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‘The words are stuck inside me; I write to heal’: Memory, recall, and repetition in PTSD blogs

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Abstract

This paper addresses issues around the automatic repetition of particular memories in the narratives / blog accounts of individuals with Post Traumatic Stress Disorder (PTSD). Based on a long-term project that examines how people with various body-related conditions and ailments write or speak about their bodies, the focus of this paper is on 80 blog accounts wherein individuals with PTSD write both about living with the condition and about their steps towards healing themselves. The paper pays special attention to how the act of repeated blogging counters the paralyzing repetition in their heads, leading them to re-cognize particular distressing life-events and thus creating alternate episodic structures (Gee 1992). In particular, the article addresses: What insights about repetition and memory are we able to glean from PTSD pathographies, and in what ways does current scholarship in narrative analysis, applied sociolinguistics, and psychology permit a more complex understanding of the condition?

Keywords: blogging; psychology; PTSD; recall; repetition; trauma

At certain moments in life, prompted by the excitement of some major event, we look ahead in time and think quite simply, ‘I shall remember this forever.’ And this awareness in itself seems to change the present experience, to enhance it like some object being lit suddenly from a new side. These are among the very few times that we have direct and honest contact with our future selves. Otherwise, we are largely, and in a sense unnecessarily, exiled from our own future.

(Robert Grudin 1982: 183–184)

1. Introduction

This paper offers an early exploration into the written accounts of people with Post Traumatic Stress Disorder (PTSD). Scholarship in narrative studies (Schiffrin 1996; Charon 2006; Bamberg 2009) has alerted us to how we ‘invent’ ourselves through the narratives we recall (Bruner and Weisser 1991). The phrase ‘major events’ (Grudin, above) is similar to Linton’s (1982) idea of ‘significant memories’ that can be seen to flow thickly, albeit latently sometimes, through any sense of self we project in the world. Scholarship has also made us aware of memories being open systems (Gee 1992), fluid and dynamic, and reflective of connections to particular spaces and certain times. Temporal dimensions, then, especially the past and present, are often simultaneously coded into our tellings. Although they are about the past, our narratives are told in the present, and so in this sense look backward even as they proceed with next steps.

These points are central to the present discussion about the blogs written by people with Post Traumatic Stress Disorder (PTSD). While their narratives are about ‘major events’, with many of them feeling that they will remember the event ‘forever’ and of their sense of the present being changed, there appears to be a sense of entrapment because of the repetition of some aspects of major (traumatic) events. These events have become ‘frozen’ (Ramanathan 1997) and assume the form of icebergs impeding what might otherwise be a more flowing, dynamic, and productive

existence. They have been ‘tagged’ and stored in certain ways (Gee 1992) and their repetition (often triggered by particular stimuli in the present) keep the person removed from a fuller sense of their own future. Toward arriving at a fuller and more complex picture of the condition and what people with it do to heal themselves, this paper centers its discussion around the following questions:

- 1 What insights about repetition and memory are we able to glean from PTSD pathographies and in what ways does current scholarship in narrative analysis, critical theory, and psychology permit a more complex understanding of the condition?
- 2 In what ways does the act of writing about the repetition of particular memories work to heal one with PTSD?

While issues of repetition in language have been addressed by psycholinguistics, especially in relation to Alzheimer’s disease (Schneck *et al.* 1982; Katzman 1985; Swihart and Pizzolo 1988) and autism (Stribling *et al.* 2009; Sterponi and Shankey 2013), and while sociolinguistics has addressed this as well (Hamilton 1994; Ramanathan 1997; Davis 2005; Schrauf and Iris 2012), the role of repetition in PTSD from a critical psycho- and sociolinguistic orientation is under-researched. This paper bridges this gap.

The Mayo Clinic defines PTSD as a mental health condition that is triggered by a terrifying event. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event. Symptoms of avoidance and emotional numbing may include trying to avoid thinking or talking about the traumatic event, feeling emotionally numb, avoiding activities once enjoyed, memory problems, irritability or anger, overwhelming guilt or shame, self-destructive behavior such as drinking too much, trouble sleeping, being easily startled or frightened, or hearing or seeing things that are not there. Certainly, latent through the PTSD accounts examined here is the theme of unintended thoughts – clouds of distressing memories – descending on individuals, pulling them into despair. Waking up to repressed memories

and/or being besieged by repetitions of them seem to hinder sufferers’ flows of everyday living. As the data reveal, reminders of these painful events – be they objects, people or contexts – become domains to instinctively avoid. Implicit in PTSD accounts, then, is memory gone awry, thus opening up the need to closely examine the interconnected threads of recall, recognition, and narrativizing that inform both the condition and healing from it.

2. Literature review: Sociolinguistic scholarship on memory, language, and repetition

There has been, over the last two decades, a growing body of sociolinguistic research on repetition in the field of communication and medicine, with much of it being in the area of oral discourse. In the field of autism is work by Solomon (2011) that has addressed the pragmatic concerns of communication with people with this condition. Also in this domain is scholarship by Loca and Wootton (1995), who call attention to even the most functionally opaque form of repetition. They refer to this as ‘unusual echolalia,’ and state that this feature is not as meaningless as it seems, and that it demonstrates particular linguistic and prosodic traits that happen in response to specific interactional moves. Sterponi and Shankey (2013) address both immediate and delayed echolalia in the spontaneous communication of a six-year-old child with autism. Specifically, they show that the child configures repetitions and echoes in various ways, using a range of segmental and suprasegmental features that mark them as alterations of the model utterance or as revoicing of another’s utterance. This work is groundbreaking, since no study to date of autism echolalia has

analyzed echoes as appropriation and revoicing or has questioned the assumption that the child with autism is unable to highlight the borrowed status of the source material, whether by aligning with or distancing him/herself from it.

(Sterponi and Shankey 2013: 5)

Repetition has also been addressed in the area of Alzheimer’s disease. Early psycholinguistic

research characterized this feature as contributing to the meaninglessness of Alzheimer discourse. Sociolinguistic research in this area, on the other hand, has sought to rethink this assumption. Scholarship by Hamilton (1994, 2003), Ramanathan (1997), Davis (2005), and Schrauf and Iris (2011) argues that repetition in Alzheimer narratives can be understood in terms of ‘frozen memories’ (that all of us with ‘normal’ memory skills have), and as memories that people with the condition still retain. Focusing on the patient’s ability to retrieve and recall (i.e. engage in extended language use), research in this area brings together memory, language, and narrative.

Sociolinguistic research on repetition in written discourse, on the other hand, is relatively under-explored. Ramanathan (2010) addresses issues of repetition in the diaries kept by patients suffering from Alzheimer’s disease and their caregivers, and calls attention to ways in which the need and desire to be able to repeat certain actions, words, and movements are profoundly connected to one’s ability to remember, since repetition is a matter of memory and recall.

Disciplines such as psychology, on the other hand, do provide valuable perspectives regarding narrative and memory. Research in narrative studies in psychotherapy, for instance, explores the role of expressive writing in disclosing painful events (Lepore and Smyth 2002) and how narrative therapy works to help people reflect on different ways to think about problems (Monk 1997). Charon (2006) writes about the use of ‘narrative medicine’ and ways in which accounts of people with ailments can become an ‘in’ into contexts of healing. In regards to the role of memory and retrieval, research in psychiatry suggests that one’s judgments of memory are influenced by the number of events one is asked to retrieve. A study by Winkielman *et al.* (1998) found that asking people to recall more events results in lower estimates of memory completeness, and suggested that this effect reflects the fact that a recall task makes accessible two distinct sources of information: the recalled content and the ease with which the content comes to mind. Herman and Harvey’s (1997) study, on

the other hand, based on clinical evaluations of 77 adult psychiatric outpatients, maintains that a majority of them reported degrees of continuous recall; roughly half of them said they had never forgotten ‘traumatic’ events, and smaller groups described periods of amnesia followed by delayed recall. The intrusion of new (suppressed) memories was a reason for some of them to seek psychotherapy. According to the authors, the argument for recovered memory therapy is based on the assumption that traumatic memory is state dependent, wherein the memorability of an event is determined by the congruence between the person’s psychological or physiological state at the time the event occurred and when she/he attempts to remember that event.

It appears, then, that the recall of traumatic events is intimately connected to issues in mental illness (Parks and Balon 1995), with memories of trauma often being repressed, denied, or dissociated in order to protect the psyche and preserve a sense of self (Terr 1995). Accessibility of memories – reaching into nested memories, some of which have been repressed, through either speaking or writing – is regarded as important in the healing of the person (Parks and Balon 1995; Neisser and Fivush 2008). As we will see in the accounts of those with PTSD, both of these features resonate strongly: not only is repetition a key component in their accounts, but reaching way back to *re-cognize* (re-interpret) key focal points in traumatic events during a process of (written) *recall* constitutes early steps in healing. Important to note here is that repetition in PTSD includes repetition of images and emotions along with language. Situating itself in sociolinguistic scholarship on repetition in clinical settings, then, this paper explores this feature as it informs our understanding of memory, narrative, and writing, while culling insights from relevant scholarship in memory-related studies in psychology.

3. Recall, recognition and reminding

What is recall and how is it different from recognition and reminding? In simple terms, recall is the teller’s ability to render their past in narrative

form (either through speech or writing). As a discourse activity, recall has at least the following characteristics:

1. It takes a narrative form: tellers/writers are generally able to engage in extended and meaningful turns about past events;
2. Tellers bear the onus of retrieving and selecting memories they wish to talk about;
3. If spoken, tellers are able to integrate the turns of their audiences into their ongoing stories. In other words, the audience's turns do not de-rail the teller's ongoing-turn (Ramanathan 1997).

Reminding, in contrast, is quite different. If recall has to do with retrieving and deciding on previously stored information, then reminding has to do with establishing relatedness between units of stored information. As a mental activity, we engage in reminding or being reminded all the time, since any person, context, or event can remind you of other things, events, people, or objects and can be, in some cases, triggers to difficult and emotional memories. In the context of PTSD, reminders are triggers that bring on the onslaught of a traumatic event (images, sounds, smells, language). Working through and with these onslaughts, using medications, or engaging in cognitive behavioral therapy (Beck 1979), then, become possible directions towards healing.

Recognition, while related to recall and reminding, is a different processing ability (Bayley 1984). At one level it is a memory process, and is thus similar to recall, but at another level it is also an interpretive process, as in *re-cognizing* (re-interpreting). This distinction is crucial, and is pertinent to the present discussion. If in recall, we retrieve and select a particular memory with some conscious effort, in recognition, we pick out a choice from an array before us. In other words, in recall we have to do the work of zooming in, and in recognition we pick out one of several presented choices. In some experimental psycholinguistic research on recognition (Bayley 1984), testees are required to rate items, connect them to other present items, or choose plausible items

from a list. The testee is provided a code or cue that facilitates recognition and that acts as a stimulus for the retrieval of certain 'tagged' items (Gee 1992).

As an interpretive process, on the other hand, *re-cognizing* starts to happen when in the process of recall, the person with PTSD is able to engage first in the memory process of zooming in on an event and isolating it as the pivotal start of emotional distress, and then gradually over time is able to re-interpret, to *re-cognize* this event. Sometimes, isolating this pivotal crux means reaching back into the past to retrieve an event that has remained hidden and repressed; at other times, the event may be palpably present but heavily tied to a particular interpretation that is working to keep the distress alive. But articulating this crucial set of memories, either by setting it free and flowing from its frozen state or by gradually re-interpreting it, is a necessary step. As we will see, healing from PTSD starts to happen when the person with the condition is able to move him/herself from recognition (as a memory process) to *re-cognizing* / *re-engaging with* crucial life events to now comprehend them *differently*. The data reveal that acts of frequent and sustained writing – recalling extensively on blogs – leads the teller to eventually construct another set of 'episodic structures' (Gee 1992), thus moving them sometimes towards alternate interpretations and, thus, towards healing. Flashbacks, repetition, and *re-cognition*, then, are profoundly inter-related.

4. The present study: Impetus, raw materials, and justifications

I gathered a total of 80 online blog accounts of PTSD, and these comprise the raw materials on which the present exploration is based (details regarding this follow). The present paper is part of a larger ongoing project regarding language-related concerns in how 'patients' (people diagnosed with particular body conditions) and their caregivers address body changes, and which comprises a data-pool of oral and written materials, including extended interviews, published and unpublished diaries, and field notes at various

sites (including senior centers, pharmacies, and local workshop sites for family members caring for an ailing loved one). While much of my earlier work in this area has focused on oral narratives and written diaries (Ramanathan 2010, 2014; McPherron and Ramanathan 2011), my focus in this paper is on blogs (Myers 2010), especially blogs that are repeatedly updated and sustained by the same individuals. I chose to focus on blog sites for several reasons: First, because people can be anonymous on blogs, there appears to be less self-consciousness on the part of the speaker (Suler 2004). Not being identified seems to permit tellers to speak without hesitation, a point that some of the participants in my project have voiced. Second, the fact that these narratives show up on public spaces such as blogs implies that the writers want to share their thoughts with readers and want their stories heard and acknowledged (Suler 2004; Myers 2010). As we will see in the latter half of the paper, key to healing is feeling safe enough to tell one's account. And, third, blog sites demand upkeep by way of frequent writing, and many of these accounts reveal how writing often leads their authors to recast and re-interpret their narratives, thus healing themselves. Indeed, several bloggers write of ways in which repeated journaling and diary-writing alleviate PTSD symptoms.

Because my focus was more generally on the role of repetition in PTSD, I included blog accounts of all kinds of traumas, including those afflicting war veterans, and people who had suffered attacks, rape, and incest. As noted above, my focus here is on those aspects of the data that are relevant for our understanding of repeated, automatic repetition of memories and ways in which connections between *repetition*, *recall*, and *re-cognizing* happen through sustained, written narratives/blogs. My interest in this area is to disambiguate these memory and language processes as they come through narratives, with particular focus on how scholarship in psychology and sociolinguistics can help us build a more complex understanding of the confluence of issues that inform this condition.

I aimed for a diverse pool of data, and toward this end, assembled blog accounts by 23 people who had been attacked (including raped and

sexually abused), and 34 by people who were war veterans. Twenty-three of the 80 were re-bloggers, who would update their blog sites with new entries. The general word length was between 500 and 3000 words, with the average being around 1500 words (see Appendix for list of sites).

The blogs were gathered over three years. They were accessed from the US and seem, from what I can tell, to be based in the US. I chose only those blog sites that openly and exclusively addressed issues of PTSD. I did not impose any particular criteria for PTSD on my choice of blogs; instead, I let self-identifying information be the primary criterion. I also chose to focus on those blog sites that were extensive (at least 400–500 words), since I was interested in extended recall. Many of these blog sites are maintained by bloggers who do not identify themselves at all, or who use pseudonyms such 'GettingBetter' or 'CaringAmerican'. As regards privacy, I followed detailed advice on internet research ethics (Buchanan and Zimmer 212), being careful to write in ways that do not identify anyone, and in instances where bloggers identify themselves I chose only those who openly indicate that they want their post to be public and visible (evident partially in messages at the bottom of their posts indicating that the postings could be shared on other social media, such as Twitter, Facebook). Indeed, all of the sites accessed for this paper are very publicly visible sites, with many of the bloggers mentioning their need to share their accounts so that they can help others with the condition. I was also careful not to access chatrooms and forums, whose audiences are more select and access to which can only happen by signing/logging in.

5. Data analysis

The data were first systematically manually coded and then coded again using Coding Analysis Toolkit software. I coded this data for themes inductively (Braun and Clark 2006), letting the dominant themes dictate the evolving argument. I focused on three themes that were repeated in different forms on at least 58 out of the 80 blog accounts:

1. The theme of triggers: how triggers bring on automatic and frequent repetitions of particular memories, and how they generate 'noise' in the head, causing a sense of entrapment;
2. The theme of recall (sustained narratives in writing) leading to the recognition of pivotal moments and repressed memories;
3. The theme of writing to heal: how the act of writing/blogging works to ameliorate the condition.

All of the focal 58 blogs had varying degrees of attention paid to these three criteria, with some paying more attention to writing to heal and others highlighting everyday living. I also coded these three dominant themes into sub-themes (how family members handle PTSD, issues of abuse, concerns about medications) to get a better sense of whether automatic replay of memories dovetailed more with some kinds of flashback.

I address each in turn in the following sections.

5.1. *The automatic, frequent, and entrapping nature of the repetition of particular memories*

All 80 blogs addressed issues about being trapped by repetition of traumatic memories. Some mention the memories as being triggered by objects, sounds, smells, or people; others write of overwhelming emotions, and still others of the temporary paralysis the authors experience as the aftermath. Interestingly, bloggers differentiate between *image flashbacks* and *emotional flashbacks*. These following excerpts are representative examples of the larger data pool (statements that speak directly to triggers, repetitions, and flashbacks are here emphasized in bold; I have also retained the writing conventions used in the original posts).

Excerpt 1

I don't remember when I had my first flashback. I assume it was shortly after the assault because it seems like I was experiencing them off and on for years after. I honestly didn't understand what was happening to me until maybe high school.

Something would trigger a memory, it could be a sound, the way a person grabbed my arm, the

sight of an ice cream in a colored cone, the smell of someone's aftershave, and suddenly I was no longer in the present.

Sometimes my flashbacks were vivid, visual moments, as though I was reliving it all over again. Sometimes they were just feelings with no visual. I'd experience terror and panic and then crushing depression.

Every single day of my life I would somehow be reminded of what happened and I thought I would never be "normal" again. I mourned the loss of my childhood and I begged god to turn back the clock.

(Website 7, emphasis added)

Excerpt 2

*As far as emotional flashbacks I am not great at noticing them or managing it. **The only way I can really notice that I am having one is that I am reacting to someone, usually in a negative way, for no reason.** A good example for me is when I see my father's old work friends, my father is now retired, but I saw those people all the time growing up from age 3–22. I am on edge, cold, almost rude and feel like I want to throw up.*

(Website 7, emphasis added)

Excerpt 3

*I have had the visual type of flashback, they are horrible and once triggered, almost impossible to control. **They didn't last long, and ended in either massive distress, or a panic attack, requiring grounding and breathing to manage, the same as waking from a nightmare.** I don't get those often. I get mostly nightmares, as visual re-experiencing.*

(Website 4, emphasis added)

Excerpt 4

*So I have had my knees kicked out from under me by **what is now something between a series of memories and full on flashbacks.** My therapist says that **the latter are only memories that wrap me up into emotional response. Plus they don't have to repeat, that also is my job.** Bring up in therapy any stuff to work on. As long as it doesn't involve taking or drinking anything it is better to dissociate some than to be focused in on the bad stuff.*

Ur in love with ur illness my therapist says. I say no my past she says no, no, you have a thing for your mental illness, u mess with it all the time doesn't leave much room for much else.

I suppose so. I suppose i try to make it better by flying as close to it as i can. But u burn ur wings then no? Yes i guess i do. I melt my wings flying too near to my own sun.

So here, i am. Alot dissociated tryin to make my brain think of something– anything– other that this being left for dead thing.

And so i am Dealing With It. Well, not as much that as putting it into a Limbo until i can get help sorting thru it all. For the truth is that my perp was very careful to not leave visible marks on face arms legs. When i had to have surgery on my neck at age four it was never thought of to connect to him. His only slip-up.

(Website 4, emphasis added)

Excerpt 5

So while i know that his threats to kill me left a big scar on my psyche, he would never have done so. I assume now that when he played Russian Roulette on me there were really just blanks in the gun.

But i still have this child this terrorized little child who believed him when he said oh ur still here i thought i had left you for dead. He would nevah have taken my life because there would be much to explain, too much. I wasn't his first victim after all he had three girls ahead of me who were his kids plus who knows how many other little girls or boys.

But here i go again, flying to the sun. Shut up, Terri. Deal.

(Website 4, emphasis added)

Excerpt 6

Healing from trauma is so complex and I don' believe anyone has all the answers, so hearing what helps from others fighting the same battle is very helpful. I agree that emotional flashbacks are very difficult. I have a great difficulty with completely shutting down, not being able to articulate a word except "yes", "fine" and "I don't know" when things are playing in my head. Body memories used to paralyze me and send me straight into full flashbacks-reliving the experience in my mind like I was actually back in it. Those were my biggest problems, having a body memory in the middle of classes or at the library, party. Eventually I learned to literally grab hold of whatever was around me and rub it with my thumbs (our finger tips have more feeling nerves in them than any other point in our body) for texture and label/count everything in my genera area until it stopped. It took time but I have been doing well for a few years to where I am still able to somewhat hear if someone is talking to me, but not go into flashback.

(Website 7, emphasis added)

Excerpt 7

Emotional/sensory flashbacks, where intense emotions from the past are triggered, are very hard to identify and once in one, again are almost impossible to con-

trol/manage. I know whenever I am feeling panic, fear, shame, guilt, severe depression etc, that is not rational for the current situation, I am experiencing an emotional flashback. And these can last for a few hours, but I know they end. And I know my emotions will return to normal.

Triggers can be anything, a phrase said by someone, an invalidating comment on, seeing someone I know has lied to me/hurt me, something I see on the TV.

(Website 8, emphasis added)

In each of the examples in Excerpts 1–7, image or emotional flashbacks happen with innocuous triggers (Excerpt 7: 'the way a person grabbed my arm, the sight of an ice cream in a colored cone [...], a phrase said by someone, an invalidating comment'), with subsequent difficulty in regaining composure (Excerpt 7: 'these can last for a few hours'; Excerpt 6: 'I learned to literally grab hold of whatever was around me'). Excerpts 4 and 5 display the bloggers dialoguing with themselves, sometimes replaying old interactions (as Excerpt 4 does with 'Ur in love with ur illness my therapist says. I say no my past she says no, no, you have a thing for your mental illness, u mess with it all the time doesn't leave much room for much else'), or reprimanding themselves for repetitions (Excerpt 5: 'Shut up, Terri. Deal'). These replays permit a glimpse into the ongoing ways in which the bloggers are mindful of the repetition and try to counter it by expressing frustration with themselves, thus trying to release themselves from repetition's strong hold (Pawelcyk and Erskine 2008).

Leaving aside the obvious point about triggers and stored information being overly sensitive to each other, there is the issue of the automatic repetition of particular memories. The triggers bring on what seem like reflex, knee-jerk replays of some memories (Foa *et al.* 1999; Andrews *et al.* 2000). While psychology and psychotherapy might explain the automatic nature of the repetition in terms of an overstimulated amygdala (the part of the brain that houses intense emotions and images, including negative ones of fear and anxiety) and of certain memories being on 'very short triggers' (thus explaining the need to process old repressed hurts in new ways), it prods us to consider what in our memory has switched into 'automatic' mode. Could it be that

some neural and memory-related connections between the world and our internalizing of it get so ‘over-scripted’ that quiet mindfulness (Langer 1989) during the time of flashback is not an option? Could it also be that having the option of choosing one’s responses, and of being careful in one’s reactions, may perhaps be more a matter of our brains and memory retaining an elasticity (and not becoming taut with over-scripted connections)?

Also evident is how the automatic nature of repeated memories contributes to a sense of ongoing ‘noise’ in the authors’ heads. While all of us ‘normal’ humans have several strands of thoughts, voices, images happening in parallel fashion in our brains (Gee 1992; see also Rumelhart *et al.* 1986), for people with PTSD, the noise can be overpowering. Excerpts 8–11 capture this.

Excerpt 8

When I get wound up I start to hear a woman yelling in the back of my head. I hear the voice and anger in the background, don't really get the words. I respond by listening to imaginary music, usually a rockin' slide guitar or something else loud enough to drown it out. This is all in my head of course. After a while I hear both at the same time. It gets distracting. Do you have a similar experience?

(Website 9)

Excerpt 9

There's so much noise. I can't think straight or concentrate. There's my mother mostly -- all the horrible things she used to say to me. There's my abusive alcoholic ex husband and the tirades he used to have. There are so many other voices as well. Worst of all there's the voice asking the question "what makes you think they were wrong?"

(Website 9)

Excerpt 10

Just hearing the word (in french) "Aller" (means go). That word is the cyclone eye trigger of triggers. I get all my physical, psychological and emotional responses just hearing that word. I can even make me dissociate. It is such a powerful key trigger related to what happened.

(Website 9)

Excerpt 11

I think it interesting that you are able to turn up music inside of your head to drown out the noise. I have a friend who is a therapist. He always spoke to me about

turning down the volume of things that I heard in my head until the sound was gone, just like a regular stereo's controls would work. I enjoy the idea of what you said about listening to music in your mind to drown it out. I will try this as well.

(Website 9)

Reminders/triggers, then, ping off of several bits of stored information, including noises, images, smells, volume, pitch, tone, words, and emotions, all of which comprise critical life-events. Clearly, for some these connections are overpoweringly noisy, with memories springing back to life with all their corresponding emotions and the teller repeatedly reliving those times. In cases of frequent reminders of painful memories, the teller is left with a profound sense of depletion after repeatedly engaging with the ‘noise’ of particular old hurts. Some psychologists and psychotherapists maintain that these emotional and image flashbacks that tend to be automatically repeated are shells or crusts of memories, and are often devoid of all of the details (Amir *et al.* 1998; Tuval-Maschiach *et al.* 2004), and that in some cases healing lies in uncovering the fuller details that counter the dominant interpretation that the teller gives to his/her story (Ehlers *et al.* 2004) – a point that Section 5.3 addresses more fully.

5.2. How acts of recall (sustained narratives in writing) can lead to the recognition of pivotal moments and repressed memories

I turn now to addressing how instances of recognizing episodic structures can happen during recall, where the act of engaging in sustained narrative can trigger moments of both crucial recognition (as a memory process) and recognition (as an interpretive one). The following narratives in Excerpts 12–14 capture this; highlighted sections indicate flashes of heightened awareness.

Excerpt 12

I never told anyone. I kept it all inside. I started to wonder if it was some crazy dream or if it even happened at all. I thought maybe I made it up? Other times I thought it wasn't that bad it was no big deal. But last year people I hadn't seen started surfacing family, friends – people who knew [...]

You're a miracle *they said*. How did you survive? Survive? Miracle? What did they mean? They started to tell me stories of their memories of how bad things were, how thin I had become, how out of control My older sister who I hadn't seen for a long time returned from living overseas. She needed to talk. She forced me to listen forced me to remember.

The memories hit. They hit hard. I wrote to get the images out of my head. I couldn't eat or sleep. I wanted to get in my car, close my eyes and drive. It felt like it was happening all over again the beatings, the confinement, the rape throwing up day after day after day even if I had tasted even a small bite of something shoving needles in my arm – three and four times a day ripping my arms with jagged rocks to feel something because I felt nothing.

I was numb inside. Why now God? Why are you letting me go through this now? I didn't want to remember and yet in remembering it dawned on me – finally – just how far down God had reached to free me. Everyday in the heat, rain and cold – I ran – lone in the woods – in the hills near our home. There I felt the gentle touch of God – And I heard His whisper – **You're stronger now. It's time to tell the truth of what happened. Tell your story to give someone hope**– This November, I will publish my story In the Eye of Deception.

(Website 5, bold emphasis added)

Excerpt 13

My sexual abuse began at 3 years of age and I do remember physical details with startling clarity. What I have a difficult time remembering is how I felt. I can remember if the sky was overcast and what types of clouds were in the sky, but not what I felt. I have been diagnosed with dissociation disorder because of it, I just "go away" when I am being traumatized. **The way it was explained to me; the reason that I am experiencing severe PTSD symptoms is because I didn't feel what I was feeling when the trauma occurred. My repeated writing of it, my speaking of it, talking about it, these blogs make me directly address what I had kept hidden. I had to say for myself what I had chosen not to.** The more you go away from your feelings, the longer you delay your healing.

(Website 5, bold emphasis added)

Excerpt 14

I love you,' my father said. Then he beat me and called me filthy names. 'I love you,' my father said. Then he locked me alone in the car for hours in the worst part of town. 'I love you,' my father said. Then he shoved his fist in my face and forced me to eat even when I kept throwing up. 'I love you,' my father said. Then he held me down on the bed [...]

'I love you,' the rapist said. Then he punched me so hard, my spleen ruptured. 'I love you,' the rapist said. Then he held me down and did what he wanted. 'I love you,' the rapist said. Then he locked me in a cold dark room and wouldn't let me go.

'I love you,' God said. Then He patiently waited until I was ready to trust Him. 'I love you,' God said. Then He broke the hold of the drug addiction. 'I love you,' God said. Then He calmed my anger and hatred. 'I love you,' God said. Then He healed my heart with His gentle touch. 'I love you,' God said. Then He freed me from the shame and fear.

But I did not realize this until very much later. It did not occur to me that this was not normal. ...I thought what happened was normal, that everyone lived on edge, fighting to avoid getting beaten, living like someone in a war zone, in chaos, tension and confusion. I believed whatever happened was because something was wrong with me [...], now I am better.

(Website 5, emphasis added)

Fifty-eight of the 80 blog accounts addressed ideas relating to waking up to old, nested memories that have been tucked away into the unconscious. The accounts above speak of tellers breaking open, as it were, clusters of images, sounds, and events (Excerpt 12: *The memories hit. They hit hard. I wrote to get the images out of my head. I couldn't eat or sleep*; Excerpt 13: *[...] the reason that I am experiencing severe PTSD symptoms is because I didn't feel what I was feeling when the trauma occurred*; Excerpt 14: *[...] but I did not realize this until very much later. It did not occur to me that this was not normal*). Evident in these and similar accounts is the awakening to bridging temporal lapses and of viewing past events as past, seen partially in the use of temporal markers that indicate the authors experiencing emotions long after the distressing event. Lexical items marking tense ('then' and 'now') and (perfective) aspect (Excerpt 12: *the truth of what happened*; Excerpt 14: *I thought what happened was normal*) indicate that the bloggers view the events as bounded and in the past.

Perspectives from cognitive psychology have tended to address these concerns in terms of old memories now being more available in the shallower, more conscious/functional parts of our brains (Jackendoff 2002). Scholars such as Herbert Simon (1991) write of 'bounded

rationality', which partially explains the constraints of our rationality in terms of what is available to us in the world. In other words, our capacity to make sense of what we have in our heads is constrained by our immediate physical world. Extending this idea, Posner and Rothbard (1998) explain our conscious minds in terms of 'controlled processing', a point of view that maintains that different parts of our brains exercise different kinds of control. Such views, though, do not explain breakthrough memories or indeed how these memories make their way into the more conscious parts of our brains where retrieval is easier.

Some psychoanalytic perspectives, on the other hand, do offer some explanations, with Freudian interpretations addressing repressed memories and repetition (as in PTSD) in terms of that which in the unconscious has not been worked out. In *The Interpretation of Dreams*, Freud writes that whatever is repressed is destined to repeat itself, whether as dreams, or symptoms, or 'acting out', until the mystery has been solved and the spell has broken (Freud 1953 [1900]). From this point of view, the automatic repetition of intrusive memories or the repetition of similar kinds of mistakes may be partial indications of the unconscious breaking through. In the above cases, the pain and power of being chased by an automatic repetition of memories lies also partially in the process of discovering one's vulnerability, rather than the crimes revealed. Its terror lies in its destabilizing impact, in the sheer nerve of looking back into the past and *re-cognizing* the emotional and/or physical violence of an earlier time. The acts of recall, especially sustained recall (as in maintaining a blog site), work as triggers that get the teller to recognize from the array of memories s/he has that some are missing, and that steps to healing lie in travelling back to uncover what has remained hidden. This stretching of a long arm to pick out a fragment of the past to integrate into 'the now', thus collapsing cordoned off terrains, is destabilizing, even as it eventually stabilizes. It is not surprising, then, that we have myths that center around the prohibition of backward glances: Lot's wife turning into a pillar of salt when she looks back at her homeland, Orpheus being able to

take Eurydice out of the underworld only if she promises to not look back, Oedipus losing his eyes because of his backward glance. Looking back and *re-cognizing* our pasts ruptures edifices we have created, and narratives that have kept up a certain self. They push us into terrains where our older building blocks cease to be relevant.

5.3 *Writing to heal: Engaging in recall and re-cognizing to integrate the past into the now*

All 80 of the bloggers mention that they write to heal. Their rationales for writing and writing repeatedly range from needing to 'tell their story' to 'writing to be heard' to writing to 'keep from not repressing emotional issues'. And this is not surprising, seeing that that impulse to write, to tell of one's past is, at its very foundation, an impulse to heal (Pennebaker 2004). For 58 of these authors, the act of writing seems to move them to realizations and interpretations they have not considered. For still others, the act of writing means a slowing down of their thinking which prompts other memories to surface, thus permitting fuller and alternate interpretations. The representative examples below in Excerpts 15–19 partially speak to how extended and sustained recall on blog sites moves one to heal (I have arranged them according to various thematic codes that emerge from the data).

Excerpt 15: Writing leading to healing, writing to remember their strength

Somewhere in all the diagnoses and medical treatment I'd lost some of the key aspects of who I was. Sure I have been running ultras to reconnect to who I am, and in many ways I am tougher than I ever was, but I'd lost my old mentality. I just remembered running ten milers at Bragg, full out the whole time at sub seven pace without recognizing what philosophy and training regimen brought that ability. I thought I was tougher after war, but I was tough because of who I was preceding war and my mentality is what brought me through. For some reason I'd come to believe that I was weak before war and that is why I was taken out by invisible wounds. Nothing could be further from the truth. I was tough and that is why I endured so much trauma and still sought to be on the line fighting the war. My resilience is helping now, but it also caused a much more severe syndrome. I realized that I have PTSD because I am tough, not because I am am

weak. It stems from my character not my weakness... Re-embracing the positive aspects of your life before trauma will help you move forward [...] I write to remember I am strong and I am healing [...]
(Website 2, emphasis added)

Excerpt 16: Writing to document a changing life

I am grateful. Really grateful. As I write and remember, I am filled with gratitude. So often I have to shake myself and ask, 'did it all really happen?' The years of living on the street, shoving needles in my arm, not allowing myself to eat, throwing up if I did and cutting myself until I couldn't stand the pain or until I bled [...] I write to know that I have changed, to know my life is changed [...]
(Website 2, emphasis added)

Excerpt 17: Writing to heal by finding the words to feel better

Living with extreme shame, out of control rage and debilitating fear – and one day, just like that – God touched me and changed everything. He gave me purpose and hope. He helped me heal. He gave me freedom. Now I owe Him my life.

There is a story about ten lepers being healed. Only one came back to say thank-you. I don't want to be like the nine who showed no gratitude. I need to tell what happened – what God did because had He not touched me in the ways He did [...]

How do I tell people what I lived? How do I say all those horrible things that happened? It's easier to tell strangers but I struggle with telling people who are close to me – my friends and people at work – I don't want them to think differently about me. I don't want them to be disgusted.

It was bad. Really bad. How can I tell them? Sometimes I just want to blurt it out but I can't. The words are stuck inside me. Many of my friends know I'm writing a book. They don't know what I'm writing, but they know I'm writing. And as I write, I remember and feel better.

(Website 2, emphasis added)

Excerpt 18: Writing to create a voice

I get lost in writing. I think in some way it validates what happened really took place. And it's a way for me to have my voice. I need to write. Writing has become like breathing for me. Seeing the words in print diminishes the shame and gives me strength.
(Website 10)

Excerpt 19: Writing to be free of wounds

I don't want to live like a caterpillar anymore. I want to fly. I want to tell. It will be my way of saying thank-you.
(Website 10)

In each of these excerpts, we see the voicing of a need to write and heal, to expunge oneself of shame and wounds. Also evident through the data pool are expressions of the need for constant writing. Whether it is a blogger writing to reassure himself that he is strong (Excerpt 15), to a woman remembering what took place in her childhood (Excerpt 18), to an expression of gratitude for changes (Excerpt 19), or a realization that one has, indeed, already begun changing (Excerpt 16), the act of writing is the act of healing. In each case, the act of writing is in the present, couched in the present tense, where the here and now takes precedence over the past and where the current acts to remind the blogger of his/her agentive action against paralyzing replays. The juxtaposition of the present acts of writing (Excerpt 15: 'I write to remember I am strong'; Excerpt 16: 'I write to know that I have changed'; Excerpt 17: 'And as I write, I remember and feel better') against their awareness of their past (Excerpt 16: 'did it all really happen?') reveals their sharp awareness of the temporal boundaries. The past is the past now. Their use of the imperfective aspect (Excerpt 16: 'I write to know that I have changed, to know my life is changed'; Excerpt 17: 'As I write, I remember and feel better'), of the present progressive tense (Excerpt 17: 'I'm writing a book'; Excerpt 15: 'I am healing') and of formulations that refer to the future (Excerpt 19: 'I want to fly, I want to tell') all point to their sense of time flowing, and flowing continuously instead of being frozen or bound (Myers 2010). The restricted passageways and labyrinths that these bloggers encounter as they sift through their emotions and images to find matching words, and then to find newer thoughts by which to reinterpret earlier ones (Excerpt 18: 'Writing has become like breathing for me') are what ultimately move them to other emotional states where old repetitions and flashbacks cease. This process of deliberate and mindful sifting is the process of *re-cognizing*. The repeated nature of this kind of measured and considered writing (Langer 1989) works to counter the automatic nature of the repetition in their heads. It is ironic, indeed, that it takes another kind of repetition to quell the one that causes distress, but newer episodic structures (Gee 1992) do emerge in this

process. Healing, as many of them point out, is processual and negotiated, word by measured word, with no teleological end.

6. Discussion and conclusion

Stepping back from the data, I return to some of the key themes with which this exploration began. As the paper has shown, this project brings together several related research domains, including narrative analysis, psychology, and pathology. As seen, *recall* – the act of narrativizing an earlier event, where the onus of selecting and retrieving the event is on the teller – is at the heart of the PTSD blogs. There are stories here needing and waiting to be told (Charon 2006), with each of the tellers feeling the urge to release the fear, anxiety, and shame associated with a pivotal event and using the anonymous spaces of the blog sites as safe spaces by which to do so (Suler 2004). Beyond this somewhat obvious point, though, are some other issues that this exploration has touched on, but that need further discussion.

First, the data explored in this paper has implications for information storage and encoding in our brains. The blogs reveal that emotional and image flashbacks comprise of so much more than just emotions and images, and in many instances include sharp recollections of other sensory experiences of sound and smell and language. These flashbacks, then, are far more complexly put together, and provide us with clues as to the kinds of information that gets stored and tagged as units with intense connections between them. The bound nature of these nuggets of information partially explains why they resurface as clusters in the presence of certain triggers, thus generating sharp and automatic replays. Such evidence underscores key points that the connectionist paradigms for brain functioning have been making (Rumelhart *et al.* 1986). Exploratory as the present paper is, it gives us early insights into how the area of PTSD is a valuable 'in' to more occluded parts of our brains.

Second is the issue of repetition. As we saw, repetition appears not only in the form of automatic repeated memories, but also in the form

of 'noise' in the blogger's heads, leading to a sense of one's head being too full too much of the time. Also emergent is the issue of repetition in the form of repeated and sustained blogging countering the automatic repetition in their heads. It is important to note a key difference between the two kinds of repetition: the act of repeated blogging is a mindful, deliberate act; it is an act undertaken to heal oneself, and is thus a rational, agentive choice the teller has made towards genuine *re-cognition*, an effort to conceive of one's past differently. The issue of how this kind of sustained blogging leads to the ultimate healing of PTSD raises the issue of what the blogger regains as the automatic flashbacks cease. If in PTSD, a part of one's working memory has gone into 'automatic mode' (like a tape player being switched on), then it is possible that mindful writing in working to still that automaticity leads to the re-acquiring of some control over one's mind and the regaining, in this sense, of certain lost elasticity (or capacity to bounce back). Our capacity to be rational, thoughtful, humans depends on our abilities to be agentive and that, as the data in this exploration points out, rests on our brains retaining degrees of 'springiness.' The automatic repetitions of memories that PTSD bloggers write about reveal the temporary loss of this elasticity and, thus, of degrees of agency.

Third, the availability of blog sites as a medium for telling one's story anonymously contributes to the healing process. Even a decade ago, this kind of healing – of being able to engage in a written recall in a public forum such as blog sites in a sustained, repeated way – would not have been possible. The relatively easy accessibility of this medium allows us to speak, write, and think about traumas, memories, and healing in new and different ways. Ultimately, the strength of the sites is not so much in what of the trauma they reveal, but in their presence themselves, as they stand testimony to deliberate steps undertaken by individuals as they journey word by word towards more equilibrium.

However, there are several drawbacks to the present exploration. First, because repetition in PTSD is so much more than just linguistic repetition, it is difficult to fully ascertain the extent

to which the repetition that marks the condition is linguistic. Related to this, focusing primarily on the linguistic output of the person – and that too only on what they post on their blogs – affords only a very narrow view of an immensely complex phenomena. Second, the current exploration does not adequately address how the act of writing to heal contributes to slowing down and perhaps ‘quietening’ the noise that bloggers experience. Is it the reflective, relatively slow nature of writing that works to slow the mind?

Third, the issue of how the repeated acts of reblogging counter the automatic repetition of the PTSD condition needs far more investigation and analysis than offered here. What is the connection between automatic repetition (of flashbacks) and mindful repetition (to still flashbacks)? These are areas for future research; the present paper is an early first step in this direction and needs to be read as such.

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Appendix

The urls for the blog sites are as follows:

Website 1.

<http://healmyptsd.com/awareness/other-voices>

Website 2.

<http://ptsdasoldiersperspective.blogspot.com/>

Website 3.

<https://www.facebook.com/notes/susan-avilasmith/the-top-50-bloggers-shedding-light-on-ptsd/10150676987105158>

Website 4.

<http://ptsdme.blogspot.com/>

Website 5.

<http://ptsdsurvivordaily.com/>

Website 6.

<http://www.healthyplace.com/blogs/traumaptsdblog/>

Website 7.

<http://msanthropy.blogspot.com/2012/04/surviving-ptsd-and-flashbacks.html>

Website 8.

<http://healingfromcomplextraumaandptsd.wordpress.com/2013/06/03/emotional-flashbacks-are-the-worst-of-my-complex-ptsd-symptoms/comment-page-1/>

Website 9.

<https://www.myptsd.com/c/threads/what-does-your-ptsd-sound-like.18401/>

Website 10.

<http://gentlerecovery.wordpress.com/>

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