Chapter 23
Psychiatric Illness and Personal Narrative:
Implications for Social Networking in the Information Age

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ABSTRACT

Psychiatric illness is perhaps the richest and most challenging narrative for consumers to develop because core symptoms of disease may distort perceptual and interpretative brain functions. These distortions may fragment and disrupt personal narratives of wellness, illness, and recovery. Advances in psychopharmacology enable better management of core symptoms, while evidence-based psychotherapies help consumers manage residual symptoms and reduce relapse risk. So-called recovery-oriented treatments that focus on improving functioning and success in life, relationships, and work enable consumers to pursue goals that are not limited to managing their disease. These advances in the management of psychiatric illness create opportunities and needs for greater social awareness and integration. As Internet access becomes more common among all strata of societies, the use of the Web-based social networking may accelerate the development of new models of recovery. Social networking may expand the consumer's understanding of their past and present through web-based shared discussions with other consumers and professionals. Online psychiatric-related activity generally falls into several categories related to information acquisition, treatment facilitation, and social networking. Professional and consumer education are available on the Internet, though the quality of information may be variable depending on whether or not the material undergoes scientific review. Virtual communities (VCs) may range from professional communities of practice to peer-based support networks comprised of consumers alone or consumers and professionals. The tension between confidentiality and transparency, and the potential for deception due to anonymity are ethical challenges that must be addressed as VCs and social networking evolve in health care.

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INTRODUCTION

Historical Perspectives on Psychiatric Illness

Psychiatric illness is frequently stigmatized in many multiple cultures in ways that lead to alienation from mainstream social networks and even the healthcare system. The Institute of Medicine (2006) identified stigma as a major factor in the isolation of mental health services from mainstream medicine. The unique combination of stigma, fragmentation of service delivery and conditions that affect cognition and judgment pose major barriers to consumer-driven treatment. Nevertheless, these challenges do not diminish the need for individualized, recovery-oriented treatment (Rogers et al, 2008).

Evolution of Psychiatric Treatment

The conceptualization and treatment of psychiatric illness evolved during the 18th century Enlightenment. The so-called "moral treatment" of psychiatric illness that emerged engaged patients in productive physical and vocational activity designed to promote a sense of accomplishment and well-being (Taubes 1998). The absence of pharmacological therapies to reduce the severity and recurrence of psychiatric illness limited treatment options to environmental and social therapies. Treatment facilities evolved into semi-autonomous communities that shielded patients from the social and environmental stresses that often precipitated relapses. A core assumption was that work in itself was therapeutic because it provided patients with an experience of self-efficacy and self-worth. The social dimensions of therapeutic communities also provided a sense of belonging and engagement, though patients needed accommodations for their varying degrees of comfort with social interactions. Further understanding of the psychological and social dimensions of psychiatric illness led to the development of therapeutic interventions to improve consumers' ability to cope with and self-manage certain elements of their disorders, with varying success.

Biological Psychiatry

The emergence of psychotropic medications to modulate psychiatric symptoms reduced patient dependence on environmental interventions and enabled a broader spectrum of patients to benefit from psychosocial therapies (Ban, 2001). These early psychotropic medications facilitated the de-institutionalization of thousands of consumers who had been confined to residing in psychiatric facilities. The opportunity for fuller integration into society was challenged by the continuing vulnerability to relapse that might be induced by medication non-adherence, the natural course of disease, and psychosocial stresses (Klerman, 1977).

The Mind-Brain Challenge in Psychiatric Treatment

Psychiatric illnesses may impair the very functions needed to process, integrate, and organize an effective help-seeking response. These subtle neurocognitive deficits may reduce their ability to process non-verbal social cues, organize and process complex social interactions independent of acute or residual psychiatric symptoms (Lysaker and Buck, 2007; McDermott and Ebmeier, 2009; Wingo, Harvey and Baldessarini, 2009). Such deficits may present barriers to collaboration with concerned significant others and treatment providers, and may lead to a negative spiral of increasingly polarized interactions. The experience of hospitalization disrupts an individual's educational, social, and vocational path and can be experienced as losses of identity. The effective clinician will understand not only the diagnostic significance of the symptoms, but also the effects