

## Self narratives in rehabilitation. Reflections of an author

Susan Lingsom\*

*Norwegian Social Research (NOVA), Oslo, Norway*

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This article is an explorative discussion of writing as a tool in rehabilitation after major illness or injury. It discusses writing self narratives as a means for (re)connecting self with time and for (re)connecting with the social. Personal experience with writing the self in rehabilitation is presented emphasizing author agenda and resistance to therapy labelling. The aim of the article is to draw interest to the study of what autobiographical writing does for and to the author.

**Keywords:** autobiography; narrative; self; writing; therapeutic tool; rehabilitation

### Introduction

The purpose of this article is to increase understanding of writing self narratives as a tool in rehabilitation. The focus is on how and why writing forms an effective tool. Therapeutic functions are discussed in relation to creation of a knowable self, author agenda, narrative conventions, and the social context of the writing process. Primary interest is on the author, not the text or eventual reader. What happens in the process of writing and its aftermath? The discussion draws on narrative theory and studies of illness narratives, published first person accounts of impairment, and this author's personal experience writing while in rehabilitation. This article is a reflexive exploration attempting to situate personal writing experience in a conceptual framework. It is not a literature review or presentation of research data but discusses some issues related to empirical research in this field. This article argues in support of autobiographical writing as a tool with potential for reflection and (re)connection, a tool of special significance within rehabilitation.

Writing self narratives after a major biographical disruption and trauma to the body belongs to the general category of illness narratives. Most research on illness narratives has drawn on research interviews and clinical encounters, i.e., oral narratives performed in specialized structured settings (Kleinman 1988; Becker 1997; Frank 1995; Miner 1997; Smith and Sparkes 2002; Hurwitz et al. 2004). Studies have collected written accounts of impairment. Many people appear eager to write about and share their experiences with researchers, particularly when the researchers themselves are impaired (Morris 1989; Thomas 1999). Following feminist calls for situated knowledge and the rise of disability studies, first person accounts have emerged to constitute a major factor in understanding of impairment and disability, particularly accounts by impaired academics (see for example Zola 1982; Murphy

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\*Email: [susan.lingsom@nova.no](mailto:susan.lingsom@nova.no)

1987; French 1993; Wendell 1996; Vogt-Svendsen 1998; Oakley 2007). Recent discussions of different approaches to narrative analysis in disability studies may be found in Goodley et al. (2004) and Smith and Sparkes (2008).

While many illness narratives have been collected and analysed, little research has been conducted on writing self narratives per se. Little is known about the social practice of writing among lay persons. How prevalent is self writing? Who writes self narratives in rehabilitation? When do people write, and for how long? What are the differences between story writing and story telling? The effects of autobiographical writing on the author and the 'hows' and 'why' of its functioning are largely unexplored within disability and rehabilitation literature. Linkages between writing the self in general and writing the self within rehabilitation processes have yet to attract much attention. This article is an attempt to attract interest to this field of inquiry.

The rehabilitation context of concern here is one of serious injury or illness in adult years and lasting impairment. Therapeutic functions are conceived of in broad terms as building bridges and mending walls, as opportunities for personal growth and change, and as (re)connection after biographical disruption. The authors of concern here, including myself, are impaired persons who engage autobiographical writing at some point in the rehabilitation processes. We have experiences of embodied difference – difference from past selves and difference from non-impaired others. We have experiences with rehabilitation institutions few non-impaired persons share. Through illness or injury and lasting impairment, we have new experiences with social practices in different fields and new stories to tell, at very least stories new for us, important stories. Authors impaired in adulthood have biographical work to do in rehabilitation, linking present and past and opening for new futures (Charmaz 1987; Williams 2000).

The writing discussed here is autobiographical writing in which authors strive to commit first hand experiences and emotions related to acquiring an impairment as faithfully as possible to written form. The terms 'self narratives', 'self writing', 'writing the self' and 'first person accounts' are used interchangeably for variation. These terms are preferred over the more common term of autobiography to emphasize that the authors are at all times narrating, self constructing subjects, and that the writing project is not necessarily a 'full' life story. Writing may vary widely in content, focus, and form. Writing may be for personal reference or for sharing with others. The functioning of writing as a tool in rehabilitation may be influenced by writing skills but only rudimentary competency in writing may be a prerequisite. What is important for rehabilitation is the act of writing, its social context and author agenda.

The writing field is vastly larger than published works yet it is often through the selective lens of publication that narratives become known and incorporated into social awareness of disability. Selection biases from publication are likely to give a distorted view of the demands of structure, style and content of self writing. The editor's hand is unseen both in terms of editing and in evaluating the commercial potential of a manuscript. In narrative research, the researcher's hand is also commonly kept hidden. Attempts will be made here to construct a framework which includes private and shared writing of varied format. References given are skewed towards published works of impaired academics and narrative researchers. The private writings of people from different walks of life remain for the present, private. As the focus here is on the consequences of writing for the author in a process of rehabilitation, the bias towards published accounts is not of major significance.

Reflections on the effects of writing are uncommon even among published authors, one exception being Oakley (2007). The article draws heavily on her reflections and the narrative research and reflections of Frank (1991, 1995).

I begin with a discussion of writing self narratives as a personal, social relational and cultural act making it an effective tool for reflection and (re)connection. I then turn to author agenda or what may motivate impaired persons undergoing rehabilitation and reorientation processes to engage in writing first person accounts and what influence agenda has on the consequences of writing. Resistance to therapeutic labelling is discussed based on personal experience. Suggestions for support and study of writing the self are presented in the summary.

## **The act of writing**

### *Writing as a personal act*

Acquiring serious impairment requires people to think differently and they learn to do so by telling their stories and experiencing their stories being told (Frank 1991, 1995). Self writing provides an opportunity to reflect upon, relate, and in the process also distance self from distressful events, grief and loss. Authors can attempt to work through trauma on their own terms and at their own pace. Authors can make (re)connections in their lives, fitting the pieces together that were torn apart by illness or injury. Continuity and a sense of cohesion (Antonovsky 1987; Becker 1997) can be (re)established. Purpose and direction reclaimed. Self narratives are means by which identities are formed and known by self and others (Frank 1995; Palmblad 2002; Smith and Sparkes 2008). Frank (1995, 61) makes reference to Ricoeur's concept of narrative identity in which the self comes to being in the process of the life story being told: the subject is never given at the beginning of a narrative.

Self writing is entering into an active dialogue with self. Oakley (2007, 22) claims that 'writing creates pathways to memories, feelings and thoughts that aren't necessarily conscious. It's a way of organizing experience, of incorporating threats to everyday routines and meanings, and particularly of associating traumatic events with untraumatic ones, thereby making them more bearable. Narratives about traumatic events aren't simply true stories... They're thoughtful impositions of coherence on experiences that otherwise essentially lack meaning'. 'The process of creating a story creates the memory structure that will contain the gist of the story for the rest of our lives' (Schank cited by Frank 1995, 61). Autobiographical memories according to Conway (1990) are never true in a literal sense but they may be accurate without being literal and represent the personal meaning of events at the expense of accuracy.

All authors have an imagined or immanent reader in mind when formulating their text. There may not be intent to share the text with other persons, but having an immanent reader in mind is essential for expressing thought. When writing for personal reference, the immanent reader is the author's own inner ear. Authors trying to communicate with others must try to draw readers into the story, convincing readers while convincing themselves that the written story is credible. Authors may reflect over what readers would be thinking and explicitly address these responses. Authors may censure their writing to avoid offending or angering prospective readers and/or to protect themselves from these readers' gaze. Immanent readers are thus to some degree co-authors of the text.

Writing a story differs from telling one in several aspects. Storytelling is strongly influenced by physical and social context, who the story listeners are and how they respond to the ongoing story (Ochs and Capps 1996). Writing is more self-centred than talking; the author has more space for personal reflection. The pace is slower and the possibilities of changing the narrative through editing greater. There are fewer interruptions from others but also less inspiration and cues from listeners as 'co-authors'. Writing self narratives is an inner journey. The immanent reader is backstage.

All writing takes the perspective of the present. Past events are filtered through the lens of where the author is now and that now is ever changing in the act of writing and with the mere passage of time (Freeman, 1993). Even if the author is committed to telling the story of earlier events as experienced, the perspective of the present cannot be erased. Writing self narratives is not about writing history. It is about reflecting over the past from the standpoint of the present. Studies of autobiographical memory (Conway 1990, 94) have shown increased recall of emotionally congruent memories. A person in a sad mood may recall more negative events from their past than a person in a happy mood.

Endings or closure for a text may be difficult to construct. Endings force a premature closure on the author's enfolding experience. There is an implicit drive to construct happy endings portraying that one has arrived in some way and acquired solutions to long standing issues (Kenyon and Randall 1997). Happy endings are commonly at the core of self presentation. People usually want to present themselves in the best possible light. Happy endings belong more to therapeutic than to narrative conventions. Tragic endings are also in our cultural repertoire. Embracing tragic story lines may be part of constructing walls and creating distance to distressful experiences, forming platforms for moving on. Many authors presumably stop writing when they no longer feel it is worth the time and effort, leaving their stories open but also incomplete.

The prevalence of writing self narratives in rehabilitation is unknown but one may assume that it is not uncommon, particularly in later phases of rehabilitation as authors begin to (re)construct daily life. It is also reasonable to assume selection biases in who takes up writing on their own initiative. Writing first person accounts is most likely to be done by persons comfortable with expressing themselves in writing, and is thus presumably correlated with level of education. This is not to say writing the self in some style and form is only of interest to, and engaged in by, persons with higher education. Strong storytelling and/or oppositional background may be contributing factors. Oakley (2007, 23) claims that writing is especially important for women: 'words, the text, construct subjectivity and therefore the authentic self in opposition to distorting cultural ideas'. Difficulty in finding means of explaining embodied difference from past self and from non-impaired others is a facet of writing self narratives in rehabilitation independent of writing skills. Difficulties in writing do not undermine its potential rewards.

### ***Writing as a social relational act***

Self writing involves other persons as story characters and/or immanent readers. Authors must decide how to write about their relationships. Undertaking a self writing project intended for open readership may entail negotiating intimacy boundaries with family and other closely involved parties. The social room of the

present in which the author works requires a pact of trust, a pact that significant others are not being intimately and vindictively represented and that the self the author is creating will not be an embarrassment and compromise them. Family, friends and professional counsellors may support self writing efforts as ‘healthy’ rehabilitation – a sign of returning vigour and social engagement, a meaningful and helpful pursuit. Some may, however, regard writing self narratives in negative terms, as a rehashing of loss and disruption and a failure to re-enter social roles and obligations quickly enough.

Written narratives may build upon oral ones and visa versa. Many people develop a signature story (Kenyon and Randall 1997), a story well rehearsed in presentation and well defined in content. Persons acquiring impairments through illness or injury in adulthood may often find themselves in social situations where others ask ‘What happened? What’s wrong?’ or ‘How are you doing?’ Standardized replies are often short versions of signature stories. Some persons may prefer to develop signature stories in the slow room of written narratives before presenting them to live audiences. Explaining embodied difference may initially seem explaining the unexplainable. Self writing may thus aid impaired authors to participate in ongoing conversations by finding their stories, (re)connecting them to the social.

A meta-dialogue develops if authors tell others of their writing project(s). A meta-narrative about being a writer provides authors with a conversational topic related to, but separate from, immediate health problems, loss, and embodied difference. In my experience talking about writing is more socially acceptable than talking about rehabilitation and impairment effects.

Frank (1991, 1995) claims that illness narratives should be told and speaks of an ethical responsibility of others to listen. The act of telling is a dual affirmation – of relationships to others and to self. Writing self narratives for private reference may to a large degree fill self affirmation needs of the author, but response from others is a precondition of the creation of a knowable self and the affirmation of relationships. Outside controlled clinical and/or research settings, response to shared narratives may vary from positive to negative, to polite silence, lack of interest or embarrassment. Response may vary with the type of narrative. Restitution narratives, stories of overcoming illness and impairment, are most popular among listeners according to Frank (1995), while other story lines may be shunned. Negative responses, silence, lack of interest or embarrassment undermine the therapeutic benefits of writing self narratives if authors interpret these responses as rejection of their newly constructed selves.

In the telling of oral narratives, audience response may be incorporated into the ongoing story. Story lines may be dropped if meeting little interest or resistance. Story tellers may be silenced. With written narratives, author ‘retreat’ is less readily available. Written words lack the contextualization of speech. Words are frozen into print. When sharing written narratives, the author’s reflections are exposed. Writing, however, may make authors more committed and better prepared to defend their narratives, less likely to endure being silenced. Authors may to some degree control reader response by giving the text only to selected audiences.

I had mixed experience with sharing my self narrative (Lingsom 2004). I was eager to share the developing manuscript with family and friends, dependent on but also highly vulnerable to feedback. At the time I had no thought of the difficult position I placed these readers in. What could they say? After (self) publication, sharing was out of my control. I have had many positive responses and some readers

have taken contact, but the book project in general generated little interest. Silence is the primary response. That hurt for a while until a wise friend helped ‘debrief’ me from my writing adventure.

Little is known about the prevalence and selection biases in readership of first person accounts. What writing is shared with others and what are the consequences of sharing for the author and their social relationships? Who are the readers of published and unpublished texts and how are responses communicated to, and interpreted by, authors? The impact of reader response on the author is an open empirical question of significance. So too is the issue of closure in the broad sense, moving on from the writing project as a completed phase in rehabilitation, and the need for debriefing.

### *Writing as a cultural act*

All writing enters into an active dialogue with cultural conventions of language and narratives. There are many conventions for narratives in western culture regarding structure. Firstly, stories are most often written in, or make reference to, chronological time. Most stories start from the beginning and work through time to a subsequent ending. Different time lines (flashbacks, etc.) may be used, but events are to be situated temporally. Secondly, there is a strong narrative convention regarding connection between events. Strings of unrelated events do not constitute narratives. Narratives are supposed to have a story line which readers can follow. Narratives enfold in time. They make reference to, give illusions of, and create causality. Since narratives are shaped accounts aspiring to have inner cohesion and causality, some stories must be left out and others highlighted. Conventions of inner cohesion and causality in narratives force authors to construct meaning. Events have meanings if only in terms of their consequences. Why authors relate some episodes and not others is presumably that the related episodes fit into the story line or plot that is emerging better than other episodes. Chance and chaos are suppressed in hindsight. Narrative grammar promotes a sense of continuity and direction.

Metaphors are the language of comprehending, transforming, and reshaping experience (Lakoff and Johnson 1980; Kirmayer 1992). Metaphor involves a process of discovery or invention. Metaphors structure our ways of thought, bringing one aspect or quality to the fore and leaving other aspects in the shadows. Overlapping metaphors in daily usage apply to different modes of experience. Choice of metaphor thus has long reaching consequence in expression. Metaphors represent an intrinsic synthesis of interpretation and creation. Metaphors are tools for working with experience and making presentations that unpack meaning. People experiencing major traumas in their lives commonly use metaphors to turn chaos into order (Becker 1997).

Illness narratives are written within larger cultural narratives of disability. As Somers (1994) writes, the stories we tell are located within larger discourses rarely of our making. The narratives of disability tend to fall into broad categories of personal tragedy and/or the crippled hero. The lack of realistic cultural representations of experiences with impairments contributes, according to Wendell (1996), to the otherness of people with impairments, and the assumption that their lives are inconceivable by non-impaired people. Impaired people may be alienated by heroic tales of overcoming impairment (Zola 1982). Cultural narratives of disability tend to focus on the individual and his or her impairment. Dealing ‘successfully’ with

impairment is seen as an individual responsibility. Taking care of, and having control over, the body is a moral imperative in our time (Giddens 1991; Frank 1995; Wendell 1996). Having a correct sense of disability awareness and problem insight, and working on one's identity are the 'medicines' proscribed by experts of today (Palmlblad 2002).

Illness narratives tend to fall in broad categories of restitution, chaos and quest narratives according to Frank (1995). In accounts of impairment acquired in adulthood, likely themes are trauma, diagnosis, grief, embodied difference, and struggles for acceptance. Palmlblad (2002) claims that self narratives are culturally formed as confessions; confessions are what is written and what readers want.

Self writing in rehabilitation both supports and resists the larger cultural narratives of disability. Self writing is personal and thus attests to individual responsibility for managing impairment. Self writing, on the other hand, challenges assumptions of otherness and inconceivable lives. Happy endings speak against meta-narratives of personal tragedy. Open endings speak more of living with impairment than overcoming its effects. Authors who reflect on social practices and institutions resist the individualization of impairment.

### **Author agenda**

Author agenda is important as a driving force behind writing self narratives. Potential authors may be vulnerable to scepticism towards their agenda, dropping the project before getting started if lacking social support. A personally and socially acceptable agenda is important for the selfless self of the newly impaired. Three presumably common author agendas will be discussed here: (1) documentation; (2) helping others; and (3) identity affirmation. Author agendas may vary over time. They may overlap and intermix.

### ***Documentation***

Some writing, particularly in the form of diaries, is motivated by a desire for a personal chronological record of events and emotions. Events and emotions are written down while still fresh and typically dated. In later reading, the record is firm evidence of timing and sequence, for example, the date one could first walk after an accident, the date one left the hospital, etc. Reliving marked dates also supports memories of all the small episodes which went unrecorded.

Authors may find themselves in situations where rehabilitation appears to have come to a stand still. Nothing seems to be happening. In such periods, rereading detailed accounts of past activities may help authors become aware of changes and improvements that would otherwise have gone unnoticed. Life may not have been standing as still as it seemed to be. If accounts include reflections on the day's events, rereading them at a later time contributes to the awareness of changes in perspective and interpretation. On the other hand, when life is 'on hold' and rehabilitation moving at a snail's pace, keeping a daily diary may highlight these circumstances. Alternative writing format may be keeping records of milestones or longer time intervals between entries.

Diaries may function as storage rooms and/or trash cans for thoughts and emotions authors are unwilling or unable to share with others. Diaries are generally written only for personal reference (self as immanent reader). Authors can give

themselves free rein to uncensored expression. Keeping a diary provides a training ground for expressing impairment experiences. In the process of writing diaries, authors may become better observers of self and their physical and social environment.

### ***Helping others***

Authors may hope or sense that there are lessons to be learned from their stories that can comfort, inform and/or influence others. First person accounts provide stories with authenticity and authority. Authors may attempt to increase social understanding of embodied difference. Self writing by ill or impaired authors may help others by getting bodily sensations down in words – by telling what illness or impairment feels like from the inside, by description, categorization and conceptualization of experiences (See Zola 1982; Murphy 1987; Frank 1991; French 1993; Wendell 1996; Vogt-Svendsen 1998; Lingsom 2004; Oakley 2007). Authors may concentrate on demonstrating the possibility of coping with trauma and moving on. Happy endings provide hope. Authors may have political ambitions of affecting social institutions and practices. When author agenda is helping or influencing others, there is an explicit intent to share the text. Major effort must therefore be placed on effective communication. Communication represents a fundamental challenge, the benefits of which befall authors as well as eventual readers.

Common targets for helping agendas are persons with the same type of illness or injury as the author and/or their families and social networks. Efforts at informing and influencing others may be directed more generally towards professionals working in the field of rehabilitation and health care, policy makers, and the general reading public.

Attempting to be helpful and useful for others confers a sense of value to authors. Being useful has strong moral appeal. It justifies the necessary ego-centredness of the writing project. Frank (1995) suggests that bearing witness to illness and impairment is an ethical responsibility. It is a normative, social obligation for those who are ill and impaired to tell their stories, and, in so doing, contribute to changing social practices and narrative conventions (and social awareness of disability).

I began self writing (Lingsom 2004) with the feeling that my story was too big to hold for myself, particularly experiences in secondary rehabilitation, experiences of coming home. I had a sense of obligation to pass on gifts of wonder, acceptance, and continuity through change, and a desire to use my residual work capacity to contribute to the field of rehabilitation through insider knowledge. While the writing process seemed entertaining and meaningful rehabilitation back into the work role of a social science researcher, the immediate rationale of writing was helping generalized (i.e. unspecific) others by relating a story of repeated loss and (re)connection. This agenda provided a sense of moral value and purpose which I needed to justify the time which went into completing the book project. Well into the writing project, another agenda emerged – one of self discovery.

### ***Identity affirmation***

Identity is sorely challenged by health trauma. Hospital and rehabilitation stays are often perceived as an assault on identity as the person becomes reduced to a diagnosis, prognosis or room number. The embodied self is cast into limbo. Authors'

ongoing presentation of self has been disrupted. Major adjustments and adaptations may be necessary in returning to, and creating, daily life (Charmaz 1987). Authors may experience a need to reach out to their former selves and connect the broken pieces of their self presentation while learning and creating new selves. The self centred act of writing unites elements of fragmented self (Oakley 2007).

Authors may need to affirm to themselves that they possess an identity which is knowable, akin to recognizing one's face in a mirror. They may write to reaffirm that the self is still present as an audience, to keep themselves available as an audience (Lorde, cited by Frank 1995, 56). Authors may consciously or unconsciously be searching for meaning in their situations, recasting their life stories in order to answer fate's fundamental question 'Why me?' This process is more than reminiscing in order to maintain identity and foster self-acceptance. It is the construction of a knowable self. The disrupted self is likely to experience social invisibility and thus become opaque.

Working at writing affirms the productive self and affirms the ability to set and reach goals. Writing is an intellectually challenging activity. The initiative of self writing and the power of the author in choosing what stories to write about and how to write them, is empowering. Self writing with an agenda of identity affirmation may be intended solely for personal reference, but does not preclude wider readership. Identity affirmation with intent of readership by others requires that effort be placed on communication and explanation. It exposes the author to reader response.

As a sociologist, I choose identity as the conceptual framework for my stylized self narrative intended for open readership (Lingsom 2004). My text dealt with who and what I was post-injury. As rehabilitation, it involved creating inner self cohesion from a new standing point, searching the past for episodes, resources and metaphors of transition and weaving together broken strands of my life story. At the time writing took place, I perceived my weaving project to be far advanced, but writing took it in unexpected directions. Identity affirmation was not a conscious agenda for the book project nor was I initially aware of the potential of self narratives for creating and transforming the self.

Of the three author agendas discussed, identity affirmation is most closely linked with rehabilitation processes, as it supports the biographical work linking the present with the past necessary for moving on after major illness or injury. In the writing and rewriting, characters, events, hopes and dreams can be re-casted to accommodate embodied difference. New selves may come to the fore. Identity affirmation is an agenda which is commonly labelled therapy or therapeutic. The two other agendas may, however, also be of therapeutic importance. The agenda of helping others is committed to communication and thus (re)connection. It confers moral value at a time in life when authors' sense of self is likely to be weak and vulnerable. Turning personal suffering into lessons that can be shared gives suffering meaning. A desire to be of help to others may be an agenda that gets authors started writing self narratives. Documentation of experience in a diary format for personal reference may have limited therapeutic value, but diaries can be training grounds for observation and expression. Diaries are active storage rooms for private thoughts.

Having therapeutic functions and being labelled therapy is not always welcomed. Hints from others that my book project was therapeutic angered me while writing. The label belittled my efforts, making the writing project smaller than I thought it to be, and undermining the meaning I was creating. Being labelled therapy made self writing sound narcissistic and self centred. Thoughts of helping others became mere

daydreams. The label belittled me, making my impairments larger, and my healing less. It implied need of therapy and an underlying condition which was in some way wrong, incomplete and inadequate. Extended contact with health and rehabilitation services supported this narrow and negative conception of the term therapy. I did, however, eventually come to appreciate the therapeutic functions of writing self narratives in a broader sense as an opportunity for learning and change.

### **Summary and discussion**

This article focuses on the author and the social practice of writing self narratives, not the text and what self narratives contribute to situated knowledge of disability. An underlying assumption is, however, that biographical disruption casts the self into limbo. Indirectly it implies that rehabilitation and mainstream social life tend to silence impaired persons. Writing is a means of (re)creating a knowable self. Writing is an act of resistance. A premise of this explorative discussion is that authors possess knowledge of writing and self transformation which should be studied.

Self writing is a personal, social and cultural act. Writing draws the author into a dialogue not only with self and imminent readers, but with cultural background in a broader perspective. Narrative conventions are a powerful force driving the search for continuity and creation of inner cohesion. Narrative conventions require a beginning, middle and end. They require connection between events and require that events have meaning in terms of consequence. Self writing after a major biographical disruption is therapeutic in helping to link present and past, and turn chaos into order. Closure imperatives tend to promote happy endings. Self writing is thus therapy on a grand scale however much authors may fight against the label.

Author empowerment is a component of the therapeutic function of self writing. The power of the author is one of making choices of what to write, how to fashion the story, and what metaphors to use. Events associated with impairment and health loss may be beyond the person's control, but the manner in which events are transformed into a narrative is controlled by the author. Self writing demonstrates that the author does not intend to be ignored or invisible to self. In all self writing, the author will find that the illness or impairment is but a part of the story.

A novice author is likely to enter the writing enterprise innocently with the intent of reporting events. More experienced authors may suspect that their understanding of self and events may develop and change in the writing process. All self writers may not succeed in finding happy endings for their writing projects. Some authors may be unable to create a structure to their narrative and end with an unrelated string of events. Some may close with tragedy. However, even sad endings may help authors gain reflexive distance and eventually serve as stepping stones for moving on. The overall aim is not to fill true life magazines, bookstores and narrative disability research with survival stories. Most self writing is not for publication. It is the act and process of writing which is important in helping people move on.

If, as narrative theorists claim, we as social beings live storied lives and pack our lives in social worlds of nested narratives, then encouraging injured and ill persons cast into limbo to begin writing about their experiences is to help (re)connect them with the social. Encouraging them to share their narratives with others intensifies efforts of finding effective communication. As a potential tool in rehabilitation, self narratives clearly warrant both theoretical and empirical research. Studies need to look beyond the text to the author. Authors, both published and unpublished, should

be interviewed, about what writing did to them and what it meant to them in the short and long run.

As with other tools, writing self narratives in rehabilitation may require warnings of caution. If authors share their writing, they also expose their newly created selves, frozen in print. They may be vulnerable to reader criticism or lack of interest. The act of writing may be viewed by others as self centred and a failure to 'move on' fast enough. Authors themselves may be dumbfounded by the difficulty of finding their guiding metaphors and/or have strained relations with written expression. Auto-biographical memories tend to be entangled in webs of emotion. Pessimistic or depressed authors may dwell on earlier defeats. Some types of impairment may make the mental and physical act of writing a major obstacle. Self writing may not be for everyone. Tools must always be tailor fitted to the user.

Social practices of writing are a challenging field of inquiry as they vary by format and intent and are ever changing. Modern technology is changing our relationships to writing and reading. The Internet forms a growing channel of open publication. First person accounts of illness and impairment generally become known to the reading public through the selective lens of magazine and book publication and through narrative research. The writing field is vastly larger. Studies of self writing need to include the private writings of lay persons, on line narratives, off line manuscripts rejected for publication, writing intended for informal sharing with selected others, and writing for self. Authors rarely share reflections on the writing process *per se*, what it did to and for them. Researchers rarely ask. In addition authors rarely situated their writing practice within the context of their rehabilitation and reorientation.

Studies of the social practices of writing and its therapeutic potential in rehabilitation should explore the effects of sharing self narratives with different audiences. Important areas for research also include what kinds of support functions help people to start writing and help keep them going. Rehabilitation professionals could easily recommend that newly impaired persons keep a diary of important events. Autographical accounts could be solicited from earlier patients and shared with professional and lay readers to promote storied understanding. Self writing may be introduced as writing exercises in clinical settings, so-called guided autobiographies. Budding authors need social support, not scepticism. They need time and tools for conducting biographical work, linking present with past and opening the future. Writing self narratives can be a powerful tool.

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