current status as "personal" and "private."

CHAPTER FIVE: YOU CAN'T DO IT ALONE - TECHNOLOGIES OF SOCIALITY

[1] The state of mental health care in the United States and the de-socializing of disease is an area of research that is beyond the scope of this project, but will be taken up in future research.

[2] For further reading on participation and reciprocity in relation to social network exchange theory, see (Axelrod, 1984; Cook, 1992; Edwards & Booth, 1973; Emerson, 1972; Kollock, 1998; Putnam, 2000; Wellman & Berkowitz, 1988).

[3] The lack of attention to grammatical conventions adds to the sense that the individual has problems.

[4] To read further on social network theory and community participation see (Kavanaugh, 2005; Wellman & Berkowitz, 1988).

[5] It remains uncertain whether *HealthyPlace* users responded to Jacqui's request for comments or whether *HealthyPlace* uses moderators to keep journals and message boards active.

[6] The metaphor of ups and downs commonly describes bipolar disorder and the experience of shifting between mania and depression.

[7] The National Institute on Mental Health (NIHM) has found that many people suffer from more than one mental disorder at a given time and nearly half (45 percent) of those with any mental disorder meet criteria for two or more disorders.

[8] For further reading on aesthetics and semioticization see (Lash & Urry, 1994).

[9] Warnick's results showed that "design look" was rated as the most important factor in choosing a website. The top three rated factors were "design look" at 46.1%; "information design/structure" at 28.5%; and "information focus" at 25.1%.

[10] Arguing that discourses used by mental health practitioners construct and reinforce predominant dispositions toward illnesses, Emmons' (2002) research on depression advertising has identified a shift from cartoon-like images portraying the brain responding positively to medication towards images depicting happy people representing the ideal state of wellness.

[11] According to the online information provided by NIMH (2005), depression affects 12 percent of women (more than 12 million women) and nearly 7 percent of men in America annually.

[12] According to the American Psychology Association, as of June 2005, "National Institute of Mental Health (NIMH) officials estimate that more than 345 million people have encountered information about men and depression through its media campaign "Real Men. Real Depression." For further reading, see (Kersting, 2005).

CHAPTER SIX: CONCLUSIONS & TRAJECTORIES

[1] Though face-to-face interaction is currently absent from virtual support group practices, it may be surmised that visual and audio features may eventually become a common practice in virtual community chatrooms.

[2] Not all online support group interaction is without time constraints. Some chat rooms, including *HealthyPlace*, schedule regular meetings that have a beginning and end time.

[3] See Henri Lefebvre's social constructionist work on space and place for further reading..

[4] Susan Willis (1990) has focused on exercise culture as another area in which attention to working on the self has been commodified as a desirable lifestyle.

[5] *HealthyPlace* chatrooms would be another obvious space to examine how self-identity is constructed in a virtual conversation environment. However, unlike forums, access for research purposes in chatrooms is restricted in order to maintain the illusion of safe space for participants.

[6] Forums and chatrooms also differ from each other based on immediacy of one's response. Though it is beyond the scope of this dissertation, the immediacy of chatrooms—absent from asynchronous forums and journals—may offer insight into the way immediacy affects one's perception of reciprocity.

[7] For further reading on adjacency pairs, see (Sacks, Schegloff, & Jefferson, 1974).

[8] Whereas journalers include a photograph of themselves on the mini-homepage, few users display an actual photograph on forum posting, and if they do, the photograph is not necessarily an image depicting the writer. For example, on December 9, 2006 a user self-identifies with the screen name Panda 0983 and a photograph of a dog serving as an avatar in the thread "has going to therapy helped you?" User names often signal hobbies or interests, or have a coded meaning

like cit333cit333 or Christina67, and may include avatars or pictures that are unrelated to the user.

9 It is common on forum communities to give users a label based on how frequently they post; *HealthyPlace* users are labeled as either a member, addict, old hand, or veteran.

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APPENDIX 1: PHOTOGRAPHS POSTED ON JOURNALER MINI-HOMEPAGES

APPENDIX 2: THE TWELVE STEPS

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptlym admitted it.
11. Sought though prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

VITA

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