

# Dialectical Narrative Sense-making: Chinese Online Diary Authors' Accounting for Insomnia Experiences

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## Research Article

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# Abstract

Many people have been troubled by insomnia as they face stress over various work, family, and financial issues. Drawing on a dialectical narrative sense-making framework that we have proposed, this study explores Chinese insomniacs' sense-making of their insomnia experiences. The study reveals four dialectical pairs in the participants' narrative sense-making: (1) Dialectic of bodily certainty and doubt; (2) dialectical feelings about time, as expressed in the phrases "Every second of insomnia feels so long" and "My short life is a history of insomnia"; (3) dialectic of degenerative/mechanical metaphor and relational balance metaphor; and (4) dialectic of ignoring and accepting/rationalizing. The findings demonstrate the multifaceted nature of chronic illnesses such as insomnia and the related sense-making.

## Introduction

In modern society, sleep disorders take various forms, with insomnia (sleeplessness) being a prevalent issue. On average, humans sleep 1 to 2 hours less than they did 50 years ago (Cappuccio & Miller, 2011). According to the 2022 Chinese Sleep Research Report, 64.75% of respondents sleep less than 8 hours daily, and only 7.97% sleep more than 8 hours. In the Healthy China Action (2019-2030), released by the National Health Commission of China, "sleep health" is recognized as an important indicator of mental health promotion. Insomnia may lead to various health problems, including a decline in overall quality of life and an increased mortality rate (Grandner et al., 2011). As such, insomnia has become a recognized public health issue.

Insomnia is associated with various social factors, especially stress (Moloney, 2017). Chinese people's stress over work, family, and financial issues has been increasing steadily during the COVID-19 pandemic, and the economic recession after the pandemic further aggravated their situation. The experience of insomnia is often ambiguous to those who suffer from it. Medicine is often dominated by medical practitioners who are not always interested in listening to patients' experiences, but instead focus on information relevant for diagnosis (Hintz, 2022; Karp, 2017). This is particularly obvious in China, a country with a huge population. A survey involving 67 countries showed that Chinese doctors have an average consultation time of less than 5 minutes, ranking them 65th (Irving et al., 2017). Furthermore, in the Chinese cultural context, the experience of suffering, particularly mental suffering, is often suppressed, with a tendency to prioritize the harmony of social relations over sharing one's suffering (Kleinman, 2020).

The unique aspect of insomnia lies in its status as "an illness that is not quite a disease," subject to individual interpretations. Insomnia is therefore not only a medical phenomenon but also a sociocultural one, regarded as a "social construction" (Karp, 2017). A narrative approach may help explain the process of meaning production, offering insights into the sociocultural dimensions of illness and suffering (Frank, 2013; Lupton, 2012). Suffering should not be viewed as an adjunct to illness but as a primary phenomenon (Carel, 2016). The articulation and interpretation of pain are fundamentally bodily, as

exemplified by patients' descriptions of physical symptoms. Illness inhabits our bodies and becomes integral to our identity, significantly altering bodily feelings and personhood (Certini, 2019; Li & Xu, 2024; Vardeman et al., 2023). Drawing on narrative theorizing (Frank, 2013; Harter et al., 2021) and our proposed dialectical narrative sense-making framework, this study aims to understand how people make sense of insomnia as both a lived and storied experience within the Chinese cultural context.

## Literature Review

### Insomnia and Chronic Illness Narrative

Insomnia is recognized as a chronic illness characterized by fluctuating symptoms and lacking a definitive "cure" or duration (Cheung et al., 2017). Given the limited research on narratives directly related to insomnia, we situate this study within the framework of chronic illness narrative studies. Chronic illness encompasses health-related problems that are long-lasting and are seldom completely cured (Checton et al., 2012). Chronic illness narratives often share several common features: they are temporally oriented; the associated medical diagnoses are frequently contested; and they are an important part of an individual's life (Bulow, 2004; Bulow & Hyden, 2003; Frank, 2013; Kerber & Murphy, 2018).

First, temporality is a key dimension in chronic illness narratives. Each illness has a history - past, present, and future - raising questions related to temporality. In the study of illness and time, three approaches explain how individuals "temporalize" illness (Bulow & Hyden, 2003). The first is a linear understanding of time, where illness functions as disruptions that mark "before" and "after." The second, also linear, reflects the directionality of time, such as understanding the present in relation to the past or future. The third is based on a researcher-defined model that reduces the time series to specific types of illness narrative, e.g., the restitution, chaos, and quest narratives (Frank, 2013; Vardeman et al., 2023). Bulow and Hyden (2003) introduced the concepts of "turning points" and "shadows of time" to discuss the temporality of chronic suffering. The former serves as a linear marker, indicating a shift in events and self-understanding, while the latter refers to the impact of a past event on the present moment of the narrator's account, adding depth by blurring temporal boundaries. The "shadow of time", therefore, becomes a means of narrating and interpreting pain. Thus, time functions not only as an intrinsic part of the experience of suffering but also as a discursive tool.

Second, chronic illness is often invisible and overlooked. When medical professionals disbelieve or deny certain illness experiences, they may attribute them to stereotypical health problems related to age, gender, lifestyle, etc., silencing patients and denying them the right to articulate their suffering (Hintz, 2022; Hintz & Tucker, 2023). Thus, Frank (2013) argued that ill individuals are wounded storytellers with the need to recover the voices that illness takes away. The development of communication technologies has led to more people sharing their hidden suffering on social media (Lattimer et al., 2023; Li & Xu, 2025) or utilizing graphic narratives to make chronic suffering visible and felt, often through episodic depictions that emphasize its chronicity (Gunning et al., 2024; Hintz & Tucker, 2023), enabling dialogue

and reinterpretation of chronic illness experiences (Gonzalez-Polledo & Tarr, 2016; Harter et al., 2022; Xu & Li, 2023; Vardeman et al., 2023).

Finally, chronic illness usually does not cause an apparent bodily disruption but instead becomes an invisible yet significant part of life, enabling those affected to make sense of the pain through narratives. Sense-making and asserting control are the primary functions of storytelling for those who are ill (Sharf & Vanderford, 2003). This point has been confirmed by relevant studies over the years (e.g., Author, 2023; Flood-Grady & Koenig Kellas, 2018; Stahl et al., 2025; ; Xu & Li, 2023; Vardeman et al., 2023). Sense-making can help the sufferers sustain resilience, seek change, and build community. For example, Jarvis (2022) found that women undergoing infertility treatment sustained resilience through positive self-talk and activities that they had previously enjoyed. Lattimer et al. (2024) investigated how community members come together on Twitter to share their experiences and manage their symptoms. Vardeman et al. (2023) revealed that chaos caused by pelvic floor disorders can be a catalyst for change for the sufferers. Narrative sense-making can also facilitate community building among individuals who suffer from chronic illnesses (Sharf & Vanderford, 2003; Parsloe, 2015; Li & Xu, 2024).

## Online Diaries as Illness Narratives

Various narrative forms, including diaries, interviews, life histories, and biographies, offer individuals opportunities to articulate their experiences, feelings, and emotions. These narratives provide insights into the physical and emotional changes associated with illness beyond the medical paradigm (Frank, 2013; Kleinman, 2020). Online diaries are simultaneously private and public, retaining the original personal significance of a diary while communication technologies allow for anonymous sharing, extending their reach from the individual to a wide audience. Serfaty (2004) described online diaries as “writing between the cracks of the private and public selves” (p. 29). Through their documenting and reflective functions, diaries infuse social meaning into everyday life, providing a glimpse into the social and emotional world of the author (Ibrahim, 2021).

Online diaries have become an important tool for researching illness and suffering due to several key characteristics. First, researchers often view diaries as a form of medical intervention, emphasizing their instrumental value for illness treatment and their impact on the patient’s family (Ito & Tadaka, 2022; Saeidzadeh et al., 2021). Second, the public nature of online diaries often outweighs privacy concerns, encouraging writers to develop an altruistic attitude and share their experiences of overcoming affliction. Finally, as illness narratives, online diaries can facilitate healing, communal communication, meaningful connection, and identity construction in public spaces (Li & Xu, 2024).

As an emerging narrative genre, online diaries can partly reshape the relationship between individuals and medical professionals. In the online world, the boundaries between medicine, healthcare professions, and alternative health knowledge are blurred, reflecting the Internet’s role in shifting experiences of illness from the modern to postmodern perspectives (Ito & Tadaka, 2022). As Giddens (1991) argues, the authority of the medical profession in postmodern societies is gradually being replaced by a diversity of perspectives. Therefore, online diaries not only represent a change in the form

of illness narratives but also suggest the emergence of lay understandings of illness and diverse approaches to living with it.

## Dialectical Narrative Sense-making

From ancient times to the present, people have sought to make sense of the world, even when it seems incomprehensible. Through storytelling, individuals construct continuity, understand unexpected events and disruptions, find meaning, and reconstruct order in the face of chaos (Xu, 2013; Frank, 2013). According to Sharf and Vanderford (2003), narrative sense-making, or the ability to create meaning from the unexpected, is a primary function of storytelling for those experiencing illness. This process enables storytellers to reflect on past events, reframe experiences, assign meanings, and justify actions (Harter et al., 2021). Narrative sense-making also helps individuals assert control when chronic or severe illness intensifies suffering and diminishes personal autonomy (Sharf & Vanderford, 2003). Koenig Kellas's (2018) communicated narrative sense-making theory posits that storytelling influences and reflects individual and relational meaning-making, values, and beliefs, thereby impacting health and well-being.

Among the various models of narrative sense-making, Frank's (2013) typology of illness narratives is one of the most influential. Restitution stories emphasize the ill person's desire to return to the "normal" state determined and welcomed by medicine and institutional discourse. Chaos stories depict individuals repeatedly failing to reassert control and being unable to fully reflect on themselves, which may cause anxiety to the hearer. Quest stories tell the ill person's search for alternative ways of being ill and gradually realizing a sense of purpose, viewing the illness experiences as "the hero's journey." Despite the helpfulness of the model, dividing illness narratives into distinct types may result in an impression that every ill person will experience these three stages and that these stories can be clearly separated. Because of the complexity of human life, these different types of narratives may coexist within a single story. Dialectical narrative sense-making may be better positioned to explain such complex illness experiences.

Dialectics is inherent to human communication. In classical Western philosophy, it is a form of reasoning based on a dialogue of arguments and counter-arguments, or propositions (theses) and counter-propositions (antitheses). The concept was revitalized in modern philosophy by Hegel, who made dialectics fundamental to reality through his philosophy of nature and history. Dialectic approaches truth through seemingly opposing aspects, a process Hegel terms "sublation," which involves three parts: raising and lifting up, annulling and suspending, and keeping and preserving (Hegel, 2010). Hegel uses the term in all three senses, emphasizing the second and third, in which apparent contradictions are speculatively overcome. For Hegel, "contradictory" means that things or aspects of things are not independently self-sustaining but can only be understood as a moment within a larger whole (Inwood, 1992). Dialectics is closely related to dialogism. Bakhtin (1984) argues that meaning emerges from the interplay of differing, often competing discourses, and that dialogue is constituted in the dialectical, or contradictory, interplay of centripetal and centrifugal counterparts, resulting in ambivalent meanings that resist simplistic interpretations.

Dialectics has been used extensively in the social sciences. For example, in a study of stroke survivors, Rowland-Coomber et al. (2025) found an “embodied dialectics,” where past and present embodied experiences of chronic illness exist in a productive tension. Billotte Verhoff and Buzzanell (2024) studied maternity leave and motherhood through relational dialectics theory. In studying interpersonal relationships, Baxter et al. (2008) found that not just similarities or sameness can promote meaningful interactions; differences can also foster autonomy, self-growth, and provide resources. Sahlstein et al. (2009) investigated the contradictions faced by U.S. Army wives after their husbands’ wartime deployment using relational dialectics. In studying group communication, Kramer (2004) employed the dialectical perspective to examine tensions within a community theater group.

Dialectics is also central to Chinese philosophy. Yin and yang, or yin-yang, represent complementary, opposing cosmic forces that interact, contradict, and perpetuate each other, forming a dynamic system where unity and differentiation coexist and the parts are essential to the whole. Yin-yang exists in all things and their transformation. A popular Chinese idiom illustrates this: good and bad can transform into each other under certain conditions, and everything has two sides.

Once upon a time, a man well-versed in divination lived near the border. One day, his horse accidentally fled to Hu, a northern barbarian territory. Neighbors came to comfort him, but the man replied: “How do you know this isn’t a good thing?” A few months later, the horse returned with many fine horses from Hu. Neighbors congratulated him, but the man asked: “How do you know this isn’t a bad thing?” Subsequently, the man had many fine horses, but his son enjoyed riding, eventually falling and breaking his thigh. Again, neighbors came to comfort him. The man said: “How do you know this isn’t a good thing?” One year later, Hu invaded the border area, and the young men there took up arms. Most were killed, but the man’s lame son was spared military service, and thus he and his father survived the war. (Huai Nan Zi, “The Human World”).

Furthermore, the Chinese Communist Party (CCP) has promoted Marxism since the founding of the People’s Republic of China (PRC), requiring all senior high school and college students to study it in “Politics” courses. A key tenet of Marxism is dialectical materialism, clearly influenced by Hegel’s dialectical method. Therefore, the traditional Chinese yin-yang dialectic, alongside Hegel’s and Marx’s dialectics, has a profound impact on Chinese thought patterns, resulting in the prevalence of dialectical thinking, especially when explaining ambiguous or complex phenomena.

In the context of health communication, uncertainty, anxiety, and pain are common among the ill. Tensions and contradictions are integral to the illness experience. We assume that dialectics can explain the experience of chronic illnesses such as insomnia. Therefore, we propose a framework of dialectical narrative sense-making to understand the experiences of Chinese insomniacs. Within this framework, individuals will perceive and feel the contradictory and dialectical aspects of their experiences, yet they can find meaning amidst the contradictions and assert control over their lives. Dialectical sense-making views narrators' storytelling as the interplay of competing storylines. Sense-making through dialectical dialogues suggests that tensions are prevalent, but people can create meanings that go beyond the monologue of one particular storyline, which enables them to understand the multiplexity of their illness experience. We also believe that Frank's (2013) differing narrative types coexist within each of the dialectics and are inseparable in the complex illness experiences. This study, therefore, views the Chinese insomniacs' narratives as a dialectical interpretive process and aims to answer the following questions: How do insomniacs interpret their experiences of suffering and live with their illness? What dialectics emerge in their narratives?

## Method

This study can be viewed as a phenomenological project. The phenomenological approach explores personal experiences and the meanings people create in encountering specific events (Carel, 2016). Phenomenological research pays particular attention to taken-for-granted experiences reflected in everyday interactions, as these experiences mirror larger cultural, political, and societal structures (Orbe, 2009). In phenomenology, researchers seek to gather conscious experiences that are deemed significant by the participants. This approach is widely used to study illness experience, focusing on the lifeworlds, meanings, unknown experiences, ambiguities, changes, and insights of those who suffer (Carel, 2016).

The data for this study consists of two parts: online diaries related to "insomnia" from a popular Chinese platform and semi-structured interviews with 18 diary authors. The online diaries are publicly accessible (i.e., all platform users can access them), and users generally post information anonymously. The authors searched the platform using the keyword "insomnia" and selected the "diary" section, yielding several thousand relevant diaries. Samples were then selected based on the following criteria: (1) diaries must be written by insomniacs, excluding third-party accounts or posts from users identified as "registered psychologists"; (2) diaries must include descriptions and interpretations of insomnia experiences, excluding those that only shared medical facts or treatments; and (3) diaries must be relatively long (e.g., two or more lengthy paragraphs, or 400–500 words) and contain rich experiences, excluding simplistic accounts. During the selection process, the authors used NCapture for NVivo to extract diaries that met these criteria, resulting in a sample size of 280.

Additionally, the authors interviewed 18 diary authors, with total recording times exceeding 790 minutes. This was done to obtain more detailed interpretations and clarify any confusion that arose during the initial data analysis. The purpose of the interview was explained in the participant invitation. Upon receiving consent from the participants, the authors sent a brief interview outline that included the

interview questions, the researcher's identity, and a concise introduction to the purpose of the interview. The interviews then followed the norms of a semi-structured format, with the authors probing further based on the interviewee's responses.

The analytic method used in this study is Reflexive Thematic Analysis (RTA), which involves the following stages: familiarization, generating codes, constructing themes, and revising/defining themes (Braun et al., 2019). The authors began the familiarization process during data collection, selecting online data based on the criteria mentioned above and carefully reading each diary. The NVCX-formatted data was then imported into the qualitative analysis software NVivo 12, and preliminary coding was conducted while "immersing" in the data, maintaining reflection and curiosity about the content.

Consistent with the phenomenological approach, analyses focused on the following aspects of the insomnia experience, after we had become familiar with the data: bodily experience, experience of time, understandings of the illness, and ways of living with the illness. Within each of these dimensions, the authors conducted inductive open coding for each diary, proposing codes and categories while paying special attention to patterns of dialectical sense-making. Subsequently, codes and categories were combined into sub-themes based on commonalities, which were then further refined into core themes. Finally, the relationships between these themes were examined to create coherent interpretations.

## Findings

The study reveals four pairs of dialectics in the participants' narrative sense-making of their illness experience. The bodily dimension encompasses the dialectic of bodily certainty and doubt, while the temporal dimension pertains to the dialectic of feelings reflected in the expressions "Every second of insomnia feels so long" and "My short life is a history of insomnia." Furthermore, the insomniacs employed the dialectic of degenerative/mechanical metaphor and relational balance metaphor to understand insomnia, and used the dialectic of ignoring and accepting/rationalizing to cope with insomnia. Rather than treating these dialectics as contradictions, the study emphasizes the multiplicity of chronic illness experience and sense-making in everyday contexts.

## Dialectic of Bodily Certainty and Bodily Doubt

The body can be viewed as an intermediary concept between "health" and "illness" (Fox, 2002). Through bodily experience, illness can be used to explore how meaning and intelligibility depend on embodied patterns of consistency, and disruptions to these patterns can affect meaning (Carel, 2016). The developmental theory of embodiment suggests that the presence of a chronic illness plays a significant role in shaping the relationship with one's body (Vanderhaegen et al., 2025). Frank (2013) argued that people define themselves in terms of their varying capacity for control. For the Chinese insomniacs in this study, the dialectic of bodily certainty and doubt is a specific manifestation of their illness experience.

## **“Perhaps the Night Makes the Pain More Distinct”: Perceiving Bodily Certainty in Insomnia**

Bodily certainty is a sensation not recognized through control of the body but through a sense of familiarity and continuity with one’s own body (Carel, 2016). It manifests as the “habitual body,” meaning the body operates as it always has, such as the stomach digesting food or the brain processing information. These sensations are so intuitive as to be difficult to describe. First, in narratives concerning insomnia-related pain, individuals also experience this habitual body, but it is perceived as Frank’s (2013) chaos narrative, as shown in the following story:

The most obvious feeling is hunger. At that moment, I imagined a cup of hot milk, but I was too lazy to get up, open the door, and go to the communal kitchen to use the hot water dispenser. In the darkness, time slowly passes, and there is no sound, yet I can hear my heart beating.

Secondly, insomnia provides the narrator with an opportunity for “deliberate” bodily awareness—systematically perceiving various parts of the body from the forehead to the toes. This process transforms the perception of individual body parts into a more comprehensive bodily experience, establishing an interconnectedness among localized bodily sensations. These stories are similar to Frank’s (2013) restitution narrative, where the teller wants the body’s former predictability back again.

Last night, I tried to fall asleep using a method shared by others online. First, I lay flat and took deep breaths to relax, then focused all my attention on my forehead. With each breath, I shifted my attention downward—to my eyebrows, eyes, nose tip, mouth, chin... and finally to my toes, then slowly back up. After the first round, I felt my entire body relax significantly.

Finally, bodily certainty also manifests through amplified sensory experiences, and sound is a primary sensory source for individuals with insomnia. They become more attuned to subtle sounds during periods of insomnia, as if their hearing has become more acute. They feel an exaggeration or intensification of sounds, reflecting the vulnerability and distress experienced in Frank’s (2013) chaos narrative.

Insomnia is both hallucinatory and clear, with heightened sensitivity to sound. The sound of wind rustling leaves at midnight, cat meows, the sound of a car door closing, keys jingling, footsteps, the ticking of a clock in the room—every sound is amplified,

reminding you that you are still awake. To an insomniac, even the slightest sound feels like the thunderous crash of a collapsing building.

### **“Traveling a Thousand Miles at Night without Knowing Where You Are”: Bodily Doubt or an Insomnia Experience Transcending the Body**

In the experience of insomnia, the sense of bodily certainty can also be disrupted and a sense of bodily doubt will emerge. First, bodily doubt manifests as a separation of body and consciousness. Insomniacs may deny the body’s existence, as it becomes elusive in the stream of consciousness, leading to a feeling of being “unaware of one’s location,” or they may perceive the body as something else, such as “some kind of liquid.” Such stories can be called a transcendence narrative, where the teller wants to separate their consciousness from the body so that the pain can be rendered less harmful.

I lie still, while my mind is filled with turbulent, enigmatic clouds, having already traveled a thousand miles in the night, unaware of my location. During insomnia, I feel like some kind of liquid, some kind of possibility that has not yet been realized... I keep thinking and thinking, trying to trace the trajectory of consciousness, but I lose track. I go around in circles and find myself still sitting on the sofa, with dry skin, a tight throat, and an aching back, but I don’t care. It feels as though this is not my body, as though I was never born.

Secondly, bodily doubt also manifests in the loss of order, certainty, and control. This type of story belongs to the chaos narrative. From a bodily perspective, uncertainty may arise from sensory experiences that feel unreal. Simultaneously, these unreal sensory experiences reflect the insomniac’s fear of the night.

Even the dark corners of the wall where the iPad screen doesn’t reach seem to hide monsters. If I glance in that direction, they’ll pounce immediately. Just now, out of the corner of my eye, I saw what seemed like a white shadow flickering across the wall. I startled, then instantly realized it was the beautiful reflection of my eyelashes coated with eye discharge.

The limitations of the body gave rise to the need for explanation. The loss of control is expressed through three types of metaphorical clusters by the insomniacs. The first type reflects a specific predicament, placing the insomniac in a confined and oppressive space. Representative metaphors

include “an ancient well,” “a trapped beast,” “an entrance,” and “a breached dam.” These metaphors suggest a feeling that the world is closing in, and the insomniac experiences a genuine loss of control. The second type is the opposite, exhibiting characteristics of infinite expansion, including metaphors such as “a voyage across an infinite sea,” “a virus-infected computer that continuously generates documents and types incessantly,” and “a bomb.” Such metaphors do not offer insomniacs experiences of freedom, vastness, or release; rather, they create another dimension of disorder within the endlessness. The third type presents a relational quality, often involving the presence of a third party. The loss of control here stems primarily from the fact that control lies in the hands of others, while the self cannot decide. As one diary author described her inability to sleep, “It’s like you have to keep flattering someone you hate, and they keep rejecting you.” Furthermore, the third party is not necessarily a specific person but may also be a “mysterious force” passing judgment. The narrators attribute insomnia to the third party’s judgment, believing that they are unable to control their fate. These varied metaphorical clusters allow individuals to conceptualize their loss of control in the experience of insomnia, rendering the indescribable, personalized pain tangible.

### **Dialectic of “Every Second of Insomnia Feels So Long” and “My Short Life Is a History of Insomnia”**

The experience and perception of time are crucial dimensions of insomnia, yet whether they are bodily or transcend the body is difficult to ascertain. As Merleau-Ponty (2011) noted, the ambiguity of existence can be expressed through the ambiguity of the body, and the ambiguity of the body through the ambiguity of time. Time cannot be fully understood numerically, but instead is a state of becoming and a process of lived duration (Hassan & Purser, 2007). For insomniacs, the perception of time functions as a dialectic: “Every second of insomnia feels so long,” versus “My short life is a history of insomnia.” Narratives of chaos, restitution and quest are used extensively in the dialectic.

#### **Every Second of Insomnia Feels So Long**

The perception of time during insomnia stems from both objective (chronological) time, as shaped by social norms, and the subjective (embodied) experience of the insomniac. First, the perception of objective time during insomnia is a continuous process, often composed of time intervals based on stages, typically serving as a record of the duration and state of insomnia and functioning in certain ways. This type of narrative demonstrates the teller’s anxiety, impotence, and vulnerability, which is a chaos narrative. However, as Frank (2013) argued, the chaos that can be told in a story is a reflective grasp of the teller’s life and implies a search for restitution.

Insomnia always occurs. At 12:34 AM, you lie down in bed, and insomnia creeps in...

At 1:42 AM, you roll over and sit up, unplug your phone from the charger, and decide to find something to do... At 3:13 AM, you get out of bed and decide to make yourself some instant noodles... At 5:20 AM, you return to bed, leaving all your worries behind... When

you're insomniac, time feels like a powerful enemy...

Secondly, an insomniac's perception of time is also reflected in the emphasis placed on specific moments or small units of time, based on established social norms. This shapes their self-imposed sleep guidelines, often perceiving time with greater precision. For example, one author wrote, "It is now 3:12 AM. I started typing the first word at 3:10 AM, insomnia," a specific time point reflecting the underlying sleep norms. Another wrote, "It is now 2:34 a.m. Most people are asleep, and I think I should sleep too. Goodnight." Such narratives demonstrate both the chaos of the status quo and a call for restitution. Frank (2013) named this type of storyteller "the mirroring body," where the teller yearns for predictability through identifying with social norms and images of others.

Finally, the experience of insomnia involves a quest for the meaning of time. During these periods, the perception of time takes on a negative connotation, to some extent deconstructing the meaning of objective time. This state often signifies "meaninglessness," regarded as "wasted" or "slipping away in vain." Insomniacs also attempt to establish new norms and values, trying to make time "less precious" through "repeated repetition." Within this framework, time loses its inherent value as something to cherish, becoming acceptable even if wasted. Insomniacs also imagine alternative temporal realities, such as "what if 'sleep' did not exist in human design?" or "there were no distinctions between day and night," in which case insomnia would cease to exist, and wakefulness at any time would be reasonable. Such insights are unique, and they are the outcome of the quest for the meaning of the tellers' insomnia experiences.

### My Short Life Is a History of Insomnia

Experiences are grounded in a temporal extension. For the experiencing subject, the past is not simply vanished or discarded; rather, separation does not weaken the past, but even deepens it (Han Byung-chul, 2018). The experience of insomnia often becomes a landmark, as some of the diary authors stated, "My short life can almost be described as a history of insomnia." Insomnia becomes an important milestone that forms a continuous chronicle and facilitates a restitution narrative. Their temporal perception is often tied to specific life stages, such as "middle school," "high school," "college," "after graduation," or "after having a son." Reflecting on their life journey, people often use insomnia as a memory anchor, exemplified by statements such as "the five years taken by insomnia" or "I didn't have insomnia during the college entrance exam; if I had, I would remember it."

Insomnia experiences also form a history of ongoing struggle, as expressed in statements like, "I will spend my entire life battling insomnia," or "Calculating it, I've been battling insomnia for 12 years." These words treat illness as a journey, representing a quest for the meaning of their insomnia experiences. The process may not be purely chronological but rather a retrospective exploration of the causes of insomnia based on various life insights. This struggle reflects interpretations of life's confusions, and the recollection of these experiences is also a reflection of life in general. Frank (2013) posited that ill people who tell restitution and quest stories practice "the banality of heroism," in the routine course of doing their job as patients, getting through their days, and preparing for the future. As both historical and

ongoing processes, insomnia experiences often contain a narrative of beginnings and turning points, establishing connections between the past, the present, and the future.

During my teenage years, I lost sleep over love—the pain of loving someone you can’t have, yet you can’t help but cling to hope and chance... Later, I gradually came to understand that long nights are inevitable, life is short, and a living person can vanish from the world in an instant.

Insomnia becomes a marker in an individual’s life journey. The dialectic of “Every second of insomnia feels so long” and “My short life is a history of insomnia” suggests that they place time within the rich contexts and past experiences associated with insomnia, such that “both before and after are filled with meaning” (Han Byung-chul, 2018, p. 20), ultimately revealing a quest for the meaning of time during insomnia.

## **Dialectic of Degenerative/ Mechanical Metaphor and Relational Balance Metaphor**

Online diaries allow insomniacs to understand their insomnia experiences through lay concepts of illness. They proposed two metaphorical frameworks to explain insomnia: the degenerative/mechanical metaphor and the relational balance metaphor. These frameworks are an important component of the restitution narrative: machines and balance may break and require fixing, and so do bodies.

Degenerative metaphor implies a process of exhaustion and depletion, primarily manifested in four aspects in the eyes of insomniacs. First, they view natural aging as a cause of insomnia, as exemplified by statements such as “sleeping so little now, I worry if I’m aging too quickly” or “the elderly naturally sleep less.” Second, specific forms of exhaustion stemming from life experiences can also affect sleep, such as that experienced by “mental laborers” or “those engaged in professions that require intense mental effort.” Third, sleep is seen as a skill that must be learned, and insomnia signifies the degradation of this skill, as in “I’m just a child learning to sleep all over again.” Finally, insomnia can be interpreted as a form of self-harm, often analogized as “not sleeping is like a slow form of suicide, similar to starvation.”

Mechanical metaphor treats the body as a “machine.” Insomniacs offer detailed explanations of the operational rules within their internal systems, using machine metaphors to express their views of the ailing body. To them, the body is comprised of different systems influenced by external environments and internal factors, with the stress system being at the highest level, and insomnia serves as a warning sign triggered by that system. Good sleep is thus a way to “charge” the body’s “machine” to maintain normal functioning. Insomnia is caused by a “malfunctioning switch in your body,” and once this switch is repaired, one can achieve good sleep, even “without conscious awareness.”

The balance metaphor is inherently relational. First, insomnia signifies a disruption of internal bodily balance or a lack of certain elements, as diary authors describe: “A deficiency of gamma-aminobutyric acid causes insomnia... the various elements in the human body need to be balanced,” or in more abstract terms, “the body’s rhythms are chaotic.” Second, the metaphor of balance also manifests in the relationship between self and others, as members emphasized: “It is not about fighting against oneself, but about striving to establish genuine connections in life,” thereby encouraging insomniacs to avoid isolating themselves. Finally, the balance relationship is holistic, emphasizing the balance between day and night, the “mysteries of yin-yang transformation,” and unity between humans, the environment, and nature, as one diary author asserted: “the moment when humans are closest to the Daoist ideal of unity between heaven and humanity comes the stage of falling asleep.”

## **Dialectic of Ignoring and Accepting/Rationalizing**

Illness narratives can help the sufferers to reframe disruptive events and integrate them into something more acceptable (Freda et al., 2022; Li & Xu, 2023). In insomnia narratives, this integration is primarily achieved through the dialectic of ignoring and accepting/rationalizing. Through narrating suffering and accepting change, people create spaces for healing (Certini, 2019). Here, healing refers not to medical treatment but rather to how people seek to live with illness and cope with suffering in their daily lives. This dialectic is mainly demonstrated through restitution and adaptation or quest narratives.

### **Ignoring insomnia**

Daily coexistence with insomnia is often a de-pathologized process, as illustrated by one insomniac: “If you ignore insomnia, there is no insomnia. If you treat insomnia as a disease, then you have a disease.” Many insomniacs believe that ignoring their condition, a strategy that downplays its significance, can help them fall asleep more easily. These stories are characterized as a call for restitution through ignoring insomnia.

I am still waiting for sleepiness, but my strategy has inadvertently changed. I no longer actively seek sleepiness; instead, I wait for it to come on its own. Sleepiness always arrives when you least expect it. More accurately, when you stop thinking about sleeping altogether, you are likely to fall asleep soon.

Ignoring insomnia is also linked to its prevalence, as its ubiquity leads insomniacs to view it as “a common occurrence,” mitigating its sense of abnormality. As Lupton (2012) noted, the more common and less severe an illness is, the more likely the public is to develop folk beliefs and treatment theories about it. In general, the choice to neglect insomnia implies denying its status as a disease, minimizing one’s focus on it. However, many insomniacs find it difficult to ignore the condition, as it often brings

about genuine physical and mental experiences. When insomnia cannot be ignored, acceptance becomes the way insomniacs learn to live with it.

## Accepting/Rationalizing Insomnia

Acceptance entails acknowledging the existence of insomnia and learning to live with it, primarily involving non-resistance and habitual submission. Resistance includes attempting to cure the condition with medication or forcing oneself to sleep. Choosing not to resist, therefore, becomes a means of restitution. An insomniac wrote, “Do not use any means to block, alter, or suppress it,” because “you cannot overcome it.” This state of non-resistance gradually develops into a habit, illustrated by the phrase: “Now I’ve started to get used to it... If it comes to that, I’ll just endure it.” Simultaneously, insomniacs strive to maintain a more equitable relationship with their condition, reflected in the statement: “Let insomnia be insomnia; never become its slave.” This coping tactic is part of the restitution narrative, and its effect has been confirmed in studies of other types of mental illness, including depression (Li & Xu, 2023; Sik, 2021).

Acceptance of insomnia is primarily achieved in three ways. First, it is fully accepted when compared to other forms of pain, as life is filled with suffering, and “there are far more painful things; insomnia is just a minor thing, really nothing to worry about.” Second, insomnia is discussed within a fatalistic context, seen as an inevitable experience that cannot be “completely avoided,” and living with it becomes a symbol of strength. Third, insomniacs may embrace a harmless interpretation of the condition, attempting to prove that “insomnia is harmless” by reframing it as something that is not a disease or does not lead to severe conditions.

Some insomniacs attempt to emphasize the normality of their condition by focusing on its “beneficial” aspects, noting that it offers a new perspective on the world and leads to entirely new experiences. This type of narrative is similar to Frank’s (2013) quest narrative, where the suffer experiences “the road of trials” and seeks positive meaning out of the illness. During periods of wakefulness, things become “unexpected delights” or wonderful.” Insomnia is also presented as a natural ability - not harmful, but rather a “bonus,” or a “boon” in Frank’s (2013) term. This is shown in comments such as, “I’m just one of those people who need less sleep” or “I don’t need as much sleep as my peers.” In this view, insomnia grants the individual extra “energy,” as if time favors those who cannot sleep.

## Discussion

Drawing on our proposed dialectical narrative sense-making framework, this study reveals four pairs of dialectics in Chinese insomniacs’ narrating of their illness experiences: (1) the dialectic of bodily certainty and doubt; (2) the dialectic of feelings about the time, illustrated by the expressions “Every second of insomnia feels so long” (i.e., a sense of meaninglessness) and “My short life is a history of insomnia” (i.e., awareness of the meaning of time in their lives); (3) the dialectic of degenerative/mechanical metaphor and relational balance metaphor in explaining insomnia; and (4) the

dialectic of ignoring and accepting/rationalizing in coping with insomnia. We also find that Frank's (2013) restitution, chaos, and quest narratives appeared in every dialectic and coexist within every story. Dialectical narrative sense-making provides an alternative framework that can well explain insomnia experiences. Rather than viewing these dialectics as contradictory, the study emphasizes the multiplicity, or crystallization, of chronic illness experience and sense-making in everyday contexts.

These findings offer insights for research into insomnia and other chronic illnesses. Studies within modern medicine typically frame insomnia as a problem to be addressed (Moloney et al., 2011), and existing communication research focuses on the media's functional role in sleep (Exelmans & Van den Bulck, 2016; Van der Schuur et al., 2019). This study attempts to reveal the multifaceted nature of the insomnia experience and reveals that the interpretations offered by insomniacs are profoundly influenced by dialectical thinking, a legacy of both traditional Chinese culture and the training participants received in Marxism (e.g., dialectical materialism). This is also consistent with Dutta's (2015) culture-centered approach to health communication. As an indigenously developed paradigm, the dialectical narrative sense-making is more relevant to the insomnia experiences and has a higher level of explanatory power and is also more parsimonious than Frank's (2013) narrative types in interpreting Chinese insomniacs' experiences.

The study also explored the formation of lay understandings of insomnia as an illness, and the means by which people live with it, rather than simply viewing it as a disease or a problem to be solved. Narrating the experience of chronic illness, e.g., revisiting bodily and temporal experiences, is inherently meaningful for the patient (Frank, 2013; Harter et al., 2021; Li & Xu, 2023). The changes brought about by illness, however, cannot be merely reduced to bodily or temporal dysfunctions; rather, we must explain how changes in the patient's body and time perception alter their overall existence from the perspective of the embodied, situated, and enacted self.

These findings also help to understand suffering as a dialectic between a subject's lack of autonomy and the assumption of agency in their interpretation of their experience. With the rise of post-structuralism and postmodernism, the human body is no longer seen as an objective reality but as a product of knowledge and discourse that is subject to change (Carel, 2016). These perspectives suggest that medicine is only one source of knowledge and alternative theories can also describe bodily functions, including holistic treatments (Lupton, 2012). When facing illness, people can choose "rational" medical treatments to control the body, or can engage in everyday practices that function independently of clinical medicine through expressions about their bodily and temporal experiences, focusing more on personal feelings. This study shows that narratives of suffering perform an adaptive function, linking bodily and temporal perceptions and feelings, and transforming what is difficult to express into shareable experiences (Jowsey, 2016; Kleinman, 2020; Li & Xu, 2024; Xu & Li, 2023).

This study addresses a global public health issue and has practical implications, especially for people with insomnia and other chronic illnesses. By examining the narratives of Chinese insomniacs, we hope to offer insight into understanding insomnia from a culturally specific and dialectical sense-making

perspective. The findings can be used for people to cope with insomnia and other chronic illnesses. Specifically, as a chronic illness, insomnia implies a process of acceptance and coexistence as individuals navigate tensions between bodily certainty and doubt, the dialectic of temporal feelings, and sociocultural interpretations, to construct ways of living with their condition. The dialectic of bodily certainty and doubt and the dialectic about time may be prevalent among those experiencing other chronic illnesses. The balance metaphor employed by some participants is especially valuable for comprehending other chronic illnesses. Tang et al. (2021) have also found that culturally specific beliefs influence how people experience illness.

Furthermore, this study provides support for emphasizing the human aspects of treating illness, particularly concerning chronic conditions. As more and more conditions become integrated into the medical model, the public tends to overlook underlying non-medical issues, thereby marginalizing individual experiences. This study seeks to refocus attention on the “human being,” underscoring bodily experiences, temporal perceptions, and the dialectical framework through which insomniacs understand their conditions, ultimately moving beyond a solely medical view of illness.

Finally, as revealed in this study about the significance of online diaries for diary authors, individuals affected by insomnia or other chronic illnesses can form online or offline support groups, learn from each other’s understanding and coping strategies, and gain communal support (Li & Xu, 2025). Applying this dialectical narrative sense-making framework can help individuals understand their own experiences, which are often ambiguous, multifaceted, and troubled by chronic illness. This approach can empower them to assert control over their anxiety, confusion, and sense of disorder. By drawing on this framework, people can also explore other potentially valuable perspectives that may resonate with their individual experiences.

This study also has limitations. The reliance on data from an online platform may limit the generalizability of the findings, as the primary users are under 40, and their narratives may differ from those of other groups, such as elderly individuals who do not use the platform to share their experiences. Furthermore, the data did not include fieldwork in clinics or other settings. Future research may therefore take two directions: first, investigating narratives from different demographic groups of insomniacs, and second, conducting field investigations in settings such as sleep clinics and gathering perspectives from people suffering from insomnia and medical professionals to further explore related issues.

## Conclusion

Through examining the online diaries and interviews, this study has revealed the multifaceted experiences and feelings of Chinese insomniacs, as well as their interpretations of their illness and everyday coping strategies. The findings suggest that dialectical narrative sense-making is prevalent among these individuals, reflecting the impact of their cultural traditions of dialectics and the training of Marx’s dialectical materialism that they received since the founding of the People’s Republic of China. This study highlights the need to develop indigenous, culture-specific frameworks for understanding the

bodily and temporal experiences of storytellers troubled by chronic illnesses such as insomnia. The findings have crucial implications for understanding various chronic health issues.

## Declarations

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Data Availability

The datasets for this study will be provided by the corresponding author upon request.

### Human Ethics and Consent to Participate Declarations

The authors gained approval for the research from the School of Journalism and Communication at Wuhan University when the study was conducted as part of the first author's doctoral dissertation. The study also received written informed consent from the interview participants before the interviews were conducted. The online diaries are publicly accessible, and users post information anonymously; even so, the authors changed the diary authors' pseudonyms to protect their privacy further. Therefore, this study has complied with ethical requirements.

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## Author Contribution

Y.D. drafted the manuscript; K.X. supervised the study and revised the manuscript.

## References

1. Billotte Verhoff C, Buzzanell PM. It was amazing and magical, but it was not a vacation at all.: Examining U.S. maternity leave through a relational dialectics theory analysis. *Communication Monogr.* 2024;91(3):457–81. <https://doi.org/10.1080/03637751.2023.2300830>.
2. Braun V, Clarke V, Hayfield N, Terry G. Thematic analysis. In: Liamputtong P, editor. *Handbook of research method in health social sciences*. Springer; 2019. pp. 843–60.
3. Bulow PH. Sharing experience of contested illness by storytelling. *Discourse Soc.* 2004;15(1):33–53. <https://doi.org/10.1177/0957926504038943>.

4. Bulow PH, Hyden LC. In dialogue with time: Identity and illness in narratives about chronic fatigue. *Narrative Inq.* 2003;13(1):71–97. <http://dx.doi.org/10.1075/ni.13.1.03bul>.
5. Cappuccio FP, Miller MA. (2011). Is prolonged lack of sleep associated with obesity? *BMJ*, 10–12. <https://doi.org/10.1136/bmj.d3306>
6. Carel H. *Phenomenology of illness*. Oxford University Press; 2016.
7. Certini R. Illness, narration and healing: Women's perspective. *Open J Educ.* 2019;22(2):147–56. <https://doi.org/10.13128/ssf-10787>.
8. Checton MG, Greene K, Magsamen-Conrad K, Venetis mMK. Patients' and partners' perspectives of chronic illness and its management. *Families Syst Health.* 2012;30:114–29. <https://doi.org/10.1037/a0028598>.
9. Chen H, Wang Y, Liu ZM. The experiences of frontline nurses in Wuhan: A qualitative analysis of nurse online diaries during the COVID-19 pandemic. *J Clin Nurs.* 2022;31(17–18):2465–75. <https://doi.org/10.1111/jocn.16056>.
10. Cheung JMY, Saini B, Bartlett DJ, Laba T, Mason PH. Mapping the illness trajectories of insomnia: a biographical disruption? *Sociol Health Illn.* 2017;39(5):659–79. <https://doi.org/10.1111/1467-9566.12525>.
11. Dutta MJ. Decolonizing communication for social change: A culture-centered approach. *Communication Theory.* 2015;25(2):123–43. <https://doi.org/10.1111/comt.12067>.
12. Exelmans L, Van den Bulck J. The use of media as a sleep aid in adults. *Behav sleep Med.* 2016;14:121–33. <https://doi.org/10.1080/15402002.2014.963582>.
13. Fitzpatrick R, Hinton J, Newman S, Scambler G, Thompson J. *The Experience of Illness*. Routledge; 2022.
14. Flood-Grady E, Koenig Kellas J. Sense-making, socialization, and stigma: Exploring narratives told in families about mental illness. *Health Commun.* 2018;34(6):607–17. <https://doi.org/10.1080/10410236.2018.1431016>.
15. Fox N. Refracting health: Deleuze, Guattari and body-self. *Health.* 2002;6(3):347–63. <http://www.jstor.org/stable/26646336>.
16. Frank AW. *The wounded storyteller: Body, illness, and ethics*. 2nd ed. University of Chicago Press; 2013.
17. Freda MF, Lemmo D, Auriemma E, Picione RD, Martino ML. From sense to meaning: Narrative function coding system for the experience of illness. *Qualitative Res J.* 2022;23(1):41–61. <https://doi.org/10.1108/QRJ-06-2022-0081>.
18. Giddens A. *Modernity and self identity*. Polity; 1991.
19. Gonzalez-Polledo E, Tarr J. The thing about pain: The remaking of illness narratives in chronic pain expressions on social media. *New Media Soc.* 2016;18(8):1455–72. <https://doi.org/10.1177/1461444814560126>.

20. Grandner MA, Hale L, Moore M, Patel NP. Mortality associated with short sleep duration: The evidence, the possible mechanism and the future. *Sleep Med Rev.* 2011;14:191–203. <https://doi.org/10.1016/j.smr.2009.07.006>.
21. Gunning JN, Cardwell ME, Minniear M. The autoimmune library: An arts-based approach to women of color's (counter)narratives of chronic illness. *Health Commun.* 2024;1–14. <https://doi.org/10.1080/10410236.2024.2388881>.
22. Harter LM, Yamasaki J, Kerr AM. Narrative features, forms, and functions: Telling stories to foster well-being, humanize healthcare, and catalyze change. In: Thompson TL, Harrington NG, editors. *The Routledge handbook of health communication*. Routledge; 2021. pp. 47–60.
23. Hassan R, Purser RE. Introduction. In: Hassan R, Purser RE, editors. *24/7: Time and temporality in the network society*. Stanford University Press; 2007. pp. 1–24.
24. Hegel GWF. *The Science of Logic*. G. di Giovanni, Trans). Cambridge University Press; 2010.
25. Hintz EA. It's all in your head: A meta-synthesis of qualitative research about disenfranchising talk experienced by female patients with chronic overlapping pain conditions. *Health Commun.* 2022;38(11):2501–15. <https://doi.org/10.1080/10410236.2022.2081046>.
26. Hintz EA, Tucker RV. Contesting illness: Communicative (dis)enfranchisement in patient-provider conversations about chronic overlapping pain conditions. *Health Communication Res.* 2023;49(2):170–81. <https://doi.org/10.1093/hcr/hqad004>.
27. Ibrahim Y. Accounting the 'self': From diarization to life vlogs. *Convergence: Int J Res into New Media Technol.* 2021;27(2):330–42. <https://doi.org/10.1177/1354856520947618>.
28. Inwood M. *A Hegel dictionary*. Wiley-Blackwell; 1992.
29. Ito E, Tadaka E. Effectiveness of the online diary (ONDIARY) program on family caregiver of advanced cancer patients: A home-based palliative care trial. *Complement Ther Clin Pract.* 2022;46:101508. <https://doi.org/10.1016/j.ctcp.2021.101508>.
30. Jarvis CM. Expanding feminist resilience theorizing: Conceptualizing embodied resilience as a material-discursive process during infertility. *J Appl Communication Res.* 2022;50(4):440–58. <https://doi.org/10.1080/00909882.2021.2011373>.
31. Jowsey T. Time and chronic illness: a narrative review. *Qual Life Res.* 2016;25(5):1093–102. <https://doi.org/10.1007/s11136-015-1169-2>.
32. Karp DA. *Speaking of sadness: Depression, disconnection, and the meaning of illness*. New York, NY: Oxford University Press; 2017.
33. Kerber A, Murphy M. He's a battler. He's not a quitter: The narrative framing of Jerry Kill's health-related organizational exit. *J Appl Communication Res.* 2018;46(6):703–22. <https://doi.org/10.1080/00909882.2018.1548029>.
34. Kleinman A. *The illness narratives: Suffering, healing, and the human condition*. Basic Books; 2020.
35. Koenig Kellas J. Communicated narrative sense-making theory: Linking storytelling and well-being. In: Braithwaite DO, Suter EA, Floyd K, editors. *Engaging theories in family communication: Multiple*

- perspectives. 2nd ed. Routledge; 2018. pp. 62–74.
36. Kramer MW. Toward a communication theory of group dialectics: An ethnographic study of a community theater group. *Communication Monogr.* 2004;71(3):311–32.  
<https://doi.org/10.1080/0363452042000288292>.
  37. Lattimer TA, Tenzek KE, Ophir Y. Shouts from the void: A mixed-method analysis surrounding the online chronic illness community, NEISVoid. *Health Commun.* 2023;39(10):1966–77.  
<https://doi.org/10.1080/10410236.2023.2250939>.
  38. Li X, Xu K. (2023). Coping with depression: A narrative study of an online depression community in China. *International Journal of Qualitative Studies on Health and Well-being*, 18 (1), 1–13.  
10.1080/17482631.2023.2268379
  39. Li X, Xu K. Accepting the poem of destiny: Identity reconstruction in a Chinese online depression community. *Qual Health Res.* 2024;35(7):755–67. <https://doi.org/10.1177/10497323241274723>.
  40. Li X, Xu K. Enacting an online depression community in China: The community of practice perspective. *Health Commun.* 2025;40(11):2290–9.  
<https://doi.org/10.1080/10410236.2024.2448702>.
  41. Liu Z, Lu J. Body politics and alienation: Exploring Chinese women’s experiences with cervical erosion. *Health Commun.* 2025;1–11. <https://doi.org/10.1080/10410236.2025.2545607>.
  42. Lupton D. *Medicine as culture: Illness, disease and the body.* 3rd ed. Sage; 2012.
  43. Moloney ME, Konrad TR, Zimmer CR. The medicalization of sleeplessness: a public health concern. *Am J Public Health.* 2011;101(8):1429–33. <https://doi.org/10.2105/AJPH.2010.300014>.
  44. Orbe MP. Phenomenology. In: Littlejohn SW, Foss KA, editors. *Encyclopedia of communication theory.* Sage; 2009. pp. 749–51.
  45. Parsloe SM. Discourses of disability, narratives of community: Reclaiming an autistic identity online. *J Appl Communication Res.* 2015;43(3):336–56. <https://doi.org/10.1080/00909882.2015.1052829>.
  46. Rowland-Coomber S, Stevens E, McKeivitt C, et al. A completely different person: Embodied dialectics and biographical disruption after stroke. *Sociol Health Illn.* 2025;e70113.  
<https://doi.org/10.1111/1467-9566.70113>.
  47. Saeidzadeh S, Gilbertson\_White S, Kwekkeboom KL, Babaieasl F, Seaman AT. Using online self-management diaries for qualitative research. *Int J Qualitative Methods.* 2021;20:1–9.  
<https://doi.org/10.1177/16094069211038853>.
  48. Sahlstein E, Maguire KC, Timmerman L. Contradictions and praxis contextualized by wartime deployment: Wives’ perspectives revealed through relational dialectics. *Communication Monogr.* 2009;76(4):421–42. <https://doi.org/10.1080/03637750903300239>.
  49. Serfaty V. *The mirror and the veil: An overview of American online diaries and blogs.* New York: Rodopi; 2004.
  50. Sharf BF, Vanderford ML. Illness narratives and the social construction of health. In: Thompson TL, Dorsey A, Miller KI, Parrott R, editors. *Handbook of health communication.* Erlbaum; 2003. pp. 9–34.

51. Sik D, Culture. *Med Psychiatry*, 45(4), 751–74. <https://doi.org/10.1007/s11013-020-09702-5>.
52. Stahl H, Taladay-Carter C, Palmer-Wackerly AL. Probably benign?! Communicated narrative sense-making in patients with benign breast disease. *Health Commun*. 2025;1–12. <https://doi.org/10.1080/10410236.2025.2539460>.
53. Starks H, Trinidad SB. (2007). Choose your method: A comparison of phenomenology.
54. discourse analysis. and grounded theory. *Qual Health Res*, 17(10),1372–80.
55. <https://doi.org/10.1177/1049732307307031>
56. Tang L, Zhang X, Zhu R. What causes postpartum depression and how to cope with it: A phenomenological study of mothers in China. *Health Commun*. 2020;36(12):1495–504. <https://doi.org/10.1080/10410236.2020.1771063>.
57. Vanderhaegen J, Campens S, Vankerckhoven L, Claes L, Hilbrands R, Luyckx K. Identity and bodily experiences in emerging adults with type 1 diabetes (T1D). *A*; 2025.
58. qualitative exploration. *Psychology & Health*. <https://doi.org/10.1080/08870446.2025.2501065>
59. Van der Schuur WA, Baumgartner SE, Sumter SR. Social media use, social media stress, and sleep: Examining cross-sectional and longitudinal relationships in adolescents. *Health Commun*. 2019;34(5):552–9. <https://doi.org/10.1080/10410236.2017.1422101>.
60. Vardeman J, Spiers A, Yamasaki J. Things are happening that I don't understand: A narrative exploration of the chaos of living with pelvic floor disorders. *Health Commun*. 2022;38(9):1887–95. <https://doi.org/10.1080/10410236.2022.2040168>.
61. Xu K. In the wake of the Wenchuan earthquake: The function of story-sharing in rebuilding communities in the quake disaster zone. *Asian J Communication*. 2013;23(2):152–74. <https://doi.org/10.1080/01292986.2012.725172>.
62. Xu K, Li X. Complaining, regret, superiority and discovery: Chinese patients' sense making of depression in an online forum. *Qual Health Res*. 2023;33(7):613–23. <https://doi.org/10.1177/10497323231160119>.