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The Absurdalities of Mental Illness – A Narrative Inquiry into Psychiatric Diagnosis

Abstract

This text examines three life stories about becoming mentally ill and Albert Camus' fictive narrative "The Stranger". The main concern is how the social and psychiatry intervenes in the narrative that the interviewees give. Drawing from a reasoning in Michel Foucaults monograph Madness and Civilization and Dorothy Smiths work on relations of ruling the argument in this article is that when becoming mentally ill one is involved in a process of loosing agency in ones own life story. Illustratively with Camus novel the analysis unravel that the interviewees become strangers in their own life story.

Keywords
Narrative; Estrangement; Psychiatry; Life Stories

> *Mother died today. Or maybe yesterday, I don't know. I had a telegram from the home: 'Mother passed away. Funeral tomorrow. Yours sincerely.' That doesn't mean anything. It may have happened yesterday.*
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> Albert Camus, The Stranger

The opening passage of Camus' novel "The Stranger" describes how the ordinary Mersault reflects on the death of his mother. These reflections, and his later participation in her funeral ceremony, are the first events that steer him towards his fate of becoming a murderer. Or, rather, how others come to interpret these happenings in a way that make them look upon him as a murderer. That is how they make sense of Mersault and his actions. Accordingly, in this narrative, the character Mersault is the hero, or anti-hero. He tries to make progress in the society of which he is part; he orients himself among the accounts others have of him, and struggles to make sense of them. Camus shows how Mersault becomes involved in, and works through, different situations. Later, only a few days after his mothers' ceremony, also by mere chance or not, he shoot a man on a beach. Even though he makes sense of these situations, they are later used and turned against him. The "social", rather than he himself, becomes a Dark Continent that influences how his future life will turn out.

His fate is determined as though he has nothing to do with it; others decisions intervene in his story and he becomes a stranger for himself. This characterizes the complexity of his future life, neither that his mother is dead nor that he killed a man, but his indifference to these facts, and not showing any grief. It seems as if everything is the same for him, the whole situation, as well as following events, become absurd to him.

In this text I am interested about how this absurdity may be illustrated from the position of a person with experiences from the field of psychiatry. The point of departure for my text is an examination of what the intersection between psychiatry and everyday life brings to the life story of the person who has been diagnosed with a mental disorder. By analysing how an interviewee narrates the experiences of this intersection, it is possible to say what role mental disorder plays in the life stories of my interviewees. On the one hand, in the epistemology of psychiatry and medicine, the diagnosis is presented and exists as the product of what is mutually considered to be a disease. There has been a wide discussion about that among psychiatrists the individual's behaviour is evaluated with the written description of a disease found in the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorder (DSM). That the psychiatric description is reified (Mirowsky and Ross 1989) and from this reification of a diagnosis the person is caught in a limbo between the logic of medicine (Schleifer and Vannatta 2006) and the own experienced standpoint (Frank 2000). Mental illness is subtle in its form behind the doors of psychiatry, but has real, concrete consequences in the particular life courses of those diagnosed. The diagnosis is located on a social landscape (Foucault 1988). But as Scheff (1969: 505) wrote, "if the symptoms of mental illness are to be construed as violations of social norms, it is necessary to specify the type of norms involved". When mental illness is located on a social landscape, there are also social norms involved. Norms that often are put in brackets behind the doors of psychiatry and, also, reduced from the clinically language of DSM.

The relations on the field of psychiatry can easily be mismatched from the standpoint of the patient and how others make sense of that person (Frank 2000). On this field, to briefly use a metaphor from Pierre Bourdieu, psychiatry is not only involved alone. The social intervenes in the stories the interviewee gives. Through the narratives examined here it has gradually become apparent that the consequences of the process of becoming mentally ill are absurd and difficult to make sense of because the life story takes a new turn that is implemented by others. In this phase of becoming mentally ill ones own mental state is observed in others and from this observation oneself appears as baseless, as absurd (Foucault 1988: 88). So, the story is wrecked because its present is not what the past formerly was supposed to lead up to (Frank 1995). The absurdities involved in the told story seem to be about losing agency in one's own story, similar to the absurdities that Camus illustrated with Mersault's life.

Even though an identical clinical diagnosis may exist for various individuals, it will be palpable and concrete in different ways due to where it is experienced and who experiences it. The same diagnosis exists, but calls for different meanings, accounts, and interpretations. With accounts I mean here verbalised explanations of what is experienced as a turning point in a life story, and by turning point, I mean the moment when a narrative takes on a new course towards a new future end. It is a significant event in an autobiography, if you so want. Such a turning point is usually explained by features outside the "self"; hence, the core of my data is the sequence of the accounts and the consequences of them (Riessman and Quinney 2005).

According to Hannah Arendt (Arendt and Persson 2004) stories refer to events, maybe arbitrary and irrational in the time when they occurred, but they lead to a sequence that construe a meaning when they in retrospect are narrated. Put differently, in a narrative, a mental disorder occurs according to how significant events are accounted for, and how it in retrospect is made sense of. In the current text I endeavour to discover significant events in the interviewees' narratives that are related to their lives as being "mentally ill". With the help of the character Mersault and the fictive narrative Camus has constructed I want to unfold the absurdities involved in becoming mentally ill and, more accurate, what these absurdities may be.

Institutional Narratives

The material for this study is drawn from a total of ten deep interviews with persons who have experiences with the field of psychiatry as 'patients'. For this text, three cases were chosen to illustrate the consequence of psychiatry in a narrative, who I call in this text Ip I, Ip II and Ip III. They are all born in Sweden, but are of different ages, Ip I and Ip II are men. These interviewees I met with in late October and early November 2005, at a meeting point for people who have a mental disorder. This meeting point is not directly connected to the practice of psychiatry. The reason why I choose this was that I wanted them to reflect around their lives as members of society rather than patients under psychiatry.

The interviews lasted two to three hours; they were tape-recorded and later transcribed into text. My first question was always "Do you want to tell me about your everyday life". By doing this, I wanted to provide a space for them in which they could tell their stories. This approach offers me an opportunity to analyse their paths to the positions in which they are located at the present moment. Each interviewee got an opportunity to structure a life story in a way that made sense for him or herself, and in a way each thought it made sense to me. They were the witnesses of their lives and indicated themselves as objects of their own descriptions. Each became the narrator of his or her own story in which he or she played the leading part as first person singular.

In order to make an analysis of this data, the stories were extended to include an institutional dimension, which means that the narratives are considered as a part of a social totality rather than as only referring to an individual narrator. The interviews reveal, then, the material environment, and his or her cultural and subjective experiences. Everyone has a "story", but these go beyond the "self" (Riessman and Quinney 2005). Hence, this study becomes what Dorothy Smith (2005; 2006) defines as an inquiry about the social by means of explorations of institutional relations and organisations. This exploration starts from a position in the local activities of everyday life and is in this text illustrated by the fictive character Mersaults life as it becomes estranging for himself.

Reframing History

In this text I work with different accounts of mental illness by studying how mental illness creates different trajectories in the narratives of the interviewees. The narrative is intertwined with medical judgements made by others. The story-teller loose agency in their life course and becomes an object of medical knowledge (Rendell 2004). But they are still the first person of their narrative, they are able to

unfold psychiatry and its intervention in their life story. Ip I, a white man around forty-five years of age, said:

> When I came back [from military service] to my job they probably thought that I was in good shape. And they burdened me with a huge load of work. A nasty load. But when I glanced at that blueprint, I felt that it was too much for me. And I just couldn't concentrate anymore… Everything started to spin around inside my head and the situation became untenable… And I started to cry. And all the others, the supervisors, saw me. So they sent me to the company doctor who wrote a letter that he put in a sealed envelope. He told me to go to the psychiatric clinic. But I hesitated, because I had never been in contact with psychiatry. On my way to the clinic I stopped, opened the envelope and looked at the letter. "Schizophrenia" was written there, but with a question mark at the end…
> *Interviewer*: Did you continue?
> *Ip I*: Yeah, yeah. I went to the psychiatric clinic because I thought that, how should I put it, that it was humane. I had a picture of it as that. And when I arrived they did tell me that I was going to be there for a while, and that I was going to receive medication. Medication that was horrible, as I experienced it. My head started to shake like this [he shake his head] and even more than that…

This is an account of Ip I's first meeting with psychiatry. The blueprint made him feel that it "…was too much… the situation became untenable" and he "…just couldn't concentrate anymore". But his first steps toward the field of psychiatry begin by way of his supervisor, who sent him to the company doctor with a written letter. It is a short account but summarizes how medicine gets into his life story. Then he ends with his personal experiences of psychiatric practices. In this excerpt 'others' are present and influence how the course of events turn out: Ip I said "…all the others, the supervisors, saw me…". Ip I is still the point of reference, he is the narrator, but he makes sense of his own position by referring to the other in a social system (Hydén 1997; Scheff 1999). His narrative as a former draftee and construction worker in good shape got interrupted when the company doctor had written "schizophrenia?" on a note in a sealed envelope. Social processes shed light on the narrator's own perspective and illustrate how the narrative is gradually transformed into an account of being mentally ill. After this event his life will not be the same as before

Illustratively, Mersault is the subject of various stories in which he is not able to intervene, and where the interpretations of his own past are beyond his control. A world comes into being through the actions and judgements of peers and other key-persons who contribute to a story far from his own control, the social *happens* (Smith 1999: 75). Hence, Mersault becomes categorized and narrated as a murderer, he thinks not of himself as such. Instead, this condition is an aspect of a larger social system, and the circumstances under which he lives is coupled to this categorization.

In the social sciences and health studies there is a growing concern about how people convey these stories and how they make sense of their own positions as a patients (Haglund 2004; Hydén 1997; Loseke 2003; Riessman and Quinney 2005). Dorothy Smith (1990) identified that describing a person as mentally ill includes a social organization of accounts. These accounts involves claims about both the context the person is situated in, and also about the actions performed, but they do not involve the person's own explanations of these factors. There are, therefore, different narratives, but also discrepancies among them. These narratives are

structured as a series of related positions in which psychiatry is located, but this is merely a trace, although it is almost taken for given.

Arthur Frank (1995) wrote, when a patient arrives at a psychiatric clinic, there is a medical explanation for the problems. The individual problems are incorporated into an abstract and a clinical evidence based terminology (Hallerstedt 2006; Horwitz 2002; Loseke 2003; Wakefield 1997). As Michel Foucault (1977) observed, the disciplinary functions of knowledge are everywhere in society, even in individual life stories. When a person is diagnosed as a psychiatric patient, she or he becomes a story-teller telling a story, but that story is deciphered in terms of a dominant knowledge of the other, who is also there and occupies the sphere (Aneshensel 2006; Cavarero 2000). In the sociology of mental health and illness, there has been wide discussion, drawing upon Thomas Scheff's writings, about whether these psychiatric diagnoses make claims about dysfunctions of the mind, or whether they refer to socially disapproved living. Scheff (1969) writes:

> Apparently under some conditions societal reaction to deviance is to seek out signs of abnormality in the deviant's history to show that he was always essentially a deviant. (p. 512)

Similar to Scheff but still far from him also APA (2000) asserts in the preface to DSM IV:

> The diagnostic categories, criteria, and textual descriptions are meant to be employed by individuals with appropriate clinical training and experience in diagnosis…the exercise of clinical judgment may justify giving a certain diagnosis to an individual even though the clinical presentation falls just short in meeting the full criteria for the diagnosis as long as the symptoms that are present are persistent and severe. (p. xxxii)

The categories of psychiatry are retrospectively inscribed in a personal biography to show that "he [!] was always essentially a deviant". In DSM, it can be read that a psychiatric diagnosis must be a clinical judgement of a psychopathological dysfunction in the mind and not about contextualised behaviour (APA 2000: xxxi). This dysfunction must, then, be identified by "…individuals with appropriate clinical training…". A psychiatrically trained person that "seeks out signs of abnormality" deciphers mental illness and, as a consequence, the individual who is diagnosed looses agency in the own life story. Scheff (1999) later wrote that a societal reaction to deviance is associated with systems of social control found in the role-taking part of the "looking glass self", control comes from seeing oneself from the point of view of the other and as a part of a social system. In order to make sense of a contextualised event, it needs also to be intertwined with social, political, public, and economic factors (Brante 2006). To understand someone's personal history, bits and pieces of different claims concerning one's own character are reinterpreted and responded to at the present moment, from the position in which one is currently located (Aneshensel 2006; Goffman 1963).

A clinical diagnosis involves a reconstruction of past events, which reframes history and describes it using psychiatric terminology. Personal biography is then narrated interpreted in a particular way to fit the psychiatric terminology. Ip II, a young man in his twenties who I met in his one-room apartment, said:

> *Ip II*: After a while I passed one year in high school almost half psychotic. Don't ask me how this was possible [laughs]. Then during the second year this was no longer possible. I continued to visit the doctor. But we should

talk about everything. I brought forward lots of things. I was going to talk about my father. It was often about petty details, but I wanted to talk about it. I was stuck; I should talk all the time about the strangest things… We talked a lot about sexual things that make you feel filthy sexually. That I felt filthy… But I got it all out. It was the bravest thing I have ever done and today I feel clean. It took a long time to make me feel clean but it can ruin a whole life…

For Ip II there were no impending problems with the therapists; he talked about his past, about his father, and about "petty details". All in all, these things made him "feel filthy." But his goal was to frame these experiences so that he could, in the future, feel clean, "…and today I feel clean", he said, "but it can ruin a whole life". An account like this is composed by a totality of judgments that cannot distinctively stand on its own. The Italian philosopher Adriana Cavarero (2000) wrote that, in the myth of Oedipus, his life-story was a result of the stories that others told him about himself. In their stories he realized what he has done, and who he was. Oedipus' action toward his father is, and will always be, the same, but his action is reinterpreted when it becomes known who Oedipus is; that is to say, who his mother and father were. The frames that differentiate this event from other events in the narrative are set, which means that the narrator (Ip II) then becomes aware of himself in a particular way.

Framed Contemporary Positions

Sociologists taking their cue from Emile Durkheim assume that social categories are to be treated as objects as such. But illustrative with Mersault, he may think of his relationships to others as rational and appropriate according to his own position, whereas others may see his relationship as highly inappropriate. When these disparate views are brought together, they collide and constitute an unfamiliar and uncomfortable situation for the participants. These divergent and mismatched relations between two or more positions that Mersault experience; bring something absurd to his situation. Erving Goffman (1963) would say that his subjective version becomes alienated from the knowledge of the 'other' have about him. Or, as Cavarero (2000) puts it, universal knowledge excludes uniqueness from its epistemology. Accordingly, there is a discrepancy between the views a participant has about the field and his or her position in that field.

Experiences of the relationships among own thoughts, social positions, and frames are what constitute a biography and, also, a standpoint constituting ones self (Frank 2000: 356; Rustin 2000). In this sense, this is one kind of activity involved in the processes of becoming conscious of oneself and realizing one's position in the world. There are various ways of finding strategies to attain this position, from such a position it becomes possible to reframe and reflect upon one's self. Ip II, again, had a technique for doing this:

> Ip II: But then I started to think that now I am a disgusting fellow, because I think this thought. But this disappears when I read the newspaper.
> Interviewer: Is it reading the paper that helps you, or what it says?
> Ip II: Well. It is more like you can choose, y'know. That's the finest thing about it. You choose for yourself. That's the ultimate.

While reading the newspaper, Ip II is able to choose which story he is included in, how he frames his position. He feels "disgusting", that is a concrete feeling he starts with. If he feels like "…a disgusting fellow", he is able to experience this from a

new position, and to see himself from a new standpoint. The text encounter Ip II's actual present site, the text is a constituent of social relations and becomes more than it's meaning, it help Ip II to reframe and change his image of him self (Smith 1999). Still, he is not the full author of this story; his narrative is mediated through the "other" he finds in the newspaper. The textual "other" helps Ip II to pick up the pieces and to narrate his story. Similar to Scheff's (1999) version of Cooley's looking glass, he experiences his "self" as he believes how it is seen and by the other. One necessarily needs to be located with respect to the other (Scheff 1999). As Cooley (1998) suggest that the "I" has a meaning which includes some set of reference to other people. The account in the newspaper and Ip II's own story are what he currently chooses between. Ip II is able to reframe and associate himself with categories found in a newspaper. He is still ill but, by fitting in with a narrative related to something specific, he can reframe his future project and career (Murphy 2001):

> *Ip II*: The last summer holiday. That's when it really started to get off track. Dad and I often watched football together, y'know. And I got nervous that I could effect the players and so.
> *Interviewer*: It got to you…
> *Ip II*: Yeah, sure. I didn't dare to watch table tennis because I thought I messed it up for Waldner and so... But I thought if I sent positive thoughts. I was watching the TV Four News quite a lot and I thought: now I am thinking good things about you, he looks good. He's nice and so. And I heard that he got happy. But if I force positive thoughts then it comes out the other way, it gets negative and you notice that the person gets depressed and sad. I got terrified at what I did to them. Yeah, it was delusions… And I have to add that my social phobia was sky high… Extremely shy and unsociable. But I got pills for that. I was dead scared for people. And I thought that I was dirty and disgusting, I was ugly, y'know… that was me.
> *Interviewer*: Do you think that others thought about you in this way?
> *Ip II*: Yeah and I felt disgusting and all. But no one ever said anything like that to me.

After the point when he felt that it started to get of the track Ip II became "extremely shy and unsociable", and had a hard time in controlling what was happening to him. The process underlying his feelings is located between him and other persons and, even though the process is not possible to observe, it comes into being and exists concretely. In the relations between Ip II and the people he was dead scared about, something is absurd; Ip II cannot watch table tennis because he believes that he will mess up the game. No one needs to say anything to Ip II, he feels "disgusting and all" due to the position he gets by reflecting upon others. Ip II frames his narrative as a consequence or maybe as a response of the image that inscribed through socialization with others.

The Others

> *But what I in the beginning of my time in prison suffered from most was that I still thought as a free man […] But that only lasted for some months. Then all my thoughts became a prisoner's thoughts.*
> Albert Camus, The Stranger

Once in jail, when Mersault reflects upon his position, he comes into being as a prisoner. He becomes conscious of himself, or more accurately, from his reflections he builds an image of himself - his "…thoughts became a prisoners' thoughts". But, his thoughts were still not murderers' thoughts; nevertheless his narrative as a free man is wrecked. In the construction of a life story, he relate to the institutional order in which the story is involved. The order makes them conscious of him self in a certain way. From Jean-Paul Sartre (Sartre, Löfgren, and Nygren 1988) reading of The Stranger, it can be concluded that the absurdity Camus illustrated with the character Mersault is a common feature of all social interaction. The novel is more concerned with the breaking of a reciprocal consensus between a social structure and an actor therein, than it is about a criminal. In adjusting to the new context and relationships, the actor gains insight about who he or she is. Whether this insight is satisfying or not, it is conformed to when it is realised that this is how they are seen in the eyes of others (Cavarero 2000; Mead and Morris 1962; Waldram 2007). Mersault is an example of the relations between the self and the social world in which he is intertwined, but the unifying bonds are dissolved. There is a rift between his presumption and the social reality that others represent. That crack is masked in the subject but recognised in the absurdities of madness (Foucault 1988).

In the interview with Ip II, I stress the process of being categorized and how this is made sense of by him and how the he start to think thoughts from a new position:

> *Interviewer*: But. If it [the newspaper] says something stupid. If there are any horrors in the paper then?
> *Ip II*: It is very important to feel what others feel. Yes. What others feel. Because it is what happens outside you. It's when you start to think everything works out fine, y'know. That's what the whole thing's about, it's not only about yourself it's about. If I should only be alone in my apartment I would turn into a loner, a complete outsider, y'know. It is like when I can relate to reality and to others and use them as a sounding board, see. Yes, you know a sounding board and me and that's when I can experience that I am a part of reality in reality.

Ip II achieved insights when he used some version of the other as a "sounding board"; he becomes defined as a category by this sounding board. He knows himself through his conception of the "other" he gets from a morning paper, television and social encounters. In this quote he finds an orientation for situations and experiences himself by relating "to reality and to others" as it is embodied in the text. He observes himself and uses the "sounding board" as a mirror of recognition, his solid sovereignity as a subject dissolves in the image he gets from the mirror (Foucault 1988). When his conception of him self bounces back from the mirror it is turned into history and embedded in a narrative structure that makes sense.

In a social situation the dividing line between a subjective life and a social position becomes blurred (Aneshensel 2006). So, as Goffman (1967) points out, the situation is more important than the person, the "self" is settled according to the appropriate rhetoric for the moment. In Camus story Mersault starts to think a prisoner's thoughts, which becomes concrete when he looks out the window over the walls from inside the prison and sees a tree. For Ip II it is important to experience him self in a setting, to realise that he is "a part of reality", he said. Without this context he is not recognized. In this passage, Ip II emphasises that it is "important to feel what others feel" and "what happens outside you". If this were absent, he "would turn into a loner, a complete outsider".

The stories the interviewees told frequently referred to what others had done in particular situations. These others made the interviewees realise that there were problems with themselves. Ip III, a young woman about the same age as Ip II, often kept to turning points in her narrative when "others" were active in the story; often more active than she herself:

> *Ip III*: My life changed when I was twelve. And when they recognized. It began when I started to have headaches, not everyday or so. But then they tested the usual, glasses and so. There was a lot of popping in and out of the hospital because they thought it was migraine. This was around 1998, back then I was eleven, due to turn twelve in the autumn. Midsummer day, at that time everything broke out.

In this quotation Ip III referred to events that involved objects such as the hospital, herself, and glasses as well as persons, "they recognized", "they tested", "they thought". All these elements are significant to her story; the different components drive it forward and help her structure her experiences in a way that makes sense to her. Even though she plays the leading part, she structures the events as though she does not possess agency. Despite the fact that it is she who gives me a short version of her life that it is "I" who has a headache, nevertheless, it is "they" who "tested the usual", "who thought it was migraine". It is they who from the beginning "recognized" the state Ip III was in. She is no longer the actor in her own story; but she is the narrator, representing the first person's voice telling where and when it took place and who did what. She evaluates the components from her point of view, putting them in relation to one another and these components together make up an autobiography in which mental illness is located. From this comprehension she tells a story about herself and how she got sick. Simultaneously, she places herself in the world using the terminology of those in a dominant position – who are the anonymous, but still influential, "they". In the moment that others, or Ip III herself for that matter, became aware that there was something wrong, she (or they) got in touch with a psychiatrist and she "popped" into the hospital. From this point on Ip III became an element in a patient's story, even though she is actually in the same story as before, together with the same persons, objects, and illness as previously. The major difference is that her future is now framed in a new way, and her history has also been reframed. This is her turning point.

Ip III's "I", as Oliver Sacks (1994) wrote, is pushed forward in a direction determined by a terminology far from what she was used to. The relational order in her biography is changed. Now she also participates in a field structured by a psychiatric ontology. In Ip II's metaphor, she uses the field of psychiatry as a "sounding board" to script her version of her life. The experiences she has had in the psychiatric field have consequences for how she sees herself. She becomes aware of herself in terms of the categories of the field of psychiatry, which changes her social position.

The interview starts with Ip III saying, "…I shall try to give you a short version of my life". This is when Ip III ascribes to herself the narrator's voice and, as narrator, picks those components she thinks are relevant for me to hear. Together, these fragments will make up her life story, showing how she makes sense of herself. In both the social and psychiatric fields she has received specific knowledge about herself that is deduced and generalized from both interactions and what she believes other persons think about her. As George Herbert Mead (1962) wrote in a supplementary essay to his book Mind, Self and Society; self-development and social

development turn out to be correlated and interdependent. As in the quotation from Ip II, in which he speaks of developing a self using "the other" as a "sounding board". The boundaries between social structure and the "self" are established by the means of reflections upon oneself and society.

Conflicting Narratives

In the story about Mersault, Camus portrays him as a stranger and refers to the incommensurability between his subjective story and others' interpretations of the same. It is difficult to say what is actually going on by analyzing a single position. When making sense of a biography events that took place elsewhere, in other contexts are reach out for; a totality is needed to make the experiences concrete. It is not enough to only focus upon the individual. Social interactions here and now are framed with events happened elsewhere (Goffman 1990). The categories that a person uses in defining one self are a part of a world and these categories are derived from happenings in that world, then applied to one's own autobiography. Back to Ip III's story; when she got home from the hospital she returned to school a new trajectory were found. She was now not only a girl/pupil - she was now a girl/pupil/patient:

> *Ip III*: Then I should return and tell everything and so I thought it should be so exciting… Meet old friends. I felt like an UFO when I arrived [at school]. And, well. I was… I didn't have a single friend left. This was my first shock. To get punished because I got so sick. I got bullied instead, the whole sixth grade, sometimes I went there and sometimes I just simply couldn't. And without any contact with persons my age in my spare time when I started seventh grade, we split up even more and then I manage to go. That worked and I could continue. But I had been detached from my friends for a long time in some way. So I had both matured faster but during the same time I couldn't keep up with them, didn't have the same laughs, same language.

Ip III's life had changed, she "felt like a UFO" and "didn't have a single friend left", that was her "first shock". But what is more important is that she was in a new position. The understanding of her self that she received in school made her conscious about herself as having experienced something others have interpreted differently. After she had been away, others' perceptions of her and what she had been subjected to differed from her own perception of the same event. As a result, Ip III is able to take on the views of others and reflect upon them. From this self-reflecting activity she structured her narrative. She said, "…I got punished because I got so sick", and as a consequence of this she "…didn't have a single friend left". She got bullied, and she started to skip school, she "…felt like an UFO."

IpIII includes the views of "others" as a contrast to her own story. In this account, she explains that it is the "others" who pushed her into an alternative career. This produces a secondary socialisation and this new social role is more or less reified as a standard of objective reality (Berger and Pullberg 1965). Therefore, it is the role her classmates associate with her, and the staging of this role that becomes a primary framework for Ip III. The results of this situation set her on the road to becoming a deviant, a role of which she was unaware before her classmates treated her as such. Even though Ip III experienced herself as "sick", it was her friends and peers who forced her to act as an outcast. She gained insight about herself from

others' definitions, and deduced her role from their opinions, unable to "follow up with them". She entered on a path not recognised by the generalised other, and this path demanded a certain understanding of she herself. Nevertheless, she "…felt like an UFO".

Husserl (Husserl et al. 1992) once stated that subjective reflections are the claims that make up a structure by which the persons involved orient themselves. In the same moment that the structure of a situation is settled, the "self" is also determined. By discerning the structure, or at least having a notion about it, the meaning of a situation emerges and the situation is recognized (Goffman 1986). This is like Ip II's "sounding board", which allowed him to recognize himself via his peers, or like Ip III when she developed an understanding of her position as a patient after she discovered a structure in school. In this sense, interaction becomes a mixture and jumble of events, experiences, trajectories, and knowledge taken from disparate locations, mutually constructing a common ground for each particular situation. As Ip III said, "So I had both matured faster" and "I didn't follow up with them, didn't have the same laughs, same talk". She broke the frames and walked lines that lead her away from her friends, away from the common ground — the situation in school became absurd. Even though she was linked to the same context as before, she moved outside of that context and experienced herself in a new position. The connections between Ip III's person and her role were shattered, in order to establish the relations she needed to adopt another role (Goffman 1986).

Discussion

Michel Foucault (1988) wrote that madness is a familiar silhouette in the social landscape. When madness is contextualized in a social landscape it, then, become a thing to look at and it is no longer a part of the individual. But rather a feature of society with own mechanisms derived from the social circumstances. What I have done in this text is to stretch out the narratives and treat them as a part of the social landscape to unfold how the social intervenes in the provided story. In this sense, their life stories become wrecked not because they have been diagnosed with a mental illness, but because they loose agency in their own story. So, similar Camus' novel about Mersault, this wreckage brings an absurdity to their lives that they have hard times to make sense of.

By talking about own experiences one is giving the story uniqueness with the own voice. The voice always puts forward the "who" of saying (Cavarero 2005). Using the voice of the narrative's first person put a face behind the experiences, a subject. But what is said is grounded in stories of the anonymous social "Other". By locating the story on a social landscape it bounces back from the social sounding board and makes that part reified. The story becomes an object when its events in retrospect are put into an narrative structure (Arendt and Persson 2004). Even though I have listened to life stories, they have come out as if someone else told them. Something intervenes in the story that they themselves cannot master. The dilemma here is that the life course as a "normal" is wrecked and becomes the narrative of someone who has broken some kind of norms. The patient is constructed through the terminology of psychiatric knowledge when the person who is showing the symptoms and the social actors surrounding him accepts it. One side here is that the patient belong to residual categories originating from the constituents of the social structure (Parsons 1964; Parsons 1968). But on the other, the existing

structure will construe and determine these residual categories and, as a result, the dichotomy between normal and deviant is once again frozen and static. Foucault would probably say that history of the "insane" is still the history of the 'sane'. As Mersault, he was no criminal until others' recognised him as such. According to others he had violated some norms and laws, but he himself could not agree to this. He then became conscious of himself – or, more accurately - from his reflections he formed an image of himself. But still, it did not occur to him what norms he had violated. During the novel he made a career that was out of his control, he did a career to become a criminal.

Mersault and the interviewees for this text have nothing in common more than that their stories are illustrations of the same social phenomena of becoming something that they themselves must make an effort to make sense of. Which bring us back to what Scheff suggested that it is necessary to specify which norms have been violated. But, also, on which level the violations have taken place (Brante 2001). Diagnostic psychiatry determines with which illness category a patient is to be associated and do this clinically. However, the excessive inclusiveness of the obtuse DSM criteria brings consequences on other levels than the one to which it originally refers (Wakefield 1997). Diagnostic psychiatry usually proposes that the identification of a certain cluster of symptoms indicates the presence of a particular disease (Horwitz 2002). But the norms these symptoms are associated with are also valid on the social level; the social is intertwined with the mental. Both psyche and social are part of the parcel of mental illness. The stories the interviewees give are very much about the social and how this part intervene in their careers to become mentally ill. The "Others" acts them, only by having the interviewees describe and talk about it. That's what turns the narratives into being absurd.

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