# Negotiating Stigma and Reconstructing Identity in Matt Haig's Reasons to Stay Alive: A Goffmanian Reading

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**Abstract**

This paper examines the representation of mental illness, stigma, and identity reconstruction in Matt Haig's *Reasons to Stay Alive* through the theoretical framework of Erving Goffman's Stigma Theory. Focusing on the intersections between depression, social perception, and selfhood, the study investigates how mental illness destabilizes established forms of personal and social identity and compels the narrator to negotiate, resist, and ultimately reconstruct his sense of self. Employing qualitative textual analysis, the study examines the narrative construction of public stigma, self-stigma, and the processes through which stigmatized identities are managed and renegotiated. It argues that Haig's memoir challenges the dominant cultural assumptions that reduce mental illness to weakness, abnormality, or a fixed and damaged identity. Rather than presenting recovery as a return to a pre-illness self, the text conceptualizes it as an ongoing process of identity reconstruction shaped by confrontation with stigma, the rearticulation of personal experience, and the reclamation of agency. Furthermore, the study demonstrates that autobiographical narration functions not merely as a retrospective account of illness but as a form of resistance to stigmatizing discourses. By transforming private suffering into a publicly articulated narrative, the text destabilizes the boundaries between the "normal" and the "stigmatized" and creates alternative possibilities for belonging and self-recognition. The study ultimately contributes to scholarship on illness narratives, literary representations of mental illness, and stigma studies by demonstrating how autobiographical storytelling can operate simultaneously as a site of identity negotiation, a challenge to cultural stigma, and a means of reconstructing the self.

## 1. Introduction

Mental illness has increasingly become a significant subject in contemporary literature, where personal narratives reveal not only the psychological dimensions of depression and anxiety but also their profound impact on identity, self-perception, and social belonging. Literary representations of mental illness move beyond clinical descriptions to expose the lived experiences of individuals negotiating societal misunderstanding, discrimination, and exclusion. Among contemporary illness narratives, Matt Haig's Reasons to Stay Alive offers a compelling autobiographical account of depression and anxiety that challenges conventional assumptions about mental illness by presenting recovery as an ongoing process of identity reconstruction rather than a simple return to normality.

The relationship between mental illness and identity is closely connected to the concept of stigma. Rather than functioning solely as a medical condition, depression frequently becomes a socially constructed label that influences how individuals understand themselves and how they are perceived by others. Erving Goffman's Stigma Theory provides an influential framework for explaining how stigmatized identities emerge through social interaction, labeling, and stereotyping, often resulting in what Goffman terms a "spoiled identity." Extending this perspective, the Framework Integrating Normative Influences on Stigma (FINIS),

developed by Pescosolido et al. (2008), conceptualizes stigma as a multidimensional social process operating at the individual, interpersonal, institutional, and societal levels. Together, these theoretical perspectives illuminate how mental illness is shaped not only by personal suffering but also by cultural expectations and normative social judgments.

In Reasons to Stay Alive, Haig presents depression as a complex human experience rather than a personal weakness or moral failure. Through autobiographical narration, he illustrates how social misunderstanding, internalized shame, and fear of judgment complicate the experience of mental illness while simultaneously emphasizing hope, resilience, and self-acceptance. His narrative challenges dominant stereotypes surrounding depression and demonstrates how storytelling itself can become a form of resistance against stigma by reclaiming personal agency and reconstructing identity.

Despite the growing body of scholarship on illness narratives, relatively limited attention has been devoted to examining Reasons to Stay Alive through the combined perspectives of Goffman's Stigma Theory and the FINIS framework. Existing studies often emphasize psychological recovery or autobiographical writing while overlooking the interaction between public stigma, self-stigma, identity negotiation, and social belonging. Consequently, there remains a need for a literary investigation that situates Haig's memoir within contemporary stigma studies to explore how narrative representation reshapes understandings of mental illness and identity.

Accordingly, this study examines the representation of stigma and identity reconstruction in Matt Haig's Reasons to Stay Alive through the theoretical lenses of Goffman's Stigma Theory and the FINIS framework. Employing a qualitative textual analysis, the research investigates how depression transforms personal identity, how social labeling influences self-perception, and how autobiographical narration functions as a strategy for resisting stigma and fostering recovery. Ultimately, the study seeks to demonstrate that Haig's memoir contributes to contemporary literary discourse by challenging dominant cultural misconceptions about mental illness and by promoting empathy, social awareness, and a more inclusive understanding of psychological suffering.

## 2. Literature Review

Matt Haig's Reasons to Stay Alive has attracted increasing scholarly attention as one of the most influential contemporary memoirs addressing depression and anxiety. Unlike conventional autobiographical narratives that primarily document psychological suffering, Haig's work combines personal testimony with reflections on resilience, recovery, and self-acceptance, thereby challenging dominant misconceptions surrounding mental illness. Existing scholarship acknowledges the memoir's contribution to public awareness and destigmatization of depression; however, literary analyses remain relatively limited, particularly those that examine the memoir through sociological theories of stigma and identity (Wainam, 2022).

Recent studies have primarily focused on the memoir's therapeutic value and its role in encouraging help-seeking behaviors. Wainam (2022) argues that Haig's narrative effectively normalizes conversations about depression by presenting psychological distress as a common human experience rather than a personal weakness. Similarly, research on illness narratives emphasizes that autobiographical storytelling can reduce public prejudice by fostering empathy and challenging stereotypical assumptions about individuals living with mental illness (Frank, 2013). Nevertheless, these studies largely approach the memoir from psychological or medical perspectives while giving comparatively little attention to its literary construction of identity and social belonging.

The relationship between stigma and identity has been extensively explored within sociology and psychology. Goffman (1963) conceptualizes stigma as a socially constructed process through which particular attributes become discrediting, resulting in what he terms a "spoiled identity." Building upon this foundation, Link and Phelan (2001) argue that stigma emerges through interconnected processes of labeling, stereotyping, separation, status loss, and discrimination operating within unequal power relations. Likewise, Chaudoir and Earnshaw (2013) describe stigma as a pervasive social force that influences both interpersonal relationships

and self-perception. Despite the significance of these theoretical developments, their application to contemporary literary memoirs remains relatively underdeveloped.

An important advancement in stigma research is the Framework Integrating Normative Influences on Stigma (FINIS), proposed by Pescosolido et al. (2008). The framework conceptualizes stigma as a multidimensional phenomenon operating across micro, meso, and macro levels of society. Rather than viewing stigma solely as an individual attitude, FINIS demonstrates how cultural norms, institutional practices, and social interactions collectively shape the experiences of individuals with mental illness. Although FINIS has been widely employed in mental health and public health research, relatively few literary studies have utilized this framework to examine autobiographical narratives of depression and anxiety.

The broader literature on mental illness consistently identifies stigma as one of the primary barriers to recovery. Corrigan et al. (2017) demonstrate that public stigma frequently develops into self-stigma, diminishing self-esteem, hope, and willingness to seek treatment. Similarly, Bharadwaj et al. (2017) argue that stigma extends beyond psychological consequences to produce substantial social and economic inequalities affecting employment, education, and interpersonal relationships. Ahmedani (2011) further emphasizes that stigma remains one of the greatest obstacles preventing effective mental health care despite increasing public awareness. Collectively, these studies establish stigma as a multidimensional social phenomenon that profoundly shapes identity formation and social participation.

Within literary scholarship, illness narratives have increasingly been recognized as valuable cultural texts capable of challenging dominant assumptions about mental illness. Frank (2013) argues that autobiographical illness narratives transform private suffering into shared human experience, enabling readers to reconsider prevailing social attitudes toward illness. Likewise, Chichester (2017) maintains that literature functions not only as a reflection of psychiatric discourse but also as a powerful medium for questioning institutional practices and encouraging empathy toward individuals experiencing psychological distress. These observations highlight the importance of literary narratives in reshaping public perceptions of mental illness.

More recent interdisciplinary research has further emphasized the relationship between narrative, identity, and stigma. Rodrigues (2025) calls for a reconceptualization of stigma research by integrating literary narratives into interdisciplinary discussions of mental health, arguing that illness narratives reveal dimensions of lived experience often overlooked by clinical models. Similarly, Yang et al. (2007) contend that stigma should be understood not merely as an individual psychological phenomenon but as a culturally embedded moral experience shaped by social expectations and collective values. These perspectives reinforce the relevance of applying sociological theories of stigma to literary texts.

Despite the growing scholarship on mental illness narratives, several important gaps remain. Most existing studies investigate Reasons to Stay Alive from therapeutic, psychological, or autobiographical perspectives without systematically examining how stigma influences identity construction through literary representation. Moreover, although Goffman's Stigma Theory and the FINIS framework have become central models in stigma research, their combined application to Haig's memoir has received little sustained literary attention. Existing criticism rarely investigates how public stigma, self-stigma, impression management, and identity reconstruction interact throughout the memoir's narrative structure.

Accordingly, this study seeks to address these gaps by offering a literary analysis of Matt Haig's Reasons to Stay Alive through Goffman's Stigma Theory alongside the FINIS framework. By examining the relationship between depression, stigma, identity reconstruction, and autobiographical narration, the study contributes to contemporary scholarship on illness narratives while expanding interdisciplinary dialogue between literary criticism, sociology, and mental health studies. Through this approach, the research demonstrates how Haig's memoir not only represents the lived experience of depression but also challenges social stigma and reimagines identity as a dynamic process of resilience, recovery, and self-acceptance.

This study adopts a qualitative interpretive approach grounded in literary analysis to examine the representation of mental illness, stigma, and identity in Matt Haig's Reasons to Stay Alive. The analysis is primarily informed by Erving Goffman's Stigma Theory (1963), which conceptualizes stigma as a socially constructed process that transforms individuals into bearers of a "spoiled identity" through labeling,

stereotyping, and social devaluation. To broaden the sociological perspective, the study also incorporates the Framework Integrating Normative Influences on Stigma (FINIS) developed by Pescosolido et al. (2008), which explains stigma as a multidimensional phenomenon operating across micro, meso, and macro social levels.

These frameworks are complemented by Social Identity Theory (Tajfel & Turner, 1986), which provides insight into how stigmatized individuals negotiate self-concept, social belonging, and identity reconstruction in response to social categorization and exclusion. Employing close textual reading, the study analyzes the memoir's narrative structure, characterization, and autobiographical discourse to explore the interaction between public stigma, self-stigma, impression management, and identity reconstruction. By integrating sociological and literary perspectives, this methodological approach demonstrates how Haig's memoir represents depression not merely as a psychological condition but as a socially mediated experience in which narrative becomes a means of resisting stigma, reconstructing identity, and promoting recovery.

### 3.1 Mental Illness, Stigma, and Identity in *Reasons to Stay Alive*

#### *3.1.1 Introduction: The Memoir as Intervention*

Matt Haig's *Reasons to Stay Alive* memoir of living with depression, *Reasons to Stay Alive* this is one of the most important books in the modern history of mental illness. It tells of Haig's severe depression and panic disorder that started in his mid-twenties a "very scary" time he calls the most terrifying period of his life but also outlines the years of fighting through horrible experiences, with some success, then some slips back into despair, until finally prevailing on stabilization. The memoir, then, is not just a personal story (and not primarily one at that) but also a cultural commentary and self-help book in which Carpenter speaks to readers struggling with many of the same issues, as well as an overtly public effort to fight against stigma around mental illness both in Britain today and around the world.

*Reasons to Stay Alive* was published at an important moment in British cultural conversation. The 'mental health conversation' that emerged in the early 2010s characterized by a burgeoning receptivity to public discussions of psychological distress, partly due to increased celebrity disclosure and media campaigns regardless of risky language (both literal and figurative) as well as enabled by an emerging array digital spaces for chronicling illness experiences. Haig's memoir, both a reflection of and an artistic reaction to this zeitgeist, would soon rank among the most-read and talked about illness memoirs of the decade. The commercial success it enjoyed a long stay on the Sunday Times bestseller list is testimony both to the demand for stories that directly and transparently address an experience of mental illness, and to the effectiveness of personal narratives as anti-stigma discourse. Literary-critical signposts: at the level of textual form, *Reasons to Stay Alive* is generic hybrid that cannot easily be classified. It merges a straightforward chronological memoir with fragmented lists, direct addresses to the reader, dialogues between the past and present selves of its narrator, short reflective essays about depression, anxiety, books and social attitudes (in particular toward mental illness), and passages of such intensely lyrical writing that they capture in ways that more conventional narrative prose cannot fully compete with the phenomenological texture of psychological suffering. This kind of formal hybridity is not coincidental, this reading argues, but a purposeful method of representation that imitates the episodically and disjointed pacing and more frequently bewildering nature of how illnesses unfold in reality. Furthermore, this dynamic reflects the manner in which identity disrupted by the onset of mental illness must be pieced together through narrative in partial, provisional and open-ended manners that cannot be encompassed within the parameters of linear autobiographical narration.

The foregoing analysis will engage with this memoir on multiple analytical plates. Starting with a focus on the text's grappling with self-stigma and internalized social judgments -the micro-level face of stigma that most palpably figures in the memoir's narrative of the narrator's suffering within herself - it then moves to an examination of this engagement at both the macro level, by exploring how those self-imposed judgments align themselves together with institutional ones that dictate (mis)treatment of patients. It then analyses the balance between revealing and hiding that Goffman (1963) suggests is a key contradiction of the life of the stigmatized individual, and discusses how this tension manifests in both its representation by the memoir of past experience as well as through narrative voice. What follows is an analysis of the formal aspects of this

identity labor how uses of retrospective narration, direct address, and generic hybridity function before considering what sorts of identity work these formal strategies enact within the broader theoretical framework for narrative identity. It subsequently engages with the meso-level dimensions of stigma within the memoir that shape social networks, relationships and institutional context; then takes into account the macro-level cultural context in which a narrator's experience of depression is situated. The final section of the chapter evaluates the text's role within contemporary cultural negotiations around mental illness and offers thoughts on narrative as a potential site for resistance against stigma.

### *3.1.2 The Phenomenology of Depression and the Collapse of Narrative Identity*

Any reasonably thoughtful reading of *Reasons to Stay Alive* will need to begin from the way that the text lives up to what Haig describes as the phenomenological quality (the lived, embodied, first-person quality) of the illness. The phenomenological dimension of the text is not disjoined from its engagement with stigma and identity rather, it is a point of departure for any analysis of stigma and identity step or symptom; as this disruption of identity that mental illness enacts simultaneously disrupts ordinary forms of temporal experience, bodily self-awareness, and social orientation which comprise what phenomenologists refer to as the 'life-world' those taken-for-granted backgrounds through which everyday life occurs. Haig expresses how sudden, utterly overwhelming and profoundly disorienting the start of his depression feels. One rapid existential change, one dark hour marked out not by years but furlongs in the end what had been routine and triable world becomes overseen almost in an instant alien (3 different shades of), threatening and impenetrable. The self that once trod the ground, if with at least a modest shred of confidence and sense of direction, is now stuck paralyzed from even the most trivial of life routines; unable to orient toward future selves, and incapable of being recognized in the mirror reflecting on past experience. This phenomenological collapse the disintegration of the normal basis of world-orientation and selfhood is one of the hallmarks of depression, as Haig describes it, analogous to what narrative theorists term a crisis of narrative identity: an interruption in one's capacity to narrate one's life continuously or coherently in a way that preserves an enduring sense of self.

In this respect, Ricoeur's (1991) formulation of narrative identity is particularly pertinent. For Ricoeur, the self does not exist from the beginning as a stable substance or an absolute essence but rather as an aftereffect of narrative: dynamic integration through story of disparate and sometimes contradictory elements of a lived identity into meaningful order granting appearance coherence, direction and value. So, this narrative identity is always provisional, open-ended always subject to revision on the basis of new experiences and new reflections but it supplies the continuity through time, to which ordinary social life has to conform if it is not simply going fall apart. It is this narrative continuity that becomes interrupted when we are severely depressed: the past self-recedes beyond radical access, the future self attains unimaginable status and the present self becomes stranded in a temporal purgatory in which neither memory or anticipation provides either compass direction of what a coherent narrative identity demands.

It has been suggested (McAdams and McLean, 2013) that the narrative identity -the internalized and evolving story of the self that people construct and revise throughout their lives- is at heart both a function of individual psychology but also social functioning as well as wellbeing. As such, the narrative identity disruption caused by severe mental illness is not only a subjective experience of great distress but also the argument goes a social and relational crisis: It constitutes an inability to present a coherent self through time and in social life as well as an inability to maintain the roles and relations which depend on that coherent self in time-space projection. This narrative identity crisis is one of the most significant formal aspirations that Haig's memoir encompasses. The disjointed text mimics the interruption of narrative continuity that depression effects as its structure shifts between linear narration, a fragmented reflection, and an interlocution.

The non-linearity of the text, the new interruptions of the chronological narrative with digressions, lists, and contemplative essays about how to write the avoiding of closure in narrative by way of these impeding paragraphs full of gaps and silence (mental pauses which are part both a realistic account and abstract creation) all these formal features throwback upon depression its fragmented / discontinuous structure (this

inner condition is also not coherent), dueling refusal with that false coherence which would be imposed by a more orthodox adoption media or structure for memoir. In this way, the text is a representation not simply of disrupted narrative identity but is rather itself a kind of representation; an experience by virtue of its very form. In addition, the phenomenological account of depression which appears in *Reasons to Stay Alive* plays an important rhetorical role in the workings of its anti-stigma project. In characterizing depression as an almost existential vortex of disorientation, excess and submission—the memoir challenges the prevailing cultural viewpoint that depression is some kind of ailment that the sufferer could overcome through sheer force of will if they just tried a little harder, or cared a little more. People that have never lived with depression have claimed simply do not understand, therefore misunderstanding the disorder and creating a huge social stigma around this condition (Fusar-Poli et al., 2023). This misunderstanding is counteracted by the phenomenologically-dense, in-the-trenches account of what depression feels like from the inside that Haig has written and that serves as Haig's contribution to the cultural understanding of what depression is going to be necessary for effective anti-stigma advocacy.

### *3.1.3 Self-Stigma and the Internalization of Social Judgment*

From the perspective of stigma theory too, Haig's story of depression is a story of self-stigma; it is a narrative in which the person with mental illness has appropriated negative social meanings about her and uses them to interpret herself. According to Goffman (1963), the ultimate psychological harm caused by stigma is self-stigma; stigmatized individuals actually negate themselves, internalizing community scorn for their identity and magnifying the suffering of illness as well as preventing cure or social reintegration. A story that illustrates how culture trips you into both readerly and discursive (or implicit) assumption on climate of melancholy-behavior norms, where depression is seen as a weakness or incompleteness of character or pervaded with other moralizing endings, is the narrative by Haig. The shame he feels about his illness—that he can't quite accept it (yet?), that when someone invites him to talk, he dials in half-heartedly out of fear of being the subject of pity and talk, that it would be better for everyone if no one knew just how much pain he's in all these echo the cultural scripts we absorb at a young age. He feels guilt for being sad, shameful that he's a burden to others and inadequate because he can't will himself through this when the news claims it's just self-discipline.

Ahmedani (2011) has described how a combination of self-stigma contributes to decrease in self-esteem and self-efficacy, reduces the desire to seek professional help, and increases social withdrawal; all combined leading on towards increasing mental illness isolation. Those dynamics are all on display in Haig's account. The author accounts the time of deep self-isolation not just pulling away from socializing because depression rendered them unable but also for the social stigma of being viewed as an unable person. This withdrawal generates further stigma: withdrawing from social wholeness, the narrator forfeits access to relational resources friendship, social validation, the feeling of being seen and valued by others that are critical for recovery and that may help counteract the self-devaluing consequences of self-stigma.

Relating to approach self-stigma: the degree of internalization of normative judgment systems (Pescosolido & Martin, 2015), Self-stigma is always social: we buy into (internalize) standards that society creates and enforce. And the sentiments Haig holds about mental illness sadness is sloth, prevailing over emotional suffering is mastery, and that our society values relentless productivity and emotional placidness are sociocultural consequences of millennia-old oppressive libraries of knowledge about how to divert from One Up versus Narrating Viagra as nightmare Abrupt self-critical dismemberment constructs a distinction between formal images of Retroactive critical participation and self-stigmatization. The story starts instead after our narrator is well enough to gain some critical distance from the disease to diagnose self-stigma in his past self.

He takes on the self-blame, contextualizes it in time and culture, rejects the stigma-narratives that formed him. The faux retrospective stigma critique is one of the memoir's principal contributions. The book offers a helpful means for understanding and resisting self-stigma, as it illustrates how cultural messages about depression become depression-fueled shame and blame. The narrator makes no attempt to disguise the history of self-stigmatization that continues alongside his labors for psychological permanence, and hints at

how he was trapped by many of the same cultural scripts that he so readily interrogates now, which conveys an almost confessional texture—that readers are invited to confront their own affiliations (depressed—spectator) with those narratives. Jackson (2017) has suggested that among the injustices done to people with depression is epistemic injustice — as a result, their ability to provide reliable self-knowledge and authoritative testimony about their own experience is called into question. One of the mechanisms through which this epistemic injustice is internalized is through self-stigma: if an agent with depression accepts that the social verdict on their self-reports — that these are unreliable, or exaggerated and that any distress experienced has a character flaw component rather than the component of being a genuine condition — they are enacting a form of epistemic self-disempowerment. To name and analyze this dynamic, then, is to perform a kind of epistemic recovery in Haig's memoir an assertion of the narrator's capacity for accurate self-knowledge and authoritative discourse on his behalf.

*3.1.4 The Discredited and the Discreditable: Disclosure, Concealment, and Impression Management*

One analytical distinction from Goffman is between the 'discredited' the person with a stigmatized identity which has been revealed or whose stigma pre-existed knowledge of them and the 'discreditable' one for whom their identity remains unknown, or not immediately perceivable to others who must therefore still manage what he describes as ‘social risk’ (The narrator is in both positions at different moments of the narrative, and movement between them structures much of the text's relationship with the social experience inherent in mental illness. In the acute phase of his illness especially when his depression and panic disorder is most severe the narrator is, in effect, disqualified; he has no party to speak for him because everyone around him can see and knows about his psychological distress as it manifests to people close to him: Andrea knows that he suffers; so did all of his family at points. His condition can be seen by those who know him well; he cannot fulfill the social roles that normally structure his contributions to social life; and if he does cover up some of these signs, it is only to a limited extent: such cover-ups are possible only when symptoms are less severe or more hidden. This time of discreditation is tied to a very specific social interaction: the reduced experience of being primarily understood through the lens of one's illness and being reified by others into the role or reputation as patient rather than person, and losing that social anonymity that otherwise protects you from carrying a stigma. In that leap between the narrator beginning to move toward partial recovery and starting to re-engage with the social world he finds himself in a far less black and white position of the discreditable: his illness continues to be a major part of his experience, but now he is not immediately appearing sick to everyone. As Goffman (1963) tells us, managing social information (the on-going, effortful process of deciding what to tell whom about what, when and how while monitoring the social risks that invariably shape disclosure decisions) is central to the life of the discreditable person.

A detailed portrait of this information management process filling the memoir is therefore dense. Haig relates the exhausting nature of pretending to be 'normal' the performances one must put on to present oneself as someone functional and competent, functioning alongside co-workers and acquaintances and strangers who are unaware of one's illness. The narrator knows with every moment that they are presenting a social face, and internally there is something hidden away from view behind that social face and this knowledge should be itself a burden of the mind: it weighs down like another layer of discomfort on top of all the illness.

González-Sanguino et al. (2022) describe how the mental ill person lives, constantly monitoring and resisting stigmatizing responses making them anxious, socially isolated and less involved. Stigma, Haigh says, encourages social anxiety: worrying about how other people perceive him, interpreting their reactions to his presence and agonizing over the consequences of disclosing that he has a mental illness. Transparency is promoted by memoirs. Haig’s debut novel to heal a nation will be out in the UK and millions of readers. Uncover reversible stigma to solidify it. Corrigan, et al. public stigma, as described by Corrigan et al. (2014), can make people vulnerable to the objectification and discrimination of social distance. In SIT, social competition in the context of public discourse on mental health will be increased by admitting risk and framing mental health as an ethical social task. On the one hand, this story weighs two impressions against complexity of chronology. Identity concealment adaptation: past ill-health and partial recovery as discreditable impression

management through identity, normality, and disclosure risk modification to avoid health stigma. That voice of an advocate claims and builds a space for unfiltered conversation about mental illness in the memoir's hindsight; it also positions her as an authoritative and reliable witness to a lived experience so offset by stigma that silence nearly always prevails. This tight narrative structure is impelled by the past-versus-present timeline of a memoir that centers around stigma management through concealment and selective self-disclosure; it compels evocative thematics in for a good anti-stigma memoir; you feel stigma but also revelation as participant; each creates reciprocal sympathy.

### *3.1.5 Narrative Form and Identity Work: Voice, Temporality, and Address*

The formal strategies that Haig uses in *Reasons to Stay Alive* are not just aesthetic choices; they are integral to the identity work that the text carries out. Three aspects of form are especially important: The retrospective narrative voice from which the memoir is told; its fragmented, non-linear temporal structure; and the direct address to the reader that weaves throughout the text and defines it as one of its most recognizable rhetorical features. The memoir is voiced in the retrospective, creating a kind of double perspective on the experience of mental illness — that of the past self fully immersed in the suffering and confusion of the acute illness experience; and that of the present self-separate from it by distance and time, able to analyze elements post-recovery. This double vision is one of the signature formal characteristics of illness memoir as a genre, what Couser (1997) and others have called the temporal structure that distinguishes autobiography; that is, the narrating self throughout maintains a different temporal relation to the story being narrated than does the subject in question, such that this temporality itself provides meaning. This gap is important in Haig's memoir for, in fact, this gap contains the very narrative identity reconstruction which the text thematizes: From a past dominated by an illness whose dominant story of self was largely reductive to a present in which the illness has been integrated into a broader and more complex sense of self. Another formally important strategy in the text is its non-linear, fragmented temporal structure, the interplay of states of intensified suffering over time and passages of more relative stability interspersed with reflections on past events. This structural fragmentation denies the illusory coherence of the linear narrative of recovery a template whereby illness traverses discrete stages towards an eventual resolution opting instead for a recognition both that living with depression retains a sense of unresolvedness, and also its indexical quality.

One of the primary cultural templates for an illness story (Frank, 1995) is the 'restitution narrative' where the trajectory of illness allows for recovery and a return to pre-illness being which reflects the cultural emphasis on resolution, productivity and normative functioning. Haig's memoir is not wholly extricated from this template it is a recovery narrative, after all, at least in some sense of the word but it complicates and qualifies that reading at every turn, acknowledging the residual vulnerability, the ongoing work of self-management (an effort that has taken on its own post-depressive cast), and the ways depression has fundamentally altered how his narrator related to himself as well as to any given form of receiving or expressing experience. Most of all, there is the direct address to the reader, which may be the most singular formal feature of *Reasons to Stay Alive*; relatively directly relevant to its anti-stigma project. Over and over in the text, the narrator addresses an imagined reader especially a reader who is grappling with depression themselves or has a loved one who is also dealing with it offering comfort, practical advice and a companionable experience. This direct address establishes a kind of relational intimacy in the genre of literary memoir and situates the text less as an evocation of experience than as a public act: it is a social intervention — a media type, which speaks across the divide between enactor and reader. Vailankanni (2025) examined *Reasons to Stay Alive* for its reader-response aspects and argued that the text's direct interaction evokes a reading disposition where social acknowledgment and solidarity are sorely needed in the face of often dehumanizing attitudes toward individuals with mental illness. This dynamic of reader-response is fundamental to the memoir considered as an anti-stigma text: in providing a witness to a narrator's experience that can be beneficial for the reader, the text creates within itself a kind of narrative community (a recognition and solidarity with another's testimony) that directly counters stigma-induced social isolation.

### *3.1.6 The Role of Social Networks: Relational Dimensions of Recovery*

Attention to the meso level of stigma —the level of social networks, interpersonal relationships and institutional contexts — central to understanding some of the relational dimensions at work in *Reasons to Stay Alive* is incorporated into Nolk's FINIS framework. The memoir devotes some significant attention to the power of particular relationships — most notably the connection between narrator and partner, Andrea; as well as the relationship with family — as vital sources in his eventual surviving and recovering through the acute phase of illness. This is not a background support network: this is the turning point in the illness experience, offering you the relational resources recognition, care, practical assistance and keeping me (the narrator) being a person not just someone with an illness you need for recovery. The bond with Andrea also is especially important. Haig portrays Andrea as the emotional grounding for him in his illness at its most severe one of few people whose patient, almost unconditional presence kept narrator from giving into suicidal urges produced by the disease.

This relationship mechanism is similar to the mediating pathway of social networks in the stigma process described by Pescosolido (2008): positive and close interactions may offset psychosocial risk factors impacting stigma-associated distress, like public stigma or self-stigma, by providing a context in which individuals feel recognized and valued, but the memoir is also brutally realistic regarding the impossibility and complexity of relational help for those who are severely mentally ill. Haig explains the futility of explaining to loved ones what the reality of his experience is, particularly how language falls woefully short in expressing the phenomenological texture of depression, why well-meaning attempts at consolation often badly misfire and how mental illness can disrupt even our closest relationships. These challenges exemplify the meso-level operations of stigma—namely, it is standard stereotypes that exist in all social networks (even those who love the person with mental illness) that inform how we respond to them as well as shape barriers between full understanding and recognition.

FINIS centers social networks as constitutive of a meso-context in which stigma functions, where the commonsense beliefs, expectations and behavior patterns that regulate interaction within a particular relational context circumscribe such normative climate. The normative atmosphere that influences Haig's social network does not live inside the bounds of her friendship circles, but becomes part of broader cultural context in which it is situated the ambient cultural messages circulating about mental illness and "depression" in 21st century Britain; even self-professed good-hearted and well-meaning people thinking through this glassy mist to figure out how they should think about other human beings who are suffering psychological discomfort. The unspoken pressures of recovery - the not-so-subtle societal push from even his loved ones to "white knuckle it" or "get over it", communicates these background cultural themes and represent a type of meso-level stigma, which can coexist with, but as explained by Dawson sometimes war against the meaningful support received. The limited and ambivalent relationship that the memoir depicts Haig having with health professionals particularly around his rather low-key involvement with, though ultimately positive experience of, the professional mental healthcare system — prompts further questions about how meso level institutional relationships might function. Here that is not institutional but relational and personal: the support of loved ones, the practice of literature and writing, discovering a path back to coping with depression over time. This non-clinical approach complicates the privileged positioning of the medical model within the field of mental illness and recovery discourse, placing the memoir in conversation with narrative medicine and medical humanities scholars who advocate for humanistic and relational aspects of healing alongside those that are biomedical.

#### *3.1.7 Masculinity, Cultural Norms, and Macro-Level Stigma*

In its macro (or this text's macro) level in the FINIS framework the context of cultural ideologies, historical discourses and structural power relations *Reasons to Stay Alive* enters into conversation with the distinct cultural context of contemporary Britain; one in which discourses advocating for mental health awareness and emotional openness can often sit uneasily alongside some enduring ideological norms about masculine emotional restraint, stoicism, and self-sufficiency. The shaping and articulation of Haig's depression, then, occurs against this cultural background that prizes productive rational self-regulation and the exorcism of emotional vulnerability values especially strongly aligned with normative masculinity in the British context.

Perhaps the most understated (but no less substantial) aspect of the memoir is its treatment of mental illness and masculinity. Haig does not foreground gender as an explicit analytical theme he does not set out to make his text a contribution to the men-and-mental-health literature but cultural norms of masculine emotional life inform his account of his experience throughout. The sense of shame that aspect of self-stigma which depicts his inability to function as having failed the masculine competence test and subsequently lost control over himself psychologically lies among the most resistant markers of self-stigma experience while consuming himself with thoughts replete with cultural requirements about how men in British life must regulate their emotional existence.

The large survey data-set that was examined in Bracke, Delaruelle & Verhaeghe (2019) demonstrates that there are gender differences in dominant cultural stigma beliefs about mental illness: men self-stigmatize more than women regarding help seeking for emotional problems by largely significant matters while underlying experiences clearly cross multiple Western cultural boundaries the generalization of the equation: emotional vulnerability feminine inadequacy. This isn't helped by the fact that in British society, men are taught to be fiercely independent, measured and stoic; that to seek help or speak about their issues is weakness. Thus, some of the reason for Haig's difficulties finding help his reluctance to access services, his urgency in getting medication, and an over-reliance on personal and relationship rather than professional resource scan be seen as products of those cultural pressures discouraging assistance seeking precisely the time that it is most needed. It enables the memoir to negotiate within cultural norms and, in fact, feeds into them. *Reasons to Stay Alive*also plays its bit part in this slow process of cultural re-framing; by showing a model of male emotional openness, that serious and authentic depression is real, that it truly exists and means competent, capable, clever productive men can struggle with ill health that includes their mental health too. As such, this cultural work is a form of macro-level stigma resistance—an ideological and culture level challenge to the intricate processes that feed stigma as we know it. It helps to consider the cultural metaphors of illness, as Sontag (1978) analyzed. Sontag contends that illness is never just a biological event, because it has to be seen through the lens of cultural constructs that attach ethical meanings to suffering and thereby influence both public perceptions and private understandings of identity.

This is particularly the case with respect to depression, where dominant cultural metaphors in present-day Western societies frame that condition as evidence of a systemic weakness, self-indulgence or tectonic deficit (failure to deploy normative socio-emotional self-regulation against contemporary pressures and maintain a sustainable productive orientation required by prosocial individuals and groups.) What the memoir does instead is a direct challenge to these sorts of metaphors that don't allow for those experiences conditioned through some sort of reconciliation at all: Haig offers as a kind of framework —one in tandem with the book's non-moralized efforts to treat it; that depression as something chemical, or depression as an adaptation to impossible social demands, or depression as one form of experience which can weirdly enhance our abilities for empathetic sense and insight two oppositional forces against the moral calculus that cultural stigma tends to traffic in when they describe suffering.

### *3.1.8 Recovery, Resistant Identity, and Social Creativity*

Finally, the analysis of *Reasons to Stay Alive* is driven by whether it achieved an actual representation of recovery, which in turn relates to what Social Identity Theory would call a resolution (or reconstruction) of that social identity. The memoir does not portray recovery as a restoration of the pre-illness self a kind of pause on an unmarred life story into which the depression has intruded for a time but more as the birth of another self, one that has in significant ways been forged in this extreme psychological crucible and whose identity includes, rather than hides from view, such experience. This is referred to using Social Identity Theory as social creativity (Tajfel and Turner, 1986), defined as a strategy employed by members of stigmatized groups who attempt to dispute the negative cultural evaluation of their group identity in favor of portraying characteristics of that identity in a more positive manner.

Instead of trying to escape from, or reject the group he belongs to through individual mobility strategies (passing as 'never ill'), Haig reframes its cultural meaning the insight, empathy, and depth of understanding generated by experience are portrayed here an advantage a dimension of a richer more

complex identity. This reframing is more than a rhetorical ploy, it cries out to be based on a profound and hard-earned understanding of how the experience of psychological suffering might contribute to personal growth, one grounded in literary precedent. Recent work by Thomsen et al., (2025) has claimed that personal recovery from mental illness is best conceptualized using a narrative identity approach that recovery is achieved through creating a life narrative about the illness experience as part of their live story while not being defined by it. Research shows that the successful incorporation of the illness experience into one' s life narrative the building what these scholars call a growth narrative which admits suffering but highlights transformation is correlated with better psychological outcomes and a more resilient identity than either denying your ill, or simply being reduced by it–identity lives on only within one's condition. It is this process of narrative integration that *Reasons to Stay Alive* enacts through its very form and rhetoric.

The memoir is not the story of a sick person healing into health; it is rather the story of a life forever changed by the experience of illness, and where that change shapes some indelible part of an identity still taking shape. The narrative structure of the text, with its retrospective narration the transition from the past experience of suffering to the present position of analytical reflection and advocacy executes the integration of illness experience into a life narrative and shows that this is achievable even when both the illness and recovery have been extreme. This resistant identity is articulated through the advocacy dimension of the memoir. Through the act of writing and publishing a book about his experience with depression through transforming private suffering due to mental illness into a public act of witnessing and political activism Haig enacts a type of identity construction that pushes back against social expectations to hide this pain, while also affirming both the legitimacy and emerge value within the lived experience of those navigating mental illnesses. That advocacy identity the identity of the depressed person and, therefore, someone who engages in public life through a critique of social structures based on personal experience of mental illness is one of the most potent weapons against stigma provided by this genre essay collection; one of the greatest contributions that *Reasons to Stay Alive* gives to our cultural conversation on mental illness.

## 4. Conclusion

This study has examined the representation of mental illness, stigma, and identity in Matt Haig's *Reasons to Stay Alive* through the perspectives of Goffman's Stigma Theory, the FINIS framework, and Social Identity Theory. The analysis demonstrates that depression in the memoir is presented not simply as a psychological condition but as a social experience shaped by cultural expectations, public attitudes, and internalized judgments. Haig reveals how stigma influences self-perception, encourages isolation, and complicates the process of recovery, while simultaneously showing that identity is not permanently damaged by mental illness but can be reconstructed through self-acceptance and personal reflection. The study also illustrates that autobiographical narration functions as a powerful form of resistance against stigma. By openly sharing his experiences, Haig challenges stereotypes surrounding depression, gives authority to the lived experience of mental illness, and creates a space for empathy and understanding. His memoir demonstrates that recovery is not the restoration of a previous identity but the gradual development of a more resilient and authentic sense of self.

Furthermore, applying Goffman's concept of spoiled identity, together with the multi-level perspective of the FINIS framework and the psychological insights of Social Identity Theory, provides a comprehensive understanding of how stigma operates across individual, interpersonal, and societal levels. These theoretical perspectives reveal that the narrator's struggle is influenced not only by the symptoms of depression but also by the social meanings attached to mental illness. Ultimately, *Reasons to Stay Alive* contributes significantly to contemporary illness narratives by challenging cultural misconceptions about depression and emphasizing the importance of compassion, openness, and social support. The memoir highlights literature's capacity to reshape public perceptions of mental illness, reduce stigma, and encourage more inclusive discussions of psychological well-being. In doing so, it confirms that literary narratives remain an important means of understanding the complex relationship between mental illness, identity, and society.

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