



Dissertation

A corpus-driven critical discourse analysis of Obsessive-Compulsive Disorder experiences on *The OCD Stories*

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Abstract

Obsessive-Compulsive Disorder (OCD) is a mental illness that affects approximately 3-4% of the general population (Krzanowska and Kuleta, 2017). There is a growing body of research about the language used to construct the lived experience of OCD (Campbell and Longhurst, 2013; Knapton, 2018; Hartman, 2018). However, this research has been predominantly qualitative and focussed on case studies. By triangulating qualitative research methods in a corpus-driven critical discourse analysis, I have analysed OCD narratives that have been written as blog posts for *The OCD Stories*. In doing so, I address my research question: 'How do people with OCD construct their experiences on *The OCD Stores*?' My analysis indicates that these narratives are constructed predominantly in the first-person with a focus on past events. The collocates of 'ocd' also reveal that some individuals construct themselves or others with OCD as 'sufferers'; that a medicalised discourse of diagnosis is present to construct OCD as a legitimate mental illness, and finally that there is a counter discourse of socially-constructed labels to categorise subtypes of OCD which are not medically recognised. These findings indicate that OCD is a heterogeneous disorder in the variety of ways it is constructed. It also suggests that socially-constructed subtypes of OCD may be a helpful way for individuals to communicate about their disorder, using labels which I suggest should not be ignored by medical professionals when treating a person who has OCD.

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Abstract. Obsessive-Compulsive Disorder (OCD) is a mental illness that affects approximately 3-4% of the general population (Krzanowska and Kuleta, 2017). There is a growing body of research about the language used to construct the lived experience of OCD (Campbell and Longhurst, 2013; Knapton, 2018; Hartman, 2018). However, this research has been predominantly qualitative and focussed on case studies. By triangulating qualitative research methods in a corpus-driven critical discourse analysis, I have analysed OCD narratives that have been written as blog posts for *The OCD Stories*. In doing so, I address my research question: ‘How do people with OCD construct their experiences on *The OCD Stores*?’ My analysis indicates that these narratives are constructed predominantly in the first-person with a focus on past events. The collocates of ‘ocd’ also reveal that some individuals construct themselves or others with OCD as ‘sufferers’; that a medicalised discourse of diagnosis is present to construct OCD as a legitimate mental illness, and finally that there is a counter discourse of socially-constructed labels to categorise subtypes of OCD which are not medically recognised. These findings indicate that OCD is a heterogeneous disorder in the variety of ways it is constructed. It also suggests that socially-constructed subtypes of OCD may be a helpful way for individuals to communicate about their disorder, using labels which I suggest should not be ignored by medical professionals when treating a person who has OCD.

1 Introduction

1.1 Overview

In recent years, mental health charities and movements have been encouraging people to talk about mental health in order to make mental illnesses less of a taboo subject. Notably, the campaign group ‘Time to Change’ hold a yearly ‘Time to Talk Day’, which encourages such discussions about mental illness (“Time to Talk Day 2019”, 2019). These campaigns inspired me to conduct my dissertation research on how people with a mental illness linguistically construct their experiences.

I decided to focus on language around Obsessive-Compulsive Disorder (OCD), a debilitating mental illness that affects approximately 3-4% of the general population (Krzanowska and Kuleta, 2017:7). OCD is often misunderstood by those with no experience of the disorder and the term OCD is frequently used to describe a personality trait rather than a mental illness (Fennell and Boyd, 2014). In order to understand how people with OCD experience and conceptualise their disorder, this dissertation will analyse narratives written by people with OCD. These narratives have been published on *The OCD Stories*, a website established in 2015 that aims to ‘educate and inspire’ those with OCD. Friedrich (2015:98) suggests that individuals with OCD ‘test the boundaries of language’ when conveying their experiences, so analysing written narratives specifically could reveal more creative constructions of OCD. Using a mixed methodological approach combining corpus linguistics and a framework of critical discourse analysis (CDA), I address how people with OCD construct their experiences on *The OCD Stories*.

1.2 Structure

This dissertation is divided into five chapters. Following this introduction, Chapter 2 gives a literature review of previous research relating to my dissertation. This includes a section on illness narratives and blogs (2.1); a discussion on previous psychological research and models of OCD (2.2); a section on OCD discourses (2.3); a summary of previous research about spoken and written OCD narratives (2.4), and finally how this previous literature has informed my research question (2.5).

Chapter 3 addresses the data and methods I have used to conduct this research. This includes a summary of the blog posts from *The OCD Stories* (3.1); an overview of CDA as a theoretical framework (3.2); an outline of corpus linguistics and corpus methods (3.3); the advantages and limitations of corpus approaches to CDA (3.4), and finally, how this methodology has been applied to my data (3.5), including any ethical considerations.

My results and discussion are presented in chapter 4. In 4.1 I discuss the high-frequency words in *The OCD Stories* and what they reveal about the register of the blog posts. Section 4.2 then goes on to address collocations of ‘ocd’. This includes the construction of OCD ‘sufferer’ and ‘sufferers’ (4.2.1); evidence of medicalised discourse (4.2.2), and finally, challenges to this medicalised discourse (4.2.3).

Chapter 5 concludes this dissertation with a summary of my findings (5.1), the potential implications of my research (5.2), the limitations of my research (5.3), and finally, potential directions for future research (5.4).

2 Literature review

2.1 Illness narratives and blogs

2.1.1 Illness narratives

Kleinman (1988:28) defined the ‘illness narrative’ as a way for people experiencing illness(es) to construct their own ‘personal world of suffering’ through narrative. This approach recognises the experience of illness(es) as subjective, and unlike medical interviews or self-report forms, allows individuals to construct a more authentic account of living with an illness, including the emotions they experience as well as their physical and/or psychiatric symptoms (Kleinman, 1988:28-29). O’Brien and Clark (2011) further suggest the content of illness narratives usually involve personal change and follow a chronological structure with a distinct beginning, middle and end. For social scientists, these illness narratives

can reveal how those experiencing illness construct and ‘give meaning to our social reality’ (Hyden, 1997:50). Therefore, the linguistic choices made by individuals to construct illness narratives are just as important to consider as the content of these narratives.

2.1.2 *Uses of illness narratives*

Hyden (1997:55) proposes five uses of the illness narrative:

Uses of the Illness Narrative	Hyden's (1997:55-60) definition
The narrative construction of an illness world	Individuals can use illness narratives to make sense of their illness, allowing them to transform their experiences into meaningful events in a temporal order.
The narrative reconstruction of life history	Individuals can reconstruct their personal histories in light of their illness, including constructing change and/or continuity for the narrative self.
The narrative explanation and understanding of illness	Individuals can discuss possible explanations for their illness, and incorporate wider cultural ideas about illness into their own narrative.
The narrative as a strategic device	Individuals can achieve effects in social interaction through their narratives, including asserting their position and knowledge, and offering explanations for their behaviour.
Transforming individual experience into collective experience	Illness narratives can be considered in a public space, becoming a collective experience in a political and social narrative and context.

Table 1. *Uses of the illness narrative.*

These functions offer an effective formal framework in which illness narratives can be considered. Notably, they foreground the agency afforded to individuals as they construct their own narratives. By focusing on the construction of illness as an individual lived experience, and the wider social context in which these narratives are produced, researchers can use illness narratives to understand how individuals want their experiences to be understood. They may also reveal the role of dominant illness discourses in shaping these narratives. Bury (2001:280) emphasises the importance of context in terms of how illness narratives are ‘constructed and presented’. He suggests that researchers should consider the role of cultural knowledge that shape these narratives and the ways individual narratives are produced. Furthermore, Bury (2001:269) argues that narratives themselves can help shape new understandings of illness, which is not captured in Hyden’s illness narrative functions.

2.1.3 *Unsolicited written illness narratives*

Robinson (2001:709) suggests that illness narratives are an important data source for qualitative researchers, and further distinguishes between solicited and unsolicited written narratives. She defines unsolicited narratives as narratives that have not been produced in response to specific research questions or studies. In her research about unsolicited narratives written by caregivers, she argues that the optional anonymity of posting narratives on the internet gave caregivers a ‘safe environment’ in which they could express themselves (Robinson, 2001: 709). Although Robinson’s research is more concerned with narrative content, as discussed in 2.1.1, the ways unsolicited narratives are used to construct social realities are just as important to consider as their content. Furthermore, the lack of researcher involvement in the production of these unsolicited narratives also makes them more authentic; individuals have the freedom to construct their own narratives, rather than responding to research questions. I will further discuss the methodological and ethical implications of this type of data in section 3.5.

O'Brien and Clark (2010) reviewed how unsolicited first-person illness narratives are used in research and found that ten of the eighteen papers considered included unsolicited narratives that were obtained from the internet. This would suggest that the internet provides a valuable source of unsolicited illness narratives. However, research into illness blogs specifically was not considered by either O'Brien and Clark (2010) or Robinson (2001). This may be because, as O'Brien and Clarke (2010) note, there is no widely accepted terminology for researching illness narratives, so illness blogs were not included in their review. However, illness blogs can be treated as a specific sub-genre of illness narratives, which I will discuss further in the following section.

2.1.4 Illness blogs

Heilferty (2009:1539) first defined illness blogs as 'the online expression of the narrative of illness'. She suggests that illness blogs offer a 'unique forum for self-expression' because they allow individuals to creatively construct their experiences of illness while not relying on other online presences in forums or chatrooms (Heilferty, 2009:1540). Kotliar (2016:1203) notes that illness blogs have been previously researched in qualitative studies about cancer, AIDS and eating disorders. However, research about mental illness tends to be overlook blogs, focussing more on online forums and social networks. In his research about women's blogs about depression, Kotliar (2016:1208) suggests that depression blogs act as 'intermediary spaces' between the publicity of posting blog posts online, and the privacy of optional anonymity for individuals. It is this unique element of illness blogs being between public and private that makes illness blogs important to research. They contain authentic illness narratives that have not been solicited by a researcher or affected by a researcher's gaze (Kotliar, 2016:1205). Therefore, considering the illness blog as an intermediary space may reveal how people with other mental illnesses, such as Obsessive-Compulsive Disorder, choose to construct their experiences of illness online.

2.2 Obsessive-Compulsive Disorder (OCD)

2.2.1 Medical classifications and definitions

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), OCD is a disabling compulsive-related disorder that is characterised by 'unwanted obsessive thoughts and repetitive behaviours' and affects around 3-4% of the general population (Krzanowska and Kuleta (2017:7). Crucially, Krzanowska and Kuleta (2017) note that OCD is a heterogeneous disorder, meaning that individuals experience the disorder in a variety of ways. It is categorised into five content-based subtypes: contamination/washing; harm/checking; symmetry/counting; taboo thoughts/neutralising behaviours, and hoarding. These categories foreground the thoughts and behaviours that a person with OCD could experience but there can be considerable overlap between categories. These categories are medically recognised and used by professionals to identify patterns in an individual's experience of OCD.

2.2.2 Cognitive-behavioural model of OCD

Before I begin to discuss research about language and OCD, it is important to recognise the large body of research concerned with cognitive-behavioural models of OCD in the field of psychology. More recent research about linguistic constructions of OCD, notably Knapton (2015, 2016, 2018), takes a cognitive-linguistic approach based on cognitive-behavioural models. Understanding how psychologists conceptualise OCD is important to consider before discussing this cognitive-linguistic approach further in section 2.4.

The cognitive-behavioural model of obsessions proposed by Salkovskis (1985) has formed the basis for further cognitive-behavioural research (see figure 1).

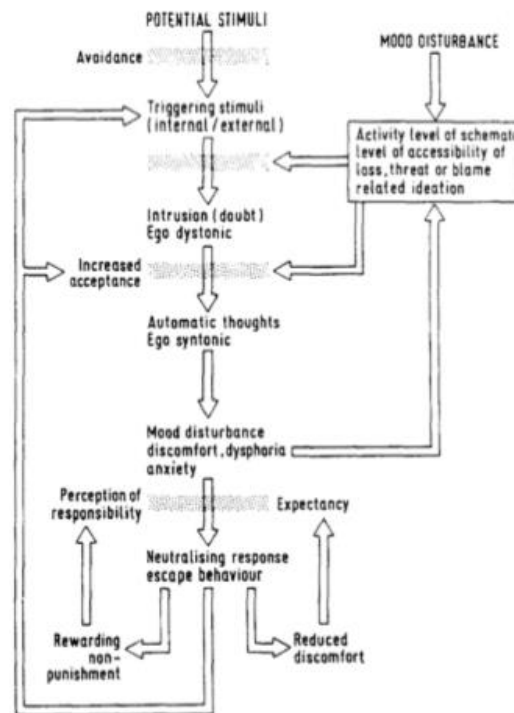


Figure 1. *Cognitive-behavioural model of obsessions (Salkovskis, 1985:578).*

The definition of OCD given in section 2.2.1 follows the model outlined in Figure 1: distressing thoughts or ‘intrusions’ lead to ‘mood disturbance’ including increased anxiety and discomfort, and obsessions or a ‘neutralising response’ are performed in response to these thoughts. Salkovskis (1985) suggests these intrusive thoughts are ‘ego-dystonic’, meaning the content of the thoughts is inconsistent with the beliefs of the individual and acknowledged as irrational. The ego-dystonic nature of OCD therefore suggests that experiencing the disorder involves some conflict about the self.

2.2.3 Autogenous-reactive model of OCD

The ego-dystonic nature of OCD has informed further cognitive models of the disorder that have been used in research about OCD (Knapton, 2018). Lee and Kwon (2003) suggest that OCD obsessions can be categorised into two subtypes: autogenous obsessions and reactive obsessions. Autogenous obsessions do not have an easily-identifiable trigger, meaning the content of the thoughts is constructed by symbolic or objectively illogical association; these are highly ego-dystonic. Contrastingly, reactive obsessions are comparatively more realistic and logical, in that they are usually evoked by an easily-recognisable trigger and therefore involve a lower level of ego-dystonicity. There are evident issues with this model, in that having two separate categories does not account for the heterogeneous nature of OCD. Nevertheless, this model does suggest that perceptions of the self are a crucial aspect of experiencing OCD because of the importance given to ego-dystonicity. This focus on the self could have implications for how people with OCD construct first-person illness narratives.

2.3 OCD discourses

Before beginning to discuss discourses around mental illness and OCD, it is important to define how the term ‘discourse’ will be used, because it has multiple definitions and interpretations. For this dissertation, I will use Foucault’s (1972:49) definition of discourse as interpreted by Baker (2006:4), where discourse is defined as ‘practices which systematically form the objects of which they speak’ and that such discourses can be constructed through language. This use of the term ‘discourse’ will be discussed further in 3.2.

2.3.1 *Mental illness and OCD discourse(s)*

The language used by individuals and institutions to construct mental illness is important. Aubrecht (2012) suggests that the language used to construct mental illness ‘is a language made possible by psychiatric knowledge and practices’, meaning this language is rooted in medicalised discourse. The medical diagnosis is just one example of this. Diagnosing and naming mental illness can direct individuals towards a community of people sharing the same diagnosis and offer assurance through shared experience. However, the diagnosis itself has its origins in Western medicalised discourse that devalues difference from a nondisabled perspective (Aubrecht, 2012:39). Tew (1999:433) also suggests that medical discourse dominates the construction of mental illnesses, but further postulates that political, professional, educational and everyday discourses of personal experiences also contribute to the ‘ideological battleground’ of mental illness representation.

Considering these competing discourses around the language of OCD more specifically, Friedrich (2015:97) suggests that discourses constructed by institutional powers can lead to discourses and representations of OCD that are not inclusive of individual experiences, resulting in the loss of individual agency. It is these representations of OCD, constructed in OCD discourses, that Friedrich (2015:97) argues have led to misunderstandings about the lived experience of OCD. She suggests the language used to construct these representations is a language of ‘deficit’, ‘fault’, ‘absence’ and ‘anxiety’. Notably, constructions of ‘absence’ in the language of OCD may be linked to the loss of individual agency afforded by the dominant medical discourse. Friedrich (2015:122) contends that forming collective groups of OCD voices, by establishing a literary and artistic OCD canon, could broaden OCD discourses into more social spheres and put OCD ‘where life actually happens’.

2.3.2 *Fictional media representations of OCD*

The experience of living with OCD has also been portrayed in popular media and can be considered attempts to broaden OCD discourses towards more everyday contexts. Whilst media representations of OCD could be an entirely separate dissertation topic, representations of OCD should be discussed as part of a wider OCD discourse. Cefalu (2009:55) suggests that OCD is often ‘distorted’ in popular media portrayals by reducing OCD from a mental illness to having obsessive quirks or to a personality trait. This distortion may have implications for the ways in which people with OCD understand and construct their experiences. Such media representations can impact the way mental illnesses such as OCD are constructed and reinforced, so some attention does need to be given to any potentially problematic and positive portrayals of OCD (Fennell and Boyd, 2014).

There has been limited research about media representations of OCD (Fennell and Boyd, 2014; Hoffner and Cohen, 2012). Fennell and Boyd (2014) conducted a thematic analysis of characters who appeared to have OCD in 24 different films. They carried out semi-structured interviews with 54 participants who self-identified as having OCD to investigate how people living with the disorder responded to such media portrayals. They found the representation of people with OCD in film was not

overtly negative, but that OCD was treated more as a quirk or personality trait than a mental illness. The participants' responses to the films were also varied, with some claiming that representing OCD in popular media at all is a positive way of generating public discussion, whereas others claimed that the most popular representations, such as the protagonist in 'Monk', focussed on OCD stereotypes of cleanliness obsessions. Despite these mixed results, their method of conducting interviews with people who have OCD demonstrates that listening to people who have the disorder is important to understand OCD as a lived experience. Hoffner and Cohen (2012) looked specifically at audience responses to 'Monk' and found that fans who identified as having OCD viewed the show positively and believed this representation lowered public stigma around the disorder. However, their method of recruiting participants from fan forums suggests that the participants would have an existing bias in favour of the programme. Nevertheless, both of these studies demonstrate that researchers need to listen to people with OCD to understand if media portrayals are positive or reflective of their lived experiences.

2.3.3 *Online OCD communities*

OCD voices are also present in Online Support Groups (OSGs). OSGs are a genre of computer-mediated communication (CMC) and in recent years have become recognised as a 'therapeutic tool' of self-disclosure for people with mental illnesses (Lawlor and Kirakowski, 2014:154). The optional anonymity on OSGs facilitates self-disclosure because people can freely construct their own experiences of mental illness to others they would usually not encounter in person, and to those with similar experiences. Friedrich (2015:186) contends that online environments such as these can offer 'new platform[s] for the spread of novel ideas' about OCD, and that researching these environments could reveal new constructions of OCD on online platforms. These OSGs could therefore be sites where illness narratives are published and contribute to a discourse of OCD, as discussed in 2.1.2.

2.4 **Spoken and written OCD narratives**

In recent years, researchers have recognised that considering spoken and written OCD narratives can help to understand the lived experience of OCD (Bhattachary and Singh, 2015; Campbell and Longurst, 2013; Fennell and Liberato, 2007; Gackenback, Sample, Mandel and Tomashevsky, 2011; Hartman, 2018; Knapton 2015, 2016, 2018; Knapton and Rundblad, 2018; O'Neill, 1999). This research is predominantly qualitative. O'Neill (1999) and Gackenback, Sample, Madel and Tomashevsky (2011) take a case study approach, with the former analysing one woman's spoken OCD narrative with data elicited from two separate interviews, and the latter conducting a content-based analysis of one man with OCD's blog about his dreams over six years. Although analysing data from a single participant does account for the subjective and heterogeneous nature of OCD, it does mean that their findings are limited in that they do not account for a wide variety of OCD experiences.

Identifying common themes in OCD narratives has been a large focus of qualitative research about OCD. O'Neill (1999) identifies key themes of the participant's narrative, such as their use of religious metaphors and the presence of a 'controlling voice'. Fennell and Liberato (2007) analysed both written and spoken interview responses about OCD and identified themes including the chronic nature of OCD and levels of stigma around the disorder. Bhattacharya and Singh (2015) also analysed spoken interview responses, and identified themes including the 'loss of an authentic sense of self' and feelings of similarity or distance with 'others' across their four participants' responses. These thematic analyses suggest that when people with OCD construct their experiences, their sense of self and the way they are perceived by those without OCD is brought into question. This in turn suggests that OCD is an ego-dystonic disorder, as discussed in 2.2.2, as evident in OCD narratives.

As well as thematic analyses of OCD narratives, researchers have also investigated the ways people with OCD use specific linguistic features to construct their experiences. Campbell and Longhurst (2013) analysed the use of metaphors by people with OCD on online blog posts and forums, and also the impact of gender on this metaphor use. They found that women were more likely to construct OCD using journey metaphors, whereas men were more likely to use battle metaphors. This approach, unlike thematic analysis, takes a more intersectional approach by acknowledging OCD is heterogeneous in terms of the content of obsessions and also other affected by other factors such as gender. Campbell and Longhurst (2013) argue it is not OCD itself that is gendered, but the ways people construct their experiences are gendered, and that considering metaphor use in online spaces such as blogs and forums can illustrate these differences.

Knapton and Rundblad (2018) also researched how metaphors were used in one written OCD narrative that was produced in response to interview prompts. In this case study, they found that metaphors of MOVEMENT, CONTAINER and LOCATION/POSITION were used by the participant to conceptualise their OCD. As well as this, Knapton and Rundblad (2018) took a discourse-dynamics approach and suggest that metaphors should be considered in relation to the research context in which the data was elicited. In their study, they concluded that metaphors were used by the participant to establish an interpersonal relationship with the researcher. Knapton and Rundblad (2018) therefore demonstrated that the researcher's role must be considered in analysing OCD narratives, or indeed any research where the researcher has an active role in eliciting data from participants. More generally, this also demonstrates the importance of considering context within data analysis.

Knapton's (2015, 2016, 2018) research about 'OCD episodes' as a form of narrative is the most extensive regarding linguistic constructions of OCD. Knapton (2015) defines OCD episodes as instances of OCD that follow the cognitive-behavioural model proposed by Salkovskis (1985:578) (see Figure 1). This framework for analysing OCD episodes is therefore inherently linked with cognitive models. Indeed, Knapton (2016, 2018) does advocate a cognitive-linguistic approach to understand linguistic constructions of OCD. Her previous research includes analysing image schemas – 'units of cognition [...] that organise human experience' – and how they are used to construct different subtypes of OCD as discussed in section 2.2.1, focussing on spoken OCD episodes (Knapton, 2016). Knapton (2018) has also researched the linguistic construction of doubt and the self in spoken OCD episodes drawing upon Systemic-Functional Grammar (Halliday, 1978). She postulates that the entities that are placed in subject position are afforded agency by the speaker, and could be used by therapists and health professionals to understand how people with OCD may distance themselves from the 'projected self' when relating OCD episodes (Knapton, 2018).

Knapton's fine-grained linguistic research combining cognitive models of OCD and linguistic frameworks has shown that the way people with OCD construct their experiences can lead to a better understanding of how OCD is understood and experienced. However, this research has some limitations. The framework of analysing OCD 'episodes' does not account for the lived experience of OCD because this only considers periods where an individual is experiencing intrusive thoughts and anxiety. Furthermore, although her research is informed by cognitive models, the cognitive-linguistic approach assumes that certain cognitive models are dominant and leaves little room for overlap between categories.

2.5 Summary and research question

This chapter has outlined the research that has informed the topic and research question of my dissertation. Starting with illness narratives and more specifically, unsolicited illness narratives and illness blogs, it is evident that such narratives about OCD can be used to understand the lived experience of OCD. I have shown that some popular media portrayals of OCD have presented OCD as a personality

trait rather than a mental illness, and also that the method of listening to people who have OCD is important to understanding how individuals respond to such portrayals. Finally, I have discussed how OCD narratives in various forms have been previously analysed using primarily qualitative and thematic analysis, with later research incorporating cognitive models. Although this cognitive-linguistic approach can help researchers understand how OCD is conceptualised, I have decided to use a discourse-based approach and address the research question: ‘How do people with OCD construct their experiences on *The OCD Stories*?’ Taking this more general research question and using corpus approaches to conduct a critical discourse analysis of my data will allow for the subjective and heterogeneous narratives, reflective of the heterogeneity of OCD, to lead my analysis. In doing so, I will address how people with OCD choose to construct their experiences, focussing on OCD as a disorder, and considering OCD as ego-dystonic, the ways in which individual social actors with OCD are constructed. In the following chapter, I will discuss my data, the methods I have used, and any ethical considerations.

3 Data and methods

This chapter will describe the data and methods have used to research how people with OCD construct their experiences on *The OCD Stories*. I will discuss the theory behind CDA, the corpus techniques used, how corpus methods can be used with a CDA framework, and finally the precise methods I have used to compile my corpus and analyse the data.

3.1 Blog posts from *The OCD Stories*

The OCD Stories is a blog created in 2015 and consists of ‘real stories that educate and inspire those with OCD’ (Ralph, 2015). There are two categories of blog posts: episodes of *The OCD Stories Podcast* hosted by the blog’s creator, Stuart Ralph, and *OCD Stories*, or illness narratives written in the form of blog posts by other people with OCD. For the purpose of this dissertation, I will focus exclusively on the blog posts. Individuals can submit their stories by emailing them to the blog directly. This means *The OCD Stories* differs from traditional blogs that have been researched (see 2.4) because the blog posts have been produced by multiple authors, rather than one author producing multiple posts over time. The content of these stories can be considered unsolicited written illness narratives in the form of blog posts as discussed in sections 2.1.3 and 2.1.4. Individuals choose to write and construct their experiences of OCD, reconstructing their life history through narrative and often offering explanations about their illness, thus following Hyden’s (1997) uses of the illness narrative as discussed in 2.1.2. In doing so, authors contribute to the ‘collective experience’ of illness by publishing these narratives on one blog (Hyden, 1997).

3.2 Critical discourse analysis (CDA)

3.2.1 What is ‘discourse’?

When used in linguistic research, ‘discourse’ is understood using a variety of definitions. Stubbs (1983:1) defined discourse as ‘language above the sentence or above the clause’, thus defining discourse by its grammatical properties and length. Alternatively, Brown and Yule (1983) define discourse as ‘language in use’, suggesting that discourse can be understood as language in terms of its purpose and social context. Baker (2006:3) further suggests that different discourses can exist as different topics or domains of language use, such as political discourse and media discourse. It is therefore clear that no one definition of discourse can capture its use in linguistic research.

As introduced in section 2.3, for this dissertation I will use the term discourse as defined by Foucault (1972:49), where discourse is defined as ‘practices which systematically form the objects of which they speak’. Foucault’s definition is particularly pertinent for this dissertation because he uses the example of psychopathology and madness discourse to describe how discourse constructs objects. In this sense, madness is treated as an object that discursive practices form systematically, depending on the dominant institutional power that constructs this discourse of madness throughout history. When analysing blog posts from *The OCD Stories*, I do not wish to suggest that OCD is exclusively an object of discourse. This would ignore the more recent psychological research around the biological and psychological origins of OCD. Instead, the objects which are systematically formed will be the lived experience of OCD, and not simply OCD as an isolated mental illness. Furthermore, Foucault’s use of ‘practices’ can be understood in terms of Fairclough’s definition of discourse as ‘social practice’, and that discourse analysis concerns analysing how texts work in the context of these sociocultural practices (1995:7). Considering the authors of these blog posts as engaging in social practices recognises the aims of *The OCD Stories* to ‘inspire and educate’ people with OCD.

3.2.2 CDA

Fairclough (1992:12) contends there are distinct differences between critical and non-critical approaches to discourse analysis. He suggests that while non-critical discourse analysis concerns ‘describing discursive practices’, critical approaches also consider how power relations and ideologies shape discourse. Here, discourse is considered from a social constructivist perspective by considering how identities, social relations and systems of knowledge are constructed through discourse. This notion of discourse constructing social reality implies that Foucault’s definition of discourse as discussed in section 3.2.1 is sufficient for CDA.

CDA as an area of applied linguistics is not characterised by one individual methodology. Rather, it follows guiding principles for carrying out research. These include taking an approach that is problem-oriented; aims to demystify ideologies through ‘systematic and retroductable’ analysis; and demands that researchers themselves clarify their own ideological positions, whilst following scientific methodologies that allow for a systematic analysis (Wodak and Meyer, 2009:3). Therefore, CDA as a linguistic approach is inherently political. This approach recognises that whilst aiming to solve problems by analysing how discursive constructions reveal institutional imbalances of power, the researcher’s position is often biased in favour of their own political agenda(s). Wodak and Meyer (2009:11) recognise this challenge facing CDA as they suggest researchers should avoid ‘cherry picking’ data that supports the researcher’s own views. This could be achieved by using quantitative and qualitative methods. Taking a corpus-approach to CDA is one way that the researcher can avoid cherry picking because quantitative methods can prove the significance of qualitative analysis. In the following section, I will discuss how taking a corpus approach can benefit CDA, and also outline some limitations of this approach.

3.3 Corpus linguistics

3.3.1 Definition of corpus linguistics

Corpus linguistics is ‘the study of language based on examples of real life language use’ (McEnery and Wilson, 1996). This involves using corpora, which are large electronic bodies of text that represent a sample of a particular type of language or language use (Baker, 2006:2). This can be written language or transcriptions of spoken language. Baker (2006:26-30) states there are multiple types of corpora which differ depending on their content and method of collection. Specialised corpora are most

frequently used in CDA because they are usually purpose-built to analyse particular language varieties, discourse domains or genres. These corpora tend to contain smaller amounts of data than those which represent whole language varieties such as the British National Corpus (BNC). However, as Baker (2006:28) notes, when analysing discursive constructions, the frequency of the subject under investigation within the corpus is more important than the size of the corpus itself. Therefore, it is important for the corpus data to be suitable for the research being conducted. As well as specialised corpora, reference corpora are also used in combined corpus and CDA approaches. These corpora represent a language variety – such as the aforementioned BNC – and are used to compare the significance of findings from the specialised corpus under investigation (Baker, 2006:30).

3.3.2 *Corpus-based vs corpus-driven analysis*

Tognini-Bonelli (2001, cited in Baker, 2006:16) distinguishes between investigations that are corpus-based and corpus-driven. In corpus-based analysis, corpora are used as a source of examples; to validate or disprove the researcher's intuitions, or to examine the frequency and plausibility of particular types of language use. On the other hand, analysis that is corpus-driven uses the corpus itself as the data, and regularities or exceptions in language are indicated by identifying patterns in the corpus. My analysis of *The OCD Stories* is corpus-driven because patterns identified in the corpus are treated as indicative of the ways people with OCD construct their experiences in narratives published on the blog.

3.3.3 *Corpus methods*

Corpus studies usually involve a quantitative methodology including statistical measures to test the significance of linguistic findings (McEnery and Wilson, 1996:81-101). In terms of the corpus techniques that will be used in this dissertation, this includes more basic descriptive statistics such as frequency counts of word types, or the occurrences of one particular word form (McEnery and Hardie, 2012:49). This frequency can also be converted into a normalised frequency (*nf*), which calculates the frequency of a particular word type per *x* tokens using a base of normalisation. This allows for the comparison of type frequencies across corpora of different sizes (McEnery and Hardie, 2012:49):

$$nf = \frac{\text{number of examples of the word in the whole corpus}}{\text{size of corpus}} \times \text{base of normalisation}$$

Statistical measures can also be used to find the collocations of a node, where a node is an item that is being analysed for its collocations, and a collocate is another item that regularly co-occurs with the node within a specified span in the corpus (McEnery and Hardie, 2012:124). Collocates can also be used in a Key Word in Context (KWIC) analysis to see how these collocates are used. Concordance software allows researchers to carry out qualitative analysis because researchers can search for occurrences of words, part of a word or a phrase within the corpus, often referred to as key word in context (KWIC) concordancing (McEnery and Hardie, 2012:35). Organising data from the corpus in this way makes it easier to analyse instances of specific items, and also identifying infrequent but interesting findings that would not be picked up using statistical measures. Baker (2006:15-17) suggests that triangulating quantitative and qualitative methods can be useful because researchers can check that their qualitative findings are significant using quantitative methods. He also suggests that comparing results against a reference corpus can ensure claims made about the corpus under investigation are not exaggerated or understated (Baker, 2006:30).

3.4 Corpus linguistics and CDA

3.4.1 *Advantages*

The combination of CDA and corpus linguistics has become more popular and widely used in research over the past decade, suggesting this approach has its advantages (Marchi and Taylor, 2018:1). I have previously mentioned some advantages including reducing researcher bias (3.2.2) and triangulating quantitative and qualitative methods to give reliable and statistically significant results (3.3.3). As well as this, corpus linguistics makes it possible to conduct CDA on a larger scale because corpora allow for more data to be processed quickly; this scale of analysis would be time-consuming and overwhelming without corpus techniques (Marchi and Taylor, 2018:4). Ultimately, Mautner (2009:45) summarises that corpus approaches to CDA offer researchers a new perspective for analysing discourse by triangulating research methods and making the results more reliable.

3.4.2 *Limitations*

There are some limitations of a corpus-driven CDA approach that must be considered. Baker (2006:17) notes that corpus-based studies of discourse are usually limited by analysing the ‘verbal domain’ of written or transcribed spoken data. Notably, this means that images are often excluded from corpus analysis because there is no standardised way of incorporating them into corpora. Furthermore, Mautner (2009:34) suggests it is not just images that are excluded, but other semiotic material such as ‘layout, typography, gesture, facial expression and intonation’ are omitted as well. This means semiotic material aside from written or spoken language is not considered using this method. This limitation indicates a larger concern for corpus-driven CDA approaches, in that corpora contain decontextualized language because the data is taken from its original source in order to be analysed using corpus software (Mautner, 2009:34). As CDA approaches stress the importance of context (see 3.2.2), this may explain why some researchers choose not to use corpus approaches. However, by remaining aware of decontextualization and triangulating research methods by frequently referring back to concordance lines or the original data source, researchers can incorporate more contextual knowledge into a corpus-driven CDA.

3.5 Analysing ‘The OCD Stories’

3.5.1 *Data collection*

I have compiled a corpus of blog posts from *The OCD Stories*.¹ This is a specialised corpus consisting of 131 blog posts published on *The OCD Stories* between August 2015 and September 2018, totalling 178,763 tokens. I manually copied and pasted each blog post to its own word document. This was so I could distinguish between different blog posts once the data had been uploaded to #Lancsbox, the corpus software I have used (Brezina, McEnery and Wattam, 2015). Only the blog posts’ titles and main body were included in my corpus because of the limitations of the software, meaning that images and graphological choices such as italics were not considered. These elements may be considered in future qualitative-based research. However, as there were only two blog posts including images, not considering these elements did not have a large impact on my findings.

¹ This will be referred to as the OCD corpus throughout this dissertation.

3.5.2 *Analytical methods*

As discussed in section 3.3.3, the corpus methods used to analyse my data included a word list of the highest-frequency items and analysing the collocates of ‘ocd’ using concordances. These findings were compared against the Blogspot and Wordpress subcorpus of the Birmingham Blog Corpus (BBC), which consists of 94,977,062 tokens from blog posts published on Blogspot and Wordpress and is accessed online via WebCorp (2002). This is an appropriate reference corpus because it is much larger than the OCD corpus, and the data can be considered representative of blog posts as a genre of written English. In terms of identifying collocations, I used the Z-score statistic with a span of 5. The Z-score calculates a word’s ‘collocability’ with the node by comparing ‘the frequency of all other words’ in a specified span with ‘their expected frequency of occurrence within that window if only chance were affecting the distribution’ (McEnery and Wilson, 1996:86). A higher Z-score indicates a higher degree of collocability. Also, the Z-score was considered the best measure practically because it is used by both #Lancsbox and WebCorp, thus allowing for comparison between corpora.

3.5.3 *Ethical considerations*

As stated in the *Recommendations on Good Practice in Applied Linguistics* (British Association for Applied Linguistics, 2016) researching online discourse raises issues about consent and confidentiality. Following these guidelines, I did not gain the informed consent from the authors of individual illness narratives because their contributions are ‘publically archived’. However, I have informed the blog’s creator Stuart Ralph of my research and have anonymised the individual illness narratives at his request. As OCD and mental illness are highly personal and potentially sensitive topics, I endeavoured to remain respectful of the individuals’ subjective experiences of OCD. Therefore, I do not wish to generalise my findings and stress that my results and discussion are only reflective of how people on *The OCD Stories* construct their experiences.

4 Results and discussion

4.1 High-frequency words

Baker (2006:54) suggests that word frequency lists are a useful way of ‘making sense’ of data and beginning the analysis. Table 2 shows the 25 most frequent words in the OCD corpus, along with the normalised frequency calculated per 10,000 words. The final two columns show the frequency and normalised frequency of these words in the BBC for comparison.

In line with previous studies which reveal that most forms of language have a high proportion of grammatical words, it is unsurprising that 24 of the 25 most frequent words in the OCD corpus are grammatical words, with the exception of ‘ocd’ (Baker, 2012:53). However, comparing the normalised frequencies of these grammatical words to the BBC reveals some initial findings about the register used in *The OCD Stories* to construct experiences of the disorder.

4.1.1 *First-person pronouns*

The first-person pronoun ‘i’ is the most frequent word in the corpus (n=9,378), occurring 1.6 times more frequently than the second most frequent word ‘to’ (n=5,940). Furthermore, ‘i’ is used 2.2 times more frequently (NF=524.6) when compared with its use in the BBC (NF = 239.2). Perhaps unsurprisingly, this data demonstrates that the authors of OCD narratives are foregrounded in their stories. The first-person possessive pronoun ‘my’ (n=4,446; NF=249.8) and the object pronoun ‘me’

(n=1,850; NF=103.5) are also amongst the most frequent words and occur 2.8 and 2.3 times more frequently than in the BBC, respectively. This further suggests that the topic of these narratives is not just OCD, but individual experiences of OCD. First-person pronouns are used more frequently than in the BBC, which also implies that the focus on the self is not because these narratives take the form of blog posts, but because the genre of written illness narratives tends to focus on the experiences of individuals. As the blog aims to inspire and educate those with OCD, it is clear that this is achieved by individuals drawing on their own experiences of the disorder.

Word	OCD Corpus		BBC	
	Frequency	NF (per 10 000 words)	Frequency	NF (per 10 000 words)
i	9 378	524.6	2 271 863	239.2
to	5 940	332.3	2 554 402	268.9
the	5 735	320.8	4 297 718	452.5
and	5 674	317.4	2 644 655	278.5
my	4 466	249.8	846 629	89.1
a	3 774	211.1	2 209 272	232.6
of	3 614	202.2	2 112 192	222.4
was	3 112	174.1	692 646	72.9
that	2 912	162.9	1 086 286	114.4
in	2 540	142.1	1 415 628	149.0
it	2 442	136.6	994 299	104.7
me	1 850	103.5	437 333	46.0
with	1 506	84.2	674 673	71.0
for	1 403	78.5	870 348	91.6
ocd	1 354	75.8	348	0.037
this	1 204	67.4	661 381	69.6
had	1 188	66.5	266 126	23.8
is	1 149	64.3	1 015 467	106.9
but	1 135	63.5	513 809	54.1
have	1 090	61.0	535 487	56.4
you	1 048	58.6	761 041	80.1
as	1 042	58.3	510 077	53.7
on	1 034	57.8	700 442	73.7
not	988	55.3	416 137	43.8
would	935	52.3	197 081	20.8

Table 2. *High-frequency words in the OCD corpus compared with the BBC.*

4.1.2 Verbs

‘[W]as’ is the most frequent verb form in the OCD corpus (n=3,112; NF=174.1), followed by ‘had’ (n=1,188; NF=66.5); ‘is’ (n=1,149; NF=66.5); ‘have’ (n=1,090; NF=61) and the modal verb ‘would’ (n=935; RF=52.3). As the two most frequent verb forms ‘was’ and ‘had’ are past tense forms, this would suggest that these illness narratives are constructed based on people’s past experiences of the disorder. These verbs are also 2.4 and 2.8 times more frequent in the OCD corpus than in the BBC. Given that Hyden (see 2.1.2) states that illness narratives can be used to reconstruct life history, it is perhaps unsurprising that past tense forms are so frequent. This suggests that people use *The OCD Stories* to linguistically construct specifically past experiences.

4.1.3 Summary

Briefly considering high-frequency words in the OCD corpus has already revealed some information about the register of these OCD stories. They tend to be first-person narratives with a focus on individual experience, and usually written about previous experiences and events in relation to their illness. However, these features could well be features of written illness narratives more generally, and not specific to OCD. Therefore, the remainder of my analysis will be concerned around the word ‘ocd’ to see if there are any similarities across *The OCD Stories* in terms of OCD constructions, and potentially wider OCD discourses.

4.2 Collocations of ‘ocd’

As ‘ocd’ was the highest frequency lexical word in the corpus, and given my research question of how individuals construct experiences of OCD on *The OCD Stories*, it is worth considering collocations of ‘ocd’. Baker (2006:96) suggests that meanings of words are created in relation to other words and that collocations can reveal salient discourses in terms of how subjects are constructed:

Collocate	Z-score	Collocational frequency
pure	37.95	19
diagnosed	37.11	26
symptoms	31.48	26
stories	29.83	17
contamination	28.74	13
caused	27.40	18
story	27.34	29
sufferers	26.50	12
says	26.13	8
to never	25.40	5
ocd	24.78	90
sufferer	24.63	9
religious	24.58	10
anxiety	24.06	42
officially	23.87	7
can	23.65	48
raise	23.15	5
life	22.87	54
know	21.94	41
chronic	21.44	6
workbook	21.40	5
now	21.40	36
just	21.36	47
since	21.33	20
like	21.24	48

Table 3. 25 strongest lexical word collocations of ‘ocd’ using Z-score and span -5/+5.

Table 3 shows the strongest 25 lexical words that are collocates of ‘ocd’. I have only included lexical words in this analysis because lexical words are more revealing than grammatical words regarding

discursive constructions of meaning (Baker, 2006). Word limitations of this dissertation mean I cannot discuss all of these collocates. For the rest of this chapter, I will therefore address groups of collocates that seem to work together to reveal how people with OCD construct their experiences on *The OCD Stories*. This analysis will use collocations as a starting point, and then go on to analyse concordances of these collocates.

4.2.1 OCD ‘sufferer’ and ‘sufferers’

‘[S]ufferer’ and ‘sufferers’ are the seventh and eleventh strongest collocates of ‘ocd’ with Z-scores of 26.5 and 24.63 respectively. They are particularly interesting to consider because they are the only collocates that explicitly indicate the presence of social actors.

The lemma ‘suffer*’ appears 150 times in the OCD corpus. However, manual analysis of these concordances revealed that only 121 (NF=6.77) of these instances described suffering in relation to OCD, with the rest referring to suffering from other illnesses. The table below shows the frequency of each form of ‘suffer*’ in relation to OCD:

Forms of ‘suffer*’	Frequency	Percentage (%)
suffer (v)	21	17.36
suffered (v)	12	9.92
suffering (v)	37	30.58
sufferer (n)	18	14.88
sufferers (n)	25	20.66
sufferer's (n)	2	1.65
sufferers' (n)	1	0.83
suffers (n) ²	5	4.13
Total	121	100.01

Table 4. Frequency and percentage use of different forms of the lemma ‘suffer’ in relation to OCD.

Whilst suffering (v) is the most frequent form of ‘suffer*’ and the percentages reveal that suffering as a verb is used more frequently (57.86%), nominalisations of ‘suffer*’ referring to social actors account for 42.15% (n=51) of its uses. A comparative search of ‘suffer*’ in the BBC gave 9653 results but only 130 (1.35%) of these uses referred to a ‘sufferer’ or ‘sufferers’. Therefore, constructing social actors as a ‘sufferer’ or ‘sufferers’ is marked in the OCD corpus and warrants a concordance analysis to understand how this term is used by people with OCD (see appendix 1 for full list of concordances).

Firstly, the distribution of ‘sufferer’ referring to social actors must be noted. Only 21 of the 131 blog posts in the corpus used the various forms of ‘sufferer’ to construct people with OCD, meaning 110 posts did not use this construction. However, the collocational relationship between OCD and ‘sufferer’ or ‘sufferers’ demonstrated in table 3 mean this social actor construction is still worthy of analysis.

The concordances suggest that the construction of people with OCD as sufferers can be categorised into three types: objectively describing people with OCD as a sufferer or sufferers (n=31); self-identifying as a sufferer of OCD (n=10), and identifying as part of a group of OCD sufferers (n=8). There is one further use of ‘OCD sufferer’ that refers not to a social actor but to the linguistic construction itself, which will be discussed later in this section. The objective description of people

² Although spelt ‘suffers’, the concordance lines revealed these instances were referring to ‘sufferers’ and so will be used as examples of social actor representation.

with OCD as sufferers seems to be used by the blog posts' authors to describe how the disorder can affect individuals. For example, one author notes 'the sufferer may resort to the same compulsive behaviour' (9), and another that 'OCD compulsions do not give the sufferer even one speck of relief' (10). Objective descriptions are also used to emphasise elements of OCD that are shared by more than one individual, such as 'sufferers who have not received sufficient assistance' (28) and 'some sufferers will feel an urge or compulsion to do something' (21). The determiner 'some' in the final example exemplifies the heterogeneity of OCD as discussed in 2.2.1, suggesting that in their descriptions of OCD experiences, individuals recognise that the lived experience of OCD differs between individuals. However, as Hyden's uses of the illness narrative discussed in 2.2.2 include transforming individual experiences into collective experiences, this construction of OCD 'sufferers' can be considered one way in which people discursively construct collective experiences on *The OCD Stories*. The other identified categories of how 'sufferer(s)' is used also hints at this collective experience. By identifying as 'an OCD sufferer' (11-14; 17; 26) and recognising a community of 'us OCD sufferers' (41) or 'OCD suffers like myself' (49), the construction of 'sufferer(s)' could function to recognise that individuals are not isolated in their experiences of mental illness and seek comfort from shared experience.

There is some debate around the term 'sufferer' to describe people with OCD. Friedrich (2015:2-3) states that the term 'sufferer' has negative connotations of the person with OCD as being powerless and a victim of their disorder. The way language is used to empower or disempower patients has been researched in terms of metaphors about cancer. Semino et al. (2015) suggest that metaphor constructions can have both a disempowering and empowering effect in violence metaphors where patients lose a 'battle' with cancer. The following example of 'OCD sufferer' in the corpus directly addresses how powerful choices of language in OCD constructions can be:

'At one session with my therapist, I was complaining that OCD had come to define me as a person. He asked me to make a list of all the roles I play in life. Husband, father, son, brother, uncle, friend, teacher, athlete, coach etc. Then he asked me to assign a percentage to these roles. As I finished, I laughed when I realized that "OCD sufferer" had not made the list at all. My disorder does not define me and it shouldn't define you either.'

This author realises that they have an identity aside from having OCD. In doing so, they claim that the construction of 'OCD sufferer' is reductive because it suggests that a person's identity is exclusively defined by their mental illness. The rather didactic tone of 'it shouldn't define you either' suggests the author is also addressing other readers of *The OCD Stories* to see themselves as more than an 'OCD sufferer'. This supports Friedrich's claim of 'sufferer' suggesting powerlessness because being defined by a mental disorder in turn removes power from the individual to construct their own identity. However, as the use of 'sufferer' and 'sufferers' proves, some people with OCD do choose to use the term 'sufferer(s)' to construct themselves as an individual and as part of a group of sufferers. Therefore, perhaps it is not productive to police what linguistic constructions are (un)acceptable to use, and instead pay attention to how people with OCD choose to construct themselves as social actors in future representations of the disorder. Semino et al. (2015) contend that language is not empowering or disempowering by default, and that researchers should pay attention to specific uses of language and how they could empower those with illnesses. In cases such as *The OCD Stories*, 'sufferer' may be a beneficial term. It harnesses a sense of community and familiarity of experience that fulfils the blog's aims of 'educating and inspiring' those with OCD.

4.2.2 *Traces of medicalised discourse*

As well as considering the ways in which people on *The OCD Stories* construct themselves and others with the disorder, it is also worth considering how OCD itself is linguistically constructed in the blog posts. Returning to the collocates of 'ocd' (see table 3), there is evidence to suggest that the language

used to construct OCD in *The OCD Stories* is dominated by a medicalised discourse as discussed in section 2.3.1. The collocates ‘diagnosed’, ‘symptoms’, ‘anxiety’ and ‘chronic’ are all rooted in a medicalised discourse. This frames mental difference³ as a diagnosis with symptoms, with ‘anxiety’ being one diagnostic example and ‘chronic’ a medicalised way of constructing a persistent illness. It is true that the term ‘OCD’ is itself a construct of medical discourse by naming a particular type of mental difference. In this sense, perhaps it is unsurprising that terms from medical discourse are present in *The OCD Stories*; individuals choose to write and publish their illness narratives, so it is assumed they would accept using the term ‘OCD’ to construct their experiences. To emphasise a point made in 3.2.1, I do not want to suggest that OCD is entirely an object of discourse. However, analysing ways in which people with OCD construct their disorder, by considering its collocates, may reveal how medicalised discourse constructs their understanding and experiences of the disorder. Due to word limitations, I have decided to focus on the lemma ‘diagnos*’ using a similar method to my analysis of ‘suffer*’. A diagnosis is the first recognition of so-called mental difference in medicalised discourse, and also relies on doctors or psychiatrists in a position of power to give a diagnosis. Therefore, concordances of ‘diagnos*’ may be particularly pertinent when taking a CDA approach.

A KWIC search for ‘*diagnos*’ gives 111 results (NF=6.2) from 54 of the 131 blog posts. I chose to include the wildcard symbol in front of the lemma ‘diagnos’ so any instances of prefixes modifying ‘diagnos’, such as ‘misdiagnosis’ or ‘undiagnosed’ would be included in the search, which indeed there were examples of both forms. Interestingly, it must be noted that 77 of the blogposts did not display any instances of ‘*diagnos*’. As these illness narratives allow individuals to choose the aspects of their OCD experiences that they perceive as the most significant to address, this would suggest that for some people, formal diagnosis by a medical professional is not one of the more significant events in their narrative. This may be because other experiences were deemed more significant in their reconstruction of life history, or that they were not diagnosed but self-identify as having OCD. However, the concordances that do include ‘*diagnos*’ suggest that for other people, a diagnosis of OCD is a significant part of their OCD story.

When sorting these concordances to the left of the node, the adverb ‘officially’ is used before the verb ‘diagnosed’ 5 times; the adjective ‘official’ before the noun ‘diagnosis’ twice, and the adverb ‘finally’ before ‘diagnosed’ 3 times. Although these frequencies may seem small, ‘officially’ and ‘finally’ are collocates of ‘*diagnos*’ with Z-scores of 83.84 and 18.6 respectively. When comparing these scores to the collocates of ‘*diagnos*’ in the BBC, ‘officially’ only has a Z-score of 5.57 and ‘finally’ of 5.8. Baker (2006:91) suggests that low-frequency collocates can still indicate wider discourses even if they are rare in the consulted corpus. Comparing the collocational scores of ‘officially’ and ‘finally’ in the OCD corpus with the BBC suggest that these adverbs are still worth considering in a qualitative concordance analysis. Table 5 demonstrates all of the instances where ‘*diagnos*’ collocates with ‘officially’ and/or ‘finally’.

Examples 1 and 5 reveal that these individuals discuss not being ‘officially’ diagnosed with OCD. Referring to the original narratives, the author of example 1 goes on to say that a therapist they saw for ‘anxiety issues’ told them that their symptoms ‘sound like’ OCD. The author of example 5 also states they have not been ‘officially diagnosed’ with OCD, however referring to their original narrative reveals that they are on a waiting list to see an ‘expert in OCD’. Here, the role of the medical professional is foregrounded and seems to suggest that their opinions are valued. In this discourse of medicalisation, it is the medical professional that diagnoses OCD, and these narratives where the author has not been diagnosed still refer to such professionals, perhaps to legitimise their claims of having OCD. This could also be said for the other instances of ‘officially’ which occur in examples 2-4 and 6-7. Although the

³ I use the term ‘mental difference’ knowingly to refer to what Western medical discourse considers ‘normal’ and ‘different’ from the construct of supposedly standard cognitive processing.

verb ‘diagnosed’ itself would imply that the author had consulted a medical professional for diagnosis, qualifying this verb with ‘officially’ suggests that these authors want to foreground that their diagnosis has come from a medical professional, and in turn suggests that OCD is legitimised through this medicalised discourse.

As OCD diagnoses seems to legitimise experiences for the individual, the adverb ‘finally’ also suggests that for some people, getting a diagnosis is something that has been difficult to obtain and beneficial for the individual. The author of example 7 describes their previous ‘misdiagnoses’ and ‘constant battle against misconceptions’, suggesting that an OCD diagnosis has helped them to receive appropriate medical help. Similarly, the author of example 11 states that an OCD diagnosis ‘made so much sense’ and they were ‘relieved that [they were] not crazy’. For some individuals, a medical diagnosis is the first step to receiving help and the start of their recovery, and like example 11, the label of ‘OCD’ itself seems to legitimize their experiences because their experiences are medically recognised. Therefore, the medicalised discourse present in some of *The OCD Stories* help individuals to construct their experiences as legitimate and something that is experienced by many others.

1	case. I have never officially been	diagnosed	with OCD although a therapist I was
2	through this. When my therapist	diagnosed	me with OCD, I did some research
	officially		
3	I was officially , and oddly	diagnosed.	I fought through much depression, panic
	gratefully,		attacks,
4	street drugs. I was later officially	diagnosed	with OCD, Anxiety, and Depression at age
5	OCD, I have not been officially	diagnosed,	there are days where I just feel
6	a postnatal Psychiatrist, where I	diagnosed	with post-natal OCD and prescribed
	was officially		SSRIs, which
7	against misconceptions, I was	diagnosed	with OCD. The fact that my compulsions
	finally officially		
8	a week later I was finally	diagnosed	with OCD after reading an article by
9	Treatment In 2006 I was finally	diagnosed	by a psychiatrist who placed me on
10	absence from school, and was	diagnosed	with Obsessive Compulsive Disorder. I
	finally		was 19. I
11	lot of weight. I finally was	diagnosed	by a psychiatrist with OCD. It made

Table 5. Concordances where ‘officially’ and/or ‘finally’ collocated with ‘*diagnos*’.

4.2.3 Challenges to medicalised discourse

Returning to the collocations of ‘ocd’, there is some evidence to suggest that another discourse outside of the medical is present in people’s constructions of OCD on *The OCD Stories*. Atanasova (2018) suggests that blogs can be spaces where such counter-discourses emerge in her analysis of blogs about obesity. This may be the case for *The OCD Stories*, especially when considering the blogs as ‘intermediary spaces’ between the public and private as discussed in section 2.4. ‘[P]ure’, ‘contamination’ and ‘religious’ are amongst the strongest lexical collocates of ‘ocd’ and are used to construct different subtypes of OCD. This is achieved by these adjectives pre-modifying the noun ‘OCD’. However, only ‘contamination’ is listed as one of the medically recognised categories discussed in 2.2.1. In order to identify other categories of OCD being constructed in the OCD corpus, I conducted a KWIC search for ‘*ocd’ and sorted the concordances alphabetically one position to the left of the node to manually identify other categories. Including the wildcard symbol at the front of ‘ocd’ was to

identify any subtypes of OCD that were constructed as an acronym. Table 6 displays these results and their frequency in the corpus:

Categories of OCD	Frequency
Contamination OCD	8
Existential OCD	1
Classic OCD	2
Harm OCD	5
Health OCD	1
Homosexual OCD	1
Pure O/Pure Obsessional/Pure OCD	16
Sexual Orientation OCD	1
Paedophile OCD	3
Perfectionism OCD	1
Post-Natal OCD	1
Relationship OCD	5
Religious OCD	4
Schizophrenia OCD	2
Scrupulosity OCD	1
Sexual OCD	2
Sexuality OCD	2
Gay or Straight OCD	1
Trans OCD	1
ROCD	18
HOCD	6
POCD	7
Total	89

Table 6. *Frequencies of OCD subtype constructions in the OCD corpus.*

The frequencies in table 6 should not be taken as indicative of how many people identified as having a subtype of OCD. They indicate how many times each subtype was mentioned and for high frequency items, these instances usually occur more than once in the same narrative. For example, 9 of the 18 uses of ‘ROCD’ came from the same narrative. However, what this table does show is the diversity of ways in which people on *The OCD Stories* construct OCD. The charity OCD-UK states there are ‘infinite types of OCD’ aside from the recognised medical classifications, where the subtypes tend to refer to the content of individuals’ intrusive thoughts (“Types of OCD”, 2019). Importantly, they state that these other subtypes, and the acronyms ‘ROCD’, ‘HOCD’ and ‘POCD’, are not recognised medically - they would all be diagnosed as simply ‘OCD’ – and discourage the use of these terms because such a variety can delay access to treatment if the individual seeks help from an expert in one subtype. It is clear from the lack of medical recognition that these labels have been constructed outside of medical discourse, perhaps originating in more socially-orientated discourses where people talk about OCD, such as online communities including *The OCD Stories*.

The presence of these socially-constructed labels suggests there are tensions amongst people with OCD between using medicalised discourse to construct their experiences as legitimate, and a more socially-orientated discourse that captures the heterogeneous nature of OCD. Of course, this may not be the case for everyone on *The OCD Stories*, as these alternative constructions are used in 29 of the

131 narratives. However, the fact that a minority of people with OCD are choosing to use these labels to construct their experiences suggest there is some use in identifying different categories and types of OCD. If OCD-UK reports that alternative labels can delay treatment, perhaps medical discourses around OCD should recognise that some people with OCD do choose to use these alternative constructions. These labels would not be used for separate diagnoses, but may help medical professionals to identify the content of their intrusive thoughts and understand how OCD is experienced by the individual. This combined approach of medical and socially-orientated discourses can only be achieved by listening to the narratives and voices of people with OCD.

4.2.4 Summary

By using combined qualitative and quantitative methods, this chapter has demonstrated how high-frequency words in the OCD corpus can indicate some aspects of the register used in *The OCD Stories*. Analysing the collocations of ‘ocd’ has also revealed how some people with OCD construct themselves as sufferers, how medicalised discourse is used to construct their experiences as legitimate, and finally how alternative discourses to the medical function in capturing OCD as a heterogeneous disorder.

5 Conclusion

5.1 Summary of findings

This dissertation has addressed the research question ‘how do people with OCD construct their experiences on *The OCD Stories*?’ using the combined methods of a corpus-driven critical discourse analysis. It has revealed individuals construct these illness narratives to reconstruct their life history of illness, in line with Hyden’s functions of the illness narrative, which is apparent in the high frequency of first-person pronouns and past tense verbs. Analysing the collocations of ‘ocd’ has revealed how some individuals choose to construct themselves or other people with OCD as sufferers, and that this term may not hold the connotations of powerlessness for every individual. Furthermore, these collocations have also revealed that in *The OCD Stories*, there is some tension between medical discourse and a socially-constructed discourse to construct the disorder. Whereas a more medical discourse seems to legitimate the experience of OCD as a mental illness and not a personality trait, the presence of socially-constructed OCD subtypes suggest that the labels offered by medical discourse are not sufficient to communicate in detail about individual experience.

Overall, it has become clear that giving attention to illness narratives written for *The OCD Stories* is a powerful way of understanding how individuals experience OCD. Combining quantitative and qualitative methods has allowed for patterns across individual narratives to be discussed, suggesting that OCD illness narratives do contribute to a somewhat ‘collective experience’ (Hyden, 1997). Simultaneously, analysing concordance lines has helped to identify the counter-discourse of socially-constructed OCD subtypes that challenges the dominant medicalised discourse of mental illness.

5.2 Research implications

These findings could have medical implications for how medical professionals interact with individuals who either have or suspect they have OCD. As discussed in 4.2.3, the alternative labels for OCD subtypes including ‘HOCD’ and ‘POCD’ are discouraged by the charity OCD-UK because they can delay treatment. Instead, perhaps medical professionals should be recognising these subtypes as ways for individuals to more accurately communicate their experiences of OCD. Simply giving individuals choice in how they want to convey their experiences may in turn foster a more empowering attitude

towards talking about mental illness, just as campaigns including ‘Time to Talk Day’ were established to achieve.

5.3 Limitations

It must be stressed that the findings in this dissertation only apply to the illness narratives published on *The OCD Stories*. For an illness narrative to be published on the blog, the individual would have accepted the term ‘OCD’ to describe their experiences if not as a medical diagnosis, and also feel comfortable discussing their experiences on an online and publicly-accessible space. They would also need to have access to the internet. This means that my data does not account for individuals who have OCD but do not have access to the internet; not be aware of *The OCD Stories*, or do not wish to publish their experiences on this site. Also, *The OCD Stories* only includes illness narratives written in English, meaning that constructions of OCD in other languages are not present in the data. These limitations mean that my findings cannot be applied to how everyone with OCD constructs their experiences, but a small sample size of written narratives that give some indication of how OCD experiences are constructed.

5.4 Future research

There are many opportunities for the OCD corpus to be used for further research into constructions of OCD. This research could include testing the qualitative findings of other linguistic research concerning OCD. For example, Knapton (2018) used the framework of Systemic-Functional Grammar to analyse linguistic constructions of the self in OCD episodes. This same framework could be applied to the OCD corpus to see if OCD is personified in the same way as opposing the self in written OCD narratives. Also, as Campbell and Longhurst (2013), and Knapton and Rundblad (2018) have researched the use of metaphor to construct OCD, future research could also include the use of metaphors in *The OCD Stories* to see if the disorder is personified in the same way.

References

- Atanasova, D. (2018). “Keep moving forward. LEFT RIGHT LEFT”: A critical metaphor analysis and addressivity analysis of personal and professional obesity blogs. *Discourse, Context & Media* 25, 5–12. doi: 10.1016/j.dcm.2017.09.012
- Aubrecht, K. (2012). Disability Studies and the Language of Mental Illness. *Review Of Disability Studies* 8(2).
- Baker, P. (2006). *Using Corpora in Discourse Analysis* (1st edn.). London: Continuum.
- Bhattacharya, A. & A. Singh (2015). Experiences of Individuals Suffering from Obsessive Compulsive Disorder: A Qualitative Study. *The Qualitative Report* 20(7), 959–981. Retrieved from <https://nsuworks.nova.edu/tqr/vol20/iss7/2>
- Brezina, V., T. McEnery & S. Wattam (2015). Collocations in Context: A New Perspective on Collocation Networks. *International Journal Of Corpus Linguistics* 20(2), 139–173. doi: 10.1075/ijcl.20.2.01bre
- British Association for Applied Linguistics (2016). *Recommendations on Good Practice in Applied Linguistics* (3rd edn.). British Association for Applied Linguistics.
- Brown, G. & G. Yule (1983). *Discourse Analysis* (1st edn.). Cambridge: Cambridge University Press.
- Bury, M. (2001). Illness narratives: fact or fiction? *Sociology Of Health And Illness* 23(3), 263–285. doi: 10.1111/1467-9566.00252

- Campbell, R. & R. Longhurst (2013). Obsessive-Compulsive Disorder (OCD): Gendered Metaphors, Blogs and Online Forums. *New Zealand Geographer* 69(2), 83–93. doi: 10.1111/nzg.12011
- Cefalu, P. (2009). What's So Funny about Obsessive-Compulsive Disorder? *PMLA* 124(1), 44–58. doi: 10.1632/pmla.2009.124.1.44
- Fairclough, N. (1992). *Discourse and Social Change* (1st edn.). Cambridge: Polity Press.
- Fairclough, N. (1995). *Critical Discourse Analysis* (1st edn.). London: Longman.
- Fennell, D. & M. Boyd (2014). Obsessive-Compulsive Disorder in the Media. *Deviant Behavior* 35(9), 669–686. doi: 10.1080/01639625.2013.872526
- Fennell, D. & A. Liberato (2007). Learning to Live with OCD: Labeling, the Self, and Stigma. *Deviant Behavior* 28(4), 305–331. doi: 10.1080/01639620701233274
- Foucault, M. (1972). *The Archaeology of Knowledge and the Discourse on Language* (1st edn., pp. 41–49). New York: Pantheon Books.
- Friedrich, P. (2015). The Literary and Linguistic Construction of Obsessive-Compulsive Disorder (1st edn.). Basingstoke: Palgrave Macmillan.
- Gackebach, J., T. Sample, G. Mandel & M. Tomashewsky (2011). Dream and Blog Content Analysis of a Long Term Diary of a Video Game Player with Obsessive Compulsive Disorder. *Dreaming* 21(2), 124–147. doi: 10.1037/a0023058
- Hartman, J. (2018). Constructions of Contrast in Spoken Testimonials on Obsessive Compulsive Disorder. *Language And Cognition* 10(01), 83–109. doi: 10.1017/langcog.2017.18
- Heilferty, C. (2009). Toward a theory of online communication in illness: concept analysis of illness blogs. *Journal Of Advanced Nursing* 65(7), 1539–1547. doi: 10.1111/j.1365-2648.2009.04996.x
- Hoffner, C. & E. Cohen (2012). Responses to Obsessive Compulsive Disorder on Monk Among Series Fans: Parasocial Relations, Presumed Media Influence, and Behavioral Outcomes. *Journal of Broadcasting & Electronic Media* 56(4), 650–668. doi: 10.1080/08838151.2012.732136
- Hyden, L. (1997). Illness and narrative. *Sociology Of Health & Illness* 19(1), 48–69. doi: 10.1111/j.1467-9566.1997.tb00015.x
- Kleinman, A. (1988). *The Illness Narratives* (1st edn.). New York: Basic Books.
- Knapton, O. (2015). Dynamic Conceptualizations of Threat in Obsessive-compulsive Disorder (OCD). *Language And Cognition* 8(01), 1–31. doi: 10.1017/langcog.2015.18
- Knapton, O. (2016). Experiences of Obsessive-Compulsive Disorder. *Qualitative Health Research* 26(14), 2009–2023. doi: 10.1177/1049732315601666
- Knapton, O. (2016). Experiences of Obsessive-Compulsive Disorder. *Research* 26(14), 2009–2023. doi: 10.1177/1049732315601666
- Knapton, O. (2018). The Linguistic Construction of the Self in Narratives of Obsessive-compulsive Disorder. *Qualitative Research In Psychology*, 1–23. doi: 10.1080/14780887.2018.1499834
- Knapton, O. & G. Rundblad (2018). Metaphor, Discourse Dynamics and Register: Applications to Written Descriptions of Mental Health Problems. *Text & Talk* 38(3), 389–410. doi: 10.1515/text-2018-0005
- Kotliar, D. (2016). Depression Narratives in Blogs. *Qualitative Health Research* 26(9), 1203–1215. doi: 10.1177/1049732315612715
- Krzanowska, E. & M. Kuleta (2017). From Anxiety to Compulsivity – A Review of Changes to OCD Classification in DSM-5 and ICD-11. *Archives Of Psychiatry And Psychotherapy* 19(3), 7–15. doi: 10.12740/app/76150
- Lawlor, A. & J. Kirakowski (2014). Online Support Groups for Mental Health: A Space for Challenging Self-stigma or a means of social avoidance? *Computers In Human Behavior* 32, 152–161. doi: 10.1016/j.chb.2013.11.015

- Lee, H. & S. Kwon (2003). Two Different Types of Obsession: Autogenous Obsessions and Reactive Obsessions. *Behaviour Research And Therapy* 41(1), 11–29. doi: 10.1016/s0005-7967(01)00101-2
- Marchi, A. & C. Taylor (2018). *Corpus Approaches to Discourse: A Critical Review* (1st edn.). London: Routledge.
- Mautner, G. (2009). Corpora and Critical Discourse Analysis. In: P. Baker (ed.), *Contemporary Corpus Linguistics* (1st edn.), 32–46. London: Continuum.
- McEnery, T. & A. Hardie (2012). *Corpus Linguistics: Method, Theory and Practice* (1st edn.). Cambridge: Cambridge University Press.
- McEnery, T. & A. Wilson (1996). *Corpus Linguistics* (1st edn.). Edinburgh: Edinburgh University Press.
- O'Brien, M. & D. Clark (2010). Use of unsolicited first-person written illness narratives in research: systematic review. *Journal Of Advanced Nursing* 66(8), 1671–1682. doi: 10.1111/j.1365-2648.2010.05349.x
- O'Brien, M. & D. Clark (2011). Unsolicited Written Narratives as a Methodological Genre in Terminal Illness. *Qualitative Health Research* 22(2), 274–284. doi: 10.1177/1049732311420737
- O'Neill, S. (1999). Living with Obsessive-Compulsive Disorder: A Case Study of a Woman's Construction of Self. *Counselling Psychology Quarterly* 12(1), 73–86. doi: 10.1080/09515079908254079
- Ralph, S. (2015). *The OCD Stories*. Retrieved from <https://theocdstories.com>
- Robinson, K. (2001). Unsolicited Narratives from the Internet: A Rich Source of Qualitative Data. *Qualitative Health Research* 11(5), 706–714. doi: 10.1177/104973201129119398
- Salkovskis, P. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. *Behaviour Research And Therapy* 23(5), 571–583. doi: 10.1016/0005-7967(85)90105-6
- Semino, E., Z. Demjén, J. Demmen, V. Koller, S. Payne, A. Hardie & P. Rayson (2015). The Online Use of Violence and Journey Metaphors by Patients with Cancer, as Compared with Health Professionals: A Mixed Methods Study. *BMJ Supportive & Palliative Care* 7(1), 60–66. doi: 10.1136/bmjspcare-2014-000785
- Stubbs, M. (1983). *Discourse Analysis: the Sociolinguistic Analysis of Natural Language* (1st edn.). Chicago: The University of Chicago Press.
- Tew, J. (1999). Voices from the Margins: Inserting the Social in Mental Health Discourse. *Social Work Education* 18(4), 433–448. doi: 10.1080/02615479911220421
- Time to Talk Day 2019. (2019). Retrieved from <https://www.time-to-change.org.uk/get-involved/time-talk-day>
- Tognini-Bonelli, E. (2001). *Corpus Linguistics at Work*. Amsterdam; Atlanta: John Benjamins.
- Types of OCD. (2019). Retrieved from <https://www.ocduk.org/ocd/types/>
- WebCorp LSE. (2002). Retrieved from <http://wse1.webcorp.org.uk/cgi-bin/BLOG/index.cgi>
- Wodak, R. & M. Meyer (2009). *Methods of Critical Discourse Analysis* (2nd edn.). London: Sage.

Appendix: Concordances where people with OCD are constructed as a ‘sufferer’ or ‘sufferers’

1	leaves the religious participant and the OCD	sufferer	with a sense of dread. Where do
2	wanted no pain. I am that shameful	sufferer	who did everything she could do to
3	now 24 and no longer a severe	sufferer	of OCD. I battled OCD from as
4	relating to harm or misfortune befalling the	sufferer	or people around them. It is key
5	others remains. Ironically, the fact that the	sufferer	attaches value to the thought strengthens it,
6	it may begin to recur as the	sufferer	attempts to make sense of this clash
7	rationality and emotion. In some cases, the	sufferer	may attempt to avoid thinking about the
8	serves to create the sensation within the	sufferer	of regaining a degree of control over
9	temporarily. However, as the obsession recurs, the	sufferer	may resort to the same compulsive behaviour,
10	afflictions), OCD compulsions do not give the	sufferer	even one speck of relief. None! While
11	whether I was gay/straight. As an OCD	sufferer	who has subsequently undergone ERP, I now
12	to these lengths and as an OCD	sufferer	will know, this is a compulsion which
13	and a doctor. I’m also an OCD	sufferer;	although for the majority of my life
14	as a person and as an OCD	sufferer.	It was truly a Godsend. While I
15	varying enormously for each individual	sufferer.	Obsessions may be generalised as ideas
16	of diagnostic criteria of being an ocd	sufferer.	Lifestyle changes were made during recovery, I
17	As an OCD	sufferer	myself, it’s only really gotten to this
18	loveless relationship and feel alone forever”. ROCD	sufferers	can obsess over not ‘being in love’
19	BBC. I saw myself in the OCD	sufferers	who were profiled, and for the first
20	itself. Certainly not to be downplayed, for	sufferers	at the mild or extreme end of
21	troubling and sometimes anxiety provoking. Some	sufferers	will feel an urge or compulsion to do
22	a very typical thing that day that	sufferers	experience; when I found a way to
23	or bullied. Therapists and doctors know that	sufferers	of Intrusive Thoughts are less likely to
24	speak out and hope to help other	sufferers	that trust me it gets better and
25	train. In each of these situations, the	sufferers	wish to act in what they perceive
26	were to offer advice to any OCD	sufferers	reading this, it would be: try not
27	are two of the greatest challenges OCD	sufferers	face. Of course, the two are closely
28	number of stories I have heard of	sufferers	who have not received sufficient assistance

29	they haven't. Not to the "insane degree" OCD	sufferers	have. Many of the obsessions are so
30	the stories of distressed obsessive compulsive disorder	sufferers	who can't seem to wash their hands
31	physical torture we endure at times as	sufferers	at the hand of OCD, its related
32	and now I know what many OCD	sufferers	go through as well. Sometimes there's a light,
33	ecstasy wasn't helping the situation. However, as	sufferers	know deep down, their irrational doubts are
34	around rejection, ridicule and embarrassment, OCD	sufferers	can make significant progress towards
35	idea that coping with it is easy.	Sufferers	will have to rally themselves for the
36	OCD Foundation web site, from other OCD	sufferers,	and from the OCD Stories podcast. I
37	make, the refurbishments I could manage. For	sufferers,	rebuilding ourselves after an external trauma,
38	longer than need be because too many	sufferers,	fearing the judgments of others, never
39	stop the compulsions. I encourage all OCD	sufferers,	early and long-standing, to foster their mind
40	for just under 10 years. Like many other	sufferers,	I self diagnosed myself with OCD many years
41	intrusive thoughts here and there, but, us OCD	sufferers,	take them seriously. My first obsession came
42	I believe is ubiquitous among many OCD	sufferers:	shame. Even as a child, I remember
43	be acted upon. In OCD, however, the	sufferers'	sense of morality means the very thought
44	clinical population. I used Google and other	sufferer's	testimonies that I would add to my
45	from this thinking, can persist throughout a	sufferer's	life, but can also leach into all
46	I laughed when I realized that "OCD	sufferer"	had not made the list at all.
47	anxiety. Intrusive Thoughts commonly arise in the	suffer	with the thing they find the most
48	now it seems ridiculous, but like many	suffers	I knew it was irrational or highly
49	which present an extra challenge to OCD	suffers	like myself. I actually sought help online
50	overlapping and a chicken-and-egg scenario playing out.	Suffers	are fully aware of what they're doing
51	Examples of problematic spiritual beliefs for OCD	suffers:	In the spiritual community, thoughts are not
