Silence and Agony: A Comparison of Chronic Pain Depictions in Newspapers, Magazines, and Blogs by People with Chronic Pain

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This thesis titled
Silence and Agony: A Comparison of Chronic Pain Depictions in Newspapers,
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ABSTRACT

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This study compared depictions of chronic pain in newspapers and magazines with blogs by people with chronic pain. Using critical discourse analysis, the study identified and compared frames, definitions of people with chronic pain, symbols and metaphors, and depictions of otherness/unhomeliness. Marked differences were found among blogs and mainstream print media, with lesser differences between newspapers and magazines. By defining people with chronic pain by their illnesses, downplaying the impact of persistent pain on everyday life, and relating chronic pain to character or mental fortitude, magazines and newspapers contributed to the stigmatization and otherization bloggers described. Mainstream print media authors also portrayed chronic pain as less impactful, less agonizing, and less real than bloggers’ descriptions. As such, newspapers and magazines made chronic pain more palatable to readers, but deprived them of the knowledge people with chronic pain glean through the lived experience of illness.

Approved: ____________________________________________________________

Bernhard Debatin

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INTRODUCTION

“Pain is fire, a ravening, insatiable thing that insists upon utter domination; it is the occasion when the body reasserts itself over the mind; the universe contracts about the part that hurts,” wrote physician Richard Selzer (1994, p. 28). The urge to communicate pain—certainly heightened when pain becomes chronic—is not new, but neither is it entirely possible. Through what words, writings, or actions can a sick person hope to share this pre-language experience? Despite advances in modern medicine’s ability to treat disease, chronic pain is an illness that frustrates physicians, isolates patients, and remains, after all, fundamentally inexpressible.

Even within the field of pain medicine, the definition of chronic pain is controversial (Jackson, 2005). Pain is best known as a symptom, but over time, it can become a chronic illness. Widely varying definitions and survey methods of chronic pain prevalence indicate that the illness affects a significant portion of the U.S. population, though there is no widely accepted rate. A 2008 study of chronic pain incidence in the U.S. found about 10.1% of residents had chronic back pain, 7.1% experienced chronic leg/feet pain, 4.1% had pain in the arms/hands, and 3.5% experienced chronic headache (Hardt et al., 2008). Craig (2008) reported that pain is “often poorly recognized, inadequately assessed, underestimated, and disappointingly managed,” and called the interpretation of patient pain a “systematic underestimation” (2008, p. 23). But pain is not only a biological and psychological phenomenon. It is also a social one (Craig, 2008).

Chronic pain is generally defined as pain that persists after or even in the absence of nociceptive factors or physical damage (Apkarian, Baliki, & Geha, 2009). For some conditions, including back pain, chronic pain is diagnosed when pain persists for six
months. Other types of pain have different diagnostic time frames, but chronic pain is increasingly seen as an illness that begins with untreated or undertreated acute pain. Recent research has shown that the physiological process of chronic pain may begin as early as weeks after an injury, much earlier than previously thought (Apkarian, Baliki, & Geha, 2009).

Chronic pain may originate in the body as a symptom, but it is itself an illness. Unlike acute pain, it does not function as a warning signal in the body (Jackson, 2005). Because pain is universal, but chronic pain is not, many people with chronic pain are stigmatized once their pain surpasses the expected limits of possible pain (Jackson, 2005). It is easy to understand a headache, for example; finding sympathy for a headache that lasts for years is more difficult. Chronic pain patients become depressed and isolated as friendships fade, side effects of medications mount, and pain becomes part of a self that requires redefinition (Benner, 2007). Suggestions that pain is primarily psychological or that medication regimens are merely drug habits add insult to misery. Such stigmatization has prompted calls for more comprehensive and empathetic patient evaluation (Kleinman, 1988; Toombs, 1987).

Stigma is not something people with chronic pain encounter only from the medical community, but from society as well. In the midst of facing newly limited physical selves (and probably a suffering psyche), people with chronic pain must also confront friends, co-workers, and others in society who cannot see and thus may not believe persistent pain is disruptive and real.
This study examined ways chronic pain was portrayed both through blogs and by print (magazine and newspaper) journalists, whose work reflects how society dialectically interprets chronic pain/people with chronic pain and contributes to these interpretations. Using critical discourse analysis, articles from these three print media were compared based on how media writers defined people with chronic pain, represented chronic pain with symbols and metaphors, presented chronic pain as otherness, and framed chronic pain. This qualitative approach allowed for an analysis that revealed both how these media presented chronic pain and which elements of chronic pain discourse were absent or incomplete.
LITERATURE REVIEW

Scarry’s famous line, “To have pain is to have certainty; to hear about pain is to have doubt” (1985, p. 13), succinctly summarizes the inexpressibility of pain. Pain is all too real to the sufferer, but any description of pain must endure interpretation both between the phenomenology of experience and the patient’s description and from verbalization to interpretation by family, friends, medical practitioners, and society (Kappesser & Williams, 2008). Lous Heshusius (2009), a Dutch woman who experienced chronic pain in Canada after a car accident, found the discomfort of her illness secondary to the difficulty of pain’s lack of physical manifestation and inexpressibility. Also, while acute pain may be manifested through wincing and verbalization, people with chronic pain often appear to be pain free because they have become accustomed to pain to some degree and/or lack the energy to express it (Heshusius, 2009). The subjectivity of pain presents perhaps the greatest hurdle; people in pain know they are suffering, but can neither quantify their discomfort nor prove it exists.

This subjectivity is the result of each individual’s inherently fixed, self-centered perspective. People experience pain from an internal perspective that cannot be shared. Heidegger’s phenomenological concept of being-in-the-world states that a person’s primary experience in the world is through the fixed lens provided by the physical body; a person cannot ever see his/her body from outside of it. Individuals, working with this limitation, create meaning by the way they exist in and interact with their surroundings.
Heidegger’s work has been subject to application by others, though Heidegger himself was reluctant to discuss specific applications of being-in-the-world (Svenaeus, 2000b).

Boss (1983; cited in Svenaeus, 2000b),¹ whose application of being-in-the-world focused on psychological disorders, theorized that illness resulted in a loss of self-sufficiency, followed by a reduction of identity and independence. Svenaeus disagreed with this focus on health as freedom. Instead, Svenaeus (2000b) applied being-in-the-world to illness with a focus on Unheimlichkeit, or uncanny unhomelikeness. “In short, our body is permanently present for us without our ever being able to observe it like an object; the angle from which we perceive our body is unalterable” (Langer, 1989, p. 36). This locked relationship between the body and perception means that subjectivity is a necessary condition of being-in-the-world. Language, whether through spoken or written words, is a way of transcending this limited perspective (Langer, 1989, p. 62). Such communication brings physicians, friends, and family one step closer to the ill person’s lived experience.

Kleinman (1988), himself a physician, noted a similarity between ethnographers and “master clinicians” (p. 231). Both try to empathize with people different from themselves by imagining what it must be like to be these individuals. An ethnographer attempts this challenge with varying cultures, while a physician is tasked with understanding what illness means to each patient. With chronic pain patients, this task is heightened; the best practitioners attempt to understand an ill person’s pain sensations along with the ramifications of chronic pain for the patient and his/her family. Often,

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they are intertwined. Thus, the first step for a clinician is to understand a patient’s story or “illness narrative” (Kleinman, 1988, p. 233). In this way, the physician comes to understand not only what the patient physically experiences, but how these experiences impact his/her sense of self and place in the world and vice versa (Kleinman, 1988).

Unfortunately, many patients are not treated by Kleinman’s (1988) master clinicians. Instead, they face a sometimes hostile medical world in which their narratives are seen as untrustworthy misrepresentations of a questionable truth. While the patient may be asked for his/her description of physical discomfort, his/her story may be interpreted as a partial representation at best. At worst, the patient’s story is an exaggeration and a lie that must be circumvented to uncover the “real” problem, which only medical professionals can unmask. Credibility becomes increasingly difficult to secure as pain progresses past expected deadlines for healing, especially when chronic pain arises from acute injury. In the case of chronic pain, physicians face a heightened need to rely on patient narrative when no cause for pain can be found. Paradoxically, patients who are calm, rational and detached may find their pain underestimated (e.g.: If it’s so bad, how can they be so calm?). On the other hand, patients who dramatically or theatrically describe suffering are often judged untrustworthy or hysterical (Craig, 2009). Unfortunately, this lack of validation only serves to increase the suffering of the person in pain (Scarry, 1985, p. 7).

Toombs (1987) also identifies a disconnect between physicians, who interpret illness scientifically, and patients, who experience the often life-altering effects of chronic illness. Although recent medical advances offer palliation of these effects, they
may also set the stage for unrealistic expectations. In the face of much-heralded advancement, it can be hard for patients and societies to understand how an illness remains incurable. Therefore, chronic illness is often incomprehensible (McKay & Bonner, 2004; Toombs, 1987). Kleinman (1988) addressed the cultural belief that physicians always cure illness (and it is notable that this belief emerged as early as the 1980s). Pharmaceutical products are billed as solutions rather than assistance for pain. Doctors are seen as healers rather than helpers; surgery, if a last resort, is dangled as a miracle cure (Heshusius, 2009). The chronically ill person, then, presents an insurmountable, distracting, and frustrating obstacle for medical professionals. Ultimately, both patients and physicians are caught in a paradoxical situation when the omniscient medical world fails to explain the patient’s lived experience of suffering after treatments have been exhausted.

**Self-Definition During Chronic Pain**

Because of the discrepancy between what medical science claims to offer and the limited relief many people with chronic pain experience, an ill person is forced to accept that his/her ideal self is either impossible or must be redefined. According to self-discrepancy theory, three selves exist within each person: the actual self, or the self as it truly is, the ideal self, or how a person believes she/he should be, and the ought self, or the self others or society believe a person should be (Morley, Davies, & Barton, 2005). The presence of illness drives a wedge between the actual self and the ideal self. The latter may require redefinition of the actual self in order to justify a new ideal self. This
redefinition can be therapeutic; patients with chronic pain, who believe that a desirable future self is possible despite this illness, are better able to accept pain and avoid depression (Morley, Davies, & Barton, 2005). Self-definition also influences pain patients’ resilience in dealing with discomfort, thus becoming a necessary, if unpleasant, reality that patients must face: the self as it once was cannot be resurrected.

Although Eastern philosophies sing the praises of living in the moment, Toombs (1987) points out that most people live with an eye to the future. The experience of chronic illness, however, makes the future increasingly uncertain. While a healthy person may, wisely or unwisely, assume that she/he will be healthy for the foreseeable future, an ill person is forced to accept that the future is indeed uncertain. “The future is suddenly disabled, rendered impotent and inaccessible” (Toombs, 1987, p. 234). In addition, there is a loss of the sense of the body as a comprehensive whole; an ill person must face a fractured body, which does not always behave as expected. The ill person is left to ask, “‘Do I have a body, or am I a body?’” (Frank, 1995, p. 33). Ironically, disabled people—and chronic pain can be disabling—are perhaps the most likely to be open to redefinition. In some cases, it is the result of disability’s rapid onset; a car accident, for example, can render a healthy person disabled in an instant. Still, the adaptation of one identity to another in the case of pain often lacks this spark of reason (Davis, 2006). Chronic pain, as medically defined, develops over time. People in pain hope for a cure for months or years before realizing and before struggling to accept that the pain may never end (Heshusius, 2009).
Illness and Otherization

Pain is a part of being-in-the-world, but the science that explains pain is a secondary phenomenological experience of the world. That is to say, science indirectly describes and interprets the fundamentally inexpressible nature of being of which pain is an element. As mentioned above, Svenaeus (2000a) applies Freud and Heidegger’s concept of Unheimlichkeit, which he translates as an “uncanny unhomeliness,” to illness. Along with creating a state of forced subjectivity, this also means that the ill person has a strange sense of otherness within him/herself (p. 125). Thus, illness is seen as an other within the self even as it is a part of the physical self. People with chronic pain therefore view pain as something that is within them, but not truly a part of them.

Svenaeus (2000b), whose work draws heavily on Heidegger, has postulated that illness creates a heightened sense of otherness as the ill person is forced to focus on his/her dysfunction. He applies Heidegger’s classic example of a hammer, whose function is not closely examined until it breaks, to the body. Similar to the work a tool does, physical functionality is taken for granted in the presence of health in Svenaeus’ model. When the body “breaks,” the individual stops to examine himself/herself, shifting his/her focus from the task at hand to the body. Suddenly the body is not just one thing (“me”), but contains something—some pain, some discomfort, some feeling that all is not as it should be—distinctly foreign. In focusing on the dysfunctional body, the individual is also forced to examine the ways that the body is alien, or behaving in ways that cannot be controlled. Again, the individual questions the extent of the relationship between the physical body and the self: “Do I have a body, or am I a body?” (Frank, 1995, p. 33). As
Toombs (1987) wrote, “Disease is thus reified as a distinct entity residing in, but in some way separated from, the one who is ill” (p. 228).

Sartre described a three-stage progression from the first twinge of pain to full-blown disease. The three stages are pain, illness, and disease. Pain indicates specific physical discomfort. Illness is the synthesis of physical sensations into a unified, lived experience in which symptoms may fade and reappear. The final stage, disease, corresponds to heightened external otherization through the process of increased objectification (Svenaeus 2009; Sartre, 1956). External otherization occurs when a person becomes separated or negatively distinguished from societal norms through the way she/he is viewed by other people, agencies, or organizations in society. In the case of illness, for example, external otherization can occur through stigma or the simple recognition that the ill person is unable to perform typical day-to-day activities. Such otherization is furthered when the otherized person is blamed for his/her nonconformity. When illness sets in, the ill person must increasingly see himself/herself through a shameful and humiliating lens of a person who sees him/her as an other.

Sartre (1956) explained that the illness itself becomes a reflective consciousness that represents an interpretive step away from present consciousness. In other words, pain is interpreted not as it is purely felt, but as it is mirrored to the self. It is this process that transforms pain from a physical symptom to the lived experience of illness. During an illness, periods of health become part of illness rather than unrelated episodes. Thus, interludes of painlessness are perceived as lulls in the relentless cycle of chronic illness.
This objectification is furthered when the ill person seeks medical attention and his/her experience is translated into medical terms. During the physician-patient encounter, patients are alienated when their experiences are medically translated and interpreted by a physician. This affects the patient’s sense that the body does not belong to him/her, but is defined by another person (Svenaeus, 2009). Sartre writes that disease is: “objectively discernible for Others. Others have informed me of it, Others can diagnose it; it is present for Others even though I am not conscious of it” (Sartre, 1956, p. 356). From this viewpoint, chronic pain is more of an illness than a disease because it does not always produce detectible pathology and its diagnosis is often dependent on patient descriptions of discomfort or suffering.

Svenaeus (2009) expands Sartre’s three stages to five—“(1) pre-reflective experience of discomfort, (2) lived, bodily discomfort, (3) suffered illness, (4) disease pondering, and (5) disease state” (p. 62)—to encompass internal otherization, or the sense that some part of one’s body is alien. Internal otherization is akin to an internal stigmatization or negatively separating one part of the body from the whole or the self, which can impact the way individuals define themselves. Svenaeus (2009) has pointed out, however, that the process of alienation is not a necessary eventuality. Instead, it occurs when the ill person views bodily activities as without his/her control. He writes “To fall ill is to fall victim to a gradual process of alienation, and with each step this alienating process is taken to a new qualitative level” (Svenaeus, 2009, p. 62). To counter this alienation and the isolation that often follows, ill people engage in storytelling.
Illness and Storytelling

Frank (2001) discusses the need for illness-based storytelling; as the ill person’s standards of daily life are disrupted, storytelling becomes a way to regain common meaning lost to illness. It also can be an active means of self redefinition or a way of finding meaning in a changed existence. A story of illness is shared not to describe the self, but to find it (Frank, 1995). For example, when the shared experience of taking a walk becomes impossible, this creates what Schutz (1962, p. 231; cited in Frank, 2001, p. 233) terms a “specific shock” that is atypical. Storytellers who have been propelled beyond assumed, invisible norms by such a shock must face a new reality. Storytelling is one way to cope with this reality, although Frank (2001) states that even the storytellers whose writings occupy library shelves realize that their experience is not wholly shareable. He explains, “this achievement [shared meaning] is atypically self-conscious; people know they have to work to achieve intersubjectivity” (Frank, 2001, p. 233).

Illness narratives are especially prevalent in a modern world where disease is no longer seen as natural or ordinary. Advances in modern medicine have relegated illness, disability, and suffering to the realm of the unnatural, extraordinary, and unbelievable. Rather than seeing physical limitations as part of the course of life (e.g.: health as a temporary blessing rather than an expected criterion), illness has become atypical and, thus, notable (Couser, 1997).

The stories we are most comfortable with are those with a clear ending point. With illness narratives, this typically means that the ill person becomes healthy or dies. Heshusius (2009) writes of these narratives: “How we want a happy ending. . . . But the
world also needs to witness the stories of pain that go on with no end in sight. Those where health is not restored. Those that end in despair. In death. How else can the torment of chronic pain be understood, rather than greatly underestimated, as I now know it is?” (p. 4). Despite her failure to find a happy ending, Heshusius found the experience of sharing her story helpful in learning to cope with pain. Like the storytellers Frank (1995) describes, she also feels a need to describe “this prelanguage torment,” even as she realizes the impossibility of communicating the extent of her pain (Heshusius, 2009, p. 16).

Stigma

People with such chronic illnesses as cancer may be expected to conform to standardized mindsets, typically involving positivity and the interpretation of illness as fortifying or character building. Those who do not conform or, worse, are aggressive about sharing the experience of chronic illness may face heightened stigmatization (Ehrenreich, 2001). In the case of contagious illness, stigma is particularly harmful when it prevents disclosure from an ill person to those at risk of infection. Still, Conrad et al. (2006) showed that the consequences of stigma—judgment and social isolation—impact an ill person’s decision to disclose or stay silent. Goffman (1963) described stigma: “While the stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak” (pp. 2-3).
Goffman (1963) goes on to define three types of stigma: physical differences, character malformations, and racial/ethnic/social divergences. In the case of pain, as we have noted, a physical difference is often absent; even winces require too much energy after a while (Heshusius, 2009). So a person in a chronic, invisible state of difference that is clearly not physical and clearly not social is, logically, assumed to have some type of character defect. This may manifest in accusations that pain patients are malingering or feigning pain for selfish purposes such as governmental disability benefits (Slade, Molloy, & Keating, 2009).

The interactions of a person with his/her world define that person as both a part of and separate from the world. The gaze of the other creates shame as the ill person (like any gaze subject) becomes objectified. Because perception can dictate reality, the view of an ill person as an other may be particularly harmful. Merleau-Ponty specifies that if one looks at a rock, but perceives it to be an ash-tray, that act is the same as seeing an ash-tray itself (Langer, 1989). He does not wholly separate internal and external perception. Thus, a stigmatizing gaze and stigmatization itself may be the same. Similar to pain, stigma is a matter of personal perception, a situation that makes it no less real to the sufferer. In fact, chronic pain patients may face heightened stigmatization because while pain is a universal experience, unending pain is decidedly not (Jackson, 2005). Unfortunately, it is this lack of universal experience that prompts claims that chronic pain is not real, but rather the product of a psychological deficiency.

Hardcastle’s (1999) review of pain/psychology research in the 1990s reveals that much of the literature attempting to define or delineate the overlap between pain and
psychogenic pain has methodological errors and lacks adequate controls. She concludes “there is no solid evidence for alleged psychopathic pains being any different than real pains” (p. 21). Also, correlation is sometimes mistaken for causation in the case of pain and psychological distress. Along with chicken-and-egg debates, researchers have tried to determine whether pain causes depression or depression causes pain, for example. No clear answer has yet been found (Hardcastle, p. 22, 1999). Jackson (2005) posits that, in fact, this unclear nature of pain—real or imaginary, physical or psychological—conflicts with the western world’s tendency toward dualism. While pain is not imaginary in most cases, it remains invisible and highly subjective to perspective, thus occupying an uncertain gray area in a culture fixated on black and white. This alone may provoke antagonism.

It seems reasonable that chronic pain, especially suspicious pain (i.e.: that for which no cause can be found even after extensive medical testing) might cause psychological distress (Hardcastle, 1999, p. 23). Studies have produced contrasting results, with some indicating that people with chronic pain do not have a higher incidence of physical or psychological trauma that might predispose them to pain, and others indicating psychological problems may increase the incidence of chronic pain (Gamsa, 1994; Wittchen et al., 1993; Polatin et al., 1993; cited in Hardcastle, 1999). Whether chronic pain is caused or influenced by psychological factors is outside the scope of this inquiry; it is enough to note that the debate continues and influences the way these patients are viewed by their societies, families, friends, and physicians.
Chronic pain presents special challenges to the medical profession because it may have more than one cause and may be difficult to diagnose. Many diagnostic tools only allow medical practitioners to indirectly view organs or body structures that seem to be contributing to pain (Hardcastle, 1999, pp. 24-26). It is all too easy for physicians to label pain psychogenic, armed with “normal” X-rays, MRIs, and CAT scans. Hardcastle (1999) noted: “Part of the problem is health care’s general assumption that its medical obligation is to treat pathologies and not to relieve pain. Pain becomes only a somewhat useful marker for the true underlying problem, and once pain’s medical usefulness is exhausted, then it is no longer of concern to the medical profession” (p. 32).

**Mass Communication, the Media, and Chronic Pain**

In the same way that stories of people with chronic pain stories suffer at the interpretive hand of other individuals, they are subject to labeling and interpretation by media organizations, including print and broadcast journalism. These media are an important influence on the way that society views chronic pain. Media that cover health and medical topics provide a framework and storyline adopted by media audiences to discuss and understand health topics and issues (Clarke, McLellan, & Hoffman-Goetz, 2006). Medical journalists link scientific researchers and the public, using human interest angles to humanize technical, detailed medical news. At the same time, they hold partial responsibility for creating a collective public discourse about covered topics.

The connection between how the quality of health and medical journalism is affected by internal factors, such as attitudes regarding medical sources, and external
factors, such as deadline and editorial pressures, has received significant research attention. Critics claim that factual inaccuracies, statistical misrepresentation, and the influence of subsidized sources have limited the value of medical journalism (Len-Ríos et al., 2009). But journalists face many obstacles in medical reporting; the absence of adequate time, publication space, and background information are the most commonly reported (Larsson, Oxman, Carling, & Herring, 2003). Despite these obstacles, the dissemination of accurate, timely, and understandable medical news is a priority for medical journalists (Viswanath et al., 2008). This is important because journalists’ attitudes toward the subjects they cover impact the way these subjects are seen by media consumers and, by extension, society as a whole.

Mainstream media are subject not only such overt pressures as budgetary concerns, but also underlying societal values and assumptions that influence how information is reported and what values it represents. This results in unthinking perpetuation of societal norms and ideals to the exclusion of many underrepresented populations, including people with chronic illness. Negt (1978) argued against analysis of language and communication without considering the “actual social condition of communication’s speechlessness” (p. 62). In other words, political, social, and economic structures render some individuals more able to speak than others and some communication more important than other communication, regardless of its inherent value (originality or thoughtfulness, for example) based on the communicator’s position in a society. People with chronic pain, who spend more time than average attending to their health, may thus feel the weight of this imbalance.
Political economy dictates that anything produced in a capitalist society promotes capitalism. Thus, those who have few resources influence few decisions. Chronic pain requires the consumption of medical resources despite limited treatments and cures. This opposes profit-making, thereby placing people with chronic pain in a disadvantaged state. Because mainstream media are profit-driven companies, they are disinclined to rectify misrepresentations of minority groups (McChesney, 2000). Cultural studies theorists Grossberg (1995) and Carey (1995) argued that political economy has been labeled reductionist and functionalist for downplaying individual creativity and autonomy. But if political economy can be criticized for ignoring individual agency, cultural studies can be chided for denying the very power structures (economy, politics, society) that influence the individual.

Condit’s (1994) study of concordance and hegemony in the context of reproductive technology showed how hegemony supports male-driven notions and biases in mass communication about health concerns. She theorized societies “concord” or come to a consensus about “a given social policy or political framework as the best that can be negotiated under the given conditions” (p. 210). This agreement is less about the greater good than an assumed standard influenced by the most powerful members in society. By examining press coverage of reproductive technologies, Condit (1994) showed that it aimed to appeal to small, powerful groups including middle-class infertile couples and medical experts.

Thus, media messages present not only face-value information, but also reinforce certain societal norms through the use of assumptions and naturalizations (Gamson et al.,
A newspaper reader, then, not only digests the factual information presented but the language used to frame it, whether consciously or subconsciously. Framing, as defined by Entman (1993) is, “to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described” (p. 52). And the identification of manifest and latent frames in news content can draw attention not only to what information is presented, but what information is omitted (Gamson, 1989).

Gamson (1989) noted that: “The frames for a given story are frequently drawn from shared cultural narratives and myths. Some stories resonate with larger cultural themes; this tunes the ears of journalists to their symbolism” (p. 161). Specifically, the salience of an issue can be increased through repetition, associating it with a recognizable symbol, or by placement of information within a story.

Framing in news stories influences the information people come to know, how they understand the world around them, and how they decide which issues are salient. In addition, “the frame determines whether most people notice and how they understand and remember a problem, as well as how they evaluate and choose to act upon it” (Entman, 1993, p. 54). This does not mean frames have the same effect on everyone, only that the way subjects are discussed impacts how they are received and judged by readers. Because not all readers start with the same assumptions, values, and presumed norms, the precise effect of frames on readers will vary.
Studies of illness framing in newspapers and magazines have largely focused on cancer and illnesses facing women. Clarke’s (2006) frame analysis of heart disease in women’s magazines found mainly medical, lifestyle, and social-structural manifest frames. Gill and Babrow (2007) found that war metaphors in women’s magazines articles about breast cancer were prevalent. They also identified hope as a positive alternative to uncertainty management in a study of themes of breast cancer articles in women’s magazines. McKay and Bonner (2002) identified six phases in illness narrative in Australian women’s magazines: abstract (summary), orientation, complicating action, evaluation, resolution, and coda, with self-definition occurring mainly in the evaluative phase.

Recent studies of newspaper content have examined how mental illness is framed by this medium. Stark et al. (2004) noted that the media feed into the public perception (in Scotland, in this case) of a link between mentally ill people and violence that could be mediated, but likely not abated, by education from national health agencies. Gabe, Gustafsson, and Bury (1999) studied British newspaper coverage of tranquilizer dependence and showed that media reflected and added to existing public opinion about topic. Typical frames of this content emphasized detoxification as a rite of passage, traditional female gender roles as contributing to a need for tranquilizers, and dependent users as victims. Coverage was dominated by medical descriptions of health concerns. Boudry (2008) found that U.S. newspapers typically attribute suicide to life problems rather than mental illness, and, thus, placing blame on the individual.
Unlike the goals of newspaper reporters, motives of bloggers are primarily selfish; blogs are frequently means of self-definition, though bloggers tend to self-moderate in the presence of a consistent pool of readers who function much like peer-reviewers (Hu & Sundar, 2010). Chronic-pain bloggers,\(^2\) then, provide a counterbalance to media coverage, which typically interprets chronic pain through reporters. Chronic-pain bloggers must interpret their phenomenological experience into words, but they self-report and are usually not restricted by space or budgetary concerns. The difference between the ways chronic pain is interpreted by people with chronic pain as compared with newspaper and magazine coverage of the illness has not yet been examined.

**Research Approach and Questions**

This study used a qualitative critical discourse analysis as defined by Richardson (2007) with a sample of blog, magazine, and newspaper content. Critical discourse analysis can be divided into formalist/structuralist approach, in which researchers seek “a unit of language ‘above’ the sentence” (Richardson, 2007, p. 21) and a narrative method in which a structure is imposed on existing text to create a narrative or storyline. Indeed, the focus of critical discourse analysis is often social problems with secondary emphasis on how language contributes to and draws from these problems dialectically (Titscher, 2000). Richardson (2007) favors the broader narrative analysis for its ability to find implicit social meaning in text.

\(^2\) The term “chronic-pain blogger” does not apply to any person with chronic pain who blogs. Rather, it refers to the author of a blog primarily about this illness.
This study drew mainly from the narrative approach, but will also use a formalist/structuralist technique when necessary in seeking to understand how pain is portrayed through frames, self-definition and redefinition, symbols/metaphors/metonyms, and as a source of otherization (indicating the ill person’s external separation from society and internal separation from himself/herself). For example, it is more effective to define how pain is translated into metaphor through analysis at the sentence or word level, while understanding how stigma has impacted a patient’s self-definition might be better served by a narrative analysis.

Comparing print media and blog content about chronic pain qualitatively provided an in-depth picture of the assumptions and identities assigned to chronic pain, rather than simply tracking the words used to describe it. In addition, comparing content about chronic pain produced by those who experience it directly and those who translate the subject for wider audiences contributes to available data about the social conundrum of chronic pain. Specifically, this analysis addressed the following research questions:

[RQ 1]: What frames are used by U.S. consumer magazines and newspapers in articles focused on chronic pain as compared with those employed by popular bloggers who have and write about chronic pain?

[RQ 2]: How is self-definition presented in each source? How do pain, hope/despair, actual-ideal self-disparity, and being-in-the-world influence these definitions?
[RQ 3]: Given that pain is fundamentally inexpressible, what symbols or metaphors are used by magazines and newspapers as compared with those used by blogs in describing or defining pain and its effects on the individual?

[RQ 4]: How is the internally or externally viewed concept of pain as otherness or uncanny unhomelikeness treated by each source?
METHOD

Overview

This study used critical discourse analysis to compare coverage of chronic pain in three types of print media: blogs by people with chronic pain and newspaper and consumer magazine articles that discuss chronic pain. The date range for blogs and newspapers in this study was January 1, 2009 to March 31, 2010. The magazine sample was drawn from dates between January 1, 2000 and March 31, 2010 depending on the magazine’s availability in databases and circulation size. These date ranges were selected in an attempt to provide a comparison of the most recent print media coverage of chronic pain possible. Because a given consumer magazine may only publish an article about chronic pain once every few years, if at all, a wide date range was necessary to ensure adequate sample size. The application of a similar range to blogs, however, would have been unfeasible due to the comparably transitory nature of blogs. While magazines and newspapers do go out of business, the end of a blog can be as simple as the author’s distraction by another topic of interest, lack of time to continue blogging, or the resolution of some issue that prompted the creation of a blog. Thus, rather than exclude magazine content for its insufficient frequency of articles about chronic pain, the date range for this sample was expanded to include this type of mainstream print coverage. Finally, magazine and newspaper articles often included mentions of chronic pain in articles about other topics. Therefore, it would be difficult to select a randomized sample of this content without first screening articles for relevance.
Geographically, newspapers and magazines are from the U.S. and bloggers are either from the U.S. or Canada. Blogger locations rely on self-reported locations or location clues, thereby making it impossible to verify exact locations. Those who indicated they were from non-North American, English-speaking countries were excluded. Given this factor, the widespread circulation of U.S. consumer magazines in Canada, and the growth of Canadian traffic to U.S. newspaper sites, the use of bloggers from this country is appropriate (BC Stats; Canadian Newspaper Association, 2009). Still, it should be noted that U.S. newspapers are not as prevalent in Canada, which has a robust market of regional newspapers (AOL Canada, 2007).

**Newspaper Sample**

A sample of the twenty highest-circulation U.S. newspapers was chosen based on circulation figures from the Audit Bureau of Circulation. The circulation rates reflect a six-month period ending March 31, 2010. The sample excludes newspapers not listing a circulation and listings that incorporate a group of newspapers. For example, the Audit Bureau of Circulation lists “SF Bay Area News Group (Alameda),” but this is not one newspaper; it is a group of newspapers covering six San Francisco Bay-area counties.

The resulting sample comprises the following 20 newspapers:
Together, these newspapers have 208 articles containing the phrase “chronic pain” in the specified timeframe that are available in the Factiva database. Any newspaper containing this phrase was included in the preliminary sample, which was later coded for relevance. As with magazine content (see Magazine Sample), articles that discussed chronic pain conditions without using the phrase “chronic pain” were excluded automatically with a database search function.

In determining relevance of newspaper articles, a few types of articles were specifically excluded. Articles mentioning chronic pain as part of an event listing were removed. Such listings typically recurred weekly and were for chronic-pain support groups and other community activities. Articles that covered chronic pain in the context business news, typically pharmaceutical companies’ innovations and their implications for stock prices, rarely provided relevant data for analysis. Letters to the editor were
allowed, as they were part of the media content selected by editors and available to 
newspaper readers. Listings of upcoming television programs also typically failed to 
provide information beyond brief references to chronic pain. Still, an effort was made to 
include articles that provided even brief mentions of chronic pain if relevant data could 
be gleaned from them. It was more important to find this data than to exclude articles 
whose main topic was not chronic pain.

**Blog Sample**

A sample of ten blogs authored by people with chronic pain was selected to meet 
criteria for the study. Each blog was at least one year or 50 posts old, whichever came 
first, to help ensure that the blog was well-established and frequently updated. Most 
blogs were updated at least once in 2010, to show that the blogs used in the sample were 
still active or had been active in the recent past. If a blog was not updated in 2010, all of 
it content had to be published between January 1, 2009 and December 31, 2009 to add 
temporal continuity among blog, newspaper, and magazine samples. In other words, the 
relevance of blogs that were not updated in 2010 was assured by excluding blogs that 
were neither updated in 2010 nor wholly written in 2009. Of the blogs selected, less than 
50% of each blog’s homepage contained advertisements. Because of the prevalence of 
chronic pain as a medical condition, many blogs identified, especially through Technorati 
(a blog search engine), were clearly vehicles of advertising as opposed to content. Such 
blogs seek only to take advantage of commonly searched terms and often contain spam-
like or plagiarized content.
In each blog that was chosen, a majority of posts in the date range mention pain or related experiences (such as physician appointments, medications, side effects, emotional effects, or related treatment and its effects). This helped eliminate blogs by people with chronic pain that were not primarily about chronic pain. For example a “mommy blogger” with fibromyalgia would not meet the criteria if she wrote mainly about parenting. In order to create a usable sample for textual analysis, the sample contains only blog posts that are primarily text, as opposed to graphics (e.g.: photography blogs, which are primarily photographs with few words).

Finally, in each selected blog, the majority of posts have narrative rather than news/advice functions. Personal narrative does not always exclude news/advice content, but the personal experiences of the blogger had to be present and prominent. Thus, the blogs selected were primarily vehicles through which bloggers wrote about their own experiences with chronic pain.

Chronic pain, though today considered an illness unto itself, can also be a symptom of other illnesses such as endometriosis, Lyme disease, or cancer. In an attempt to restrict this study to chronic pain, blogs dealing with chronic pain as an illness rather than a symptom were privileged over pain-causing illnesses with other primary symptoms. Preference was also given to bloggers who self-identified as having chronic pain, especially in “About Me” pages. Finally, emphasis was placed on the blogger’s definition of chronic pain and her illness.

Bloggers rarely identified as having only chronic pain. In fact, many had multiple co-existing medical conditions. The blog sample, however, intentionally included blogs
that were mostly about chronic pain, whatever the diagnosis of the writer. As mentioned above, the blogs were mainly from the U.S. with a few bloggers from Canada. It was impossible to verify where bloggers lived without contacting them. Direct contact with bloggers was avoided to preserve the integrity of the sample. While some shared their location freely, others only gave hints throughout their posts. As with the “chronic pain” designation, bloggers self-definitions of their location and identity were used whenever possible. Finally, all blog posts were printed in case content was later altered.

The final sample included the following 10 blogs:

- *Overflowing Brain* (overflowingbrain.com)
- *Chronic Stimulation* (chronicstimulation.blogspot.com)
- *The Daily Headache* (thedailyheadache.com)
- *Graceful Agony* (gracefulagony.wordpress.com)
- *Redefining “Good”* (redefining good.wordpress.com)
- *War on Headaches* (www.waronheadaches.blogspot.com)
- *All Flared Up: An Arthritis Blog* (allflaredup.wordpress.com)
- *Phylor’s Blog* (phylor.wordpress.com)
- *Spicyt’s Blog* (spicyt.wordpress.com)
- *Chronic Pelvic Pain* (luprongirl.blogspot.com)

All the bloggers self-identified as females, which is perhaps a reflection of several factors. First, it has been suggested that chronic pain is more prevalent in women than men (Preidt, 2010), though Hardt et al. (2008) found that this statistic has been inflated and only applies to headache, abdominal, and widespread pain. Physicians are also more
likely to discount the pain complaints of women (and minorities) than men (Green, 2007). Generally, women seek empathy and support through communication, while men communicate to identify solutions (Tannen, 1990). Women negotiate relationships with language, using personal disclosures as currency, while men use communication to reinforce social hierarchies (Tannen, 1995). With much room for empathy and few solutions, chronic pain may logically attract more female than male bloggers. These factors may play a role in the prevalence of women as blog authors in this sample.

Magazine Sample

A magazine sample was identified using a more complex system necessitated by the lesser availability of this media as compared with newspapers in databases. First, U.S. consumer magazines aimed at a broad or general audience, or those with a health focus, were sought for their likelihood of containing content and for the relevance of this type of publication for consumers seeking health information. Circulation rates were based on Audit Bureau of Circulation figures from a six-month period ending December 31, 2009. Although no magazine was excluded due to indexing in a non-preferred database, some titles were excluded for irrelevance or repetition (see Appendix). For example, such titles as Bird and Blooms and American Hunter are aimed at a specific audience, rather than a broad consumer base. Other excluded titles were simply not available in a database.

High-circulation publications were privileged because they reach and have the potential to influence the most readers. Of U.S. consumer magazines with a total paid
and unpaid circulation of more than one million, 42 are available only in print or through magazine websites as opposed to databases. Twelve magazines whose content is targeted to specific audiences rather than a general consumer base were eliminated for this reason. Thirty-seven remaining titles have complete or partial availability (for the date range January 1, 2000 to March 31, 2010) in databases, meaning only articles from certain date ranges are available.

Identifying the magazine articles to include in the final sample also required several approaches. Because four of the top ten highest-circulation magazines—Family Circle, Reader’s Digest, Woman’s Day, and Better Homes & Gardens—are excluded from available databases, print editions from January 2005 through March 2010 were manually scanned. Articles from these titles were included in the sample if they contained the phrase “chronic pain” or had this phrase separated by one word (e.g.: “chronic back pain”). Articles that discussed chronic pain conditions without mentioning chronic pain itself were excluded for consistency with samples extracted from databases.

Magazines available from databases were found using Factiva, LexisNexis, MasterFILE Premier, and Academic Search Complete; a search was conducted for the magazine’s title and the phrase “chronic pain” between January 2000 and March 2010 (see Appendix). Because magazine content containing this phrase is less abundant than newspaper content, the date range was widened for this portion of the sample to ensure adequate sample size. When a magazine was present in more than one database for identical date ranges, databases were preferred in the order listed above. Factiva was the database used for the newspaper sample, so it was a first choice when possible.
partial date range samples were available from several databases, a full sample (or the most complete sample possible) was compiled from available articles.

The magazine sample contained the following 30 magazines after the selection process (see Appendix) was complete:

- Better Homes & Gardens
- Cosmopolitan
- Ebony
- Entertainment Weekly
- Family Circle
- Glamour
- Good Housekeeping
- Guideposts
- Men's Health
- Money
- New Yorker
- Newsweek
- Parenting
- People
- Popular Mechanics
- Popular Science
- Prevention
- Reader's Digest
- Redbook
- Rolling Stone
- Self
- Shape
- Smithsonian
- Sports Illustrated
- Teen Vogue
- Time
- U.S. News & World Report
- Vanity Fair
- Vogue
- Woman's Day

Sample Relevance

Blog, magazine, and newspaper articles were evaluated in a preliminary reading for relevance, with irrelevant articles excluded from the final sample. Because any reference to chronic pain other than a throwaway reference tended to contain data, only articles in which the phrase was included as an aside were excluded. In the blog sample, posts could be included without the phrase “chronic pain,” but posts that did not mention
any aspect of chronic pain or its treatment, management, causes, effects, or ramifications were excluded.

**Critical Discourse Analysis**

Research questions were answered using critical discourse analysis with emphasis on Richardson’s (2007) technique, as described previously. It is important to note that Richardson’s work is a practical derivative of Fairclough (1995). In the field of discourse analysis, Fairclough’s (1995) critical discourse analysis is one of three main approaches to this type of analysis. Another is Ruth Wodak’s discourse-historical method, which places more emphasis on sociolinguistic elements of discourse. The third is van Dijk’s social-cognitive method which incorporates elements of psychology and finds truth to be a cultural standard rather than an absolute (Titscher, Meyer, Wodak, & Vetter, 2000; Richardson, 2007, p. 37). Fairclough (1995), in contrast, “understands CDA [critical discourse analysis] to be concerned with the investigation of the tension between the two assumptions about language use: that language is both socially constitutive and socially determined” (Titscher et al., 2000, p. 148). He thus separates the process of critical discourse analysis into description that is performed by the text itself; interpretation, which is a process the reader engages in while processing the text; and explanation, which seeks to place the text in a sociocultural context (Titscher et al., 2000).

Following this method, each newspaper/magazine article and blog post was analyzed for word choice (lexical analysis), naming and reference, predication, and sentence construction (syntax and transitivity of participants, processes, and
circumstances). The unit of analysis was the text as a whole, with more emphasis on systemic meaning than sentence-by-sentence analysis (Richardson, 2007, p. 58). The use of symbols, metaphors, metonyms, rhetorical tropes, and narrative structure was analyzed. It was expected that frames would be most influenced by naming and reference, narrative structure, and circumstantial description. For example, the selection of a social role such as “pain sufferer” as compared with “mother” or “student” would be significant. The selection of a narrative structure also dictated the common understanding depicted by each text as well as the way elements of each story related to one another.

The analysis of self-definition via mental and relational processes (I am, you are) informed the internal self-definition, while external otherness relied more heavily on verbal processes, such as quotes from pain patients in newspapers, or material (action) processes, such as reporting treatments sought by pain patients. Self-definition was mainly expected in blog content as opposed to print media. Symbols and metaphors were identified through lexical analysis and analysis of predication with a broader analysis searching for parallel metaphors in discourse as framing devices, or the way that content and its denotative versus connotative meanings establish overall discourse.

Research questions were addressed through multiple readings of blog, newspaper, and magazine material. A pretest ensured feasibility. Next, a preliminary reading helped broadly outline common frames, symbols, factors in internal and external otherization, self-definition (blogs), definitions of people with chronic pain (newspapers and magazines), as well as other pertinent devices used to describe chronic pain. This
preliminary reading was also used to establish guidelines for excluding articles within each of the three samples. Each article was then interpreted by labeling and cataloging it according to these common elements during a second reading.

A final examination of the articles compared pieces that fit within each category to ensure continuity and permit analysis from a new angle (comparing articles from different sources rather than comparing articles of a single blog, for example, to other articles by the same author). This allowed for explanation of the content within the context of chronic pain’s social and cultural implications today.

The general choice of a qualitative method does not assume that quantitative analysis would not have been useful or possible, only that it would not best suit the goals of this research, which seeks to glean more than manifest meanings from textual analysis. A quantitative content analysis that codes for presence of words related to suffering may reveal that they are more prevalent in one type of content than other. This analysis would not reveal, however, what broader symbols, metaphors, and/or metonyms are constructed, nor would it contextualize meaning. After all, a word such as “suffering” might be used to say “chronic pain patients suffer greatly” or “chronic pain patients exaggerate their suffering.”

Qualitative methods also helped separate patient-blogger content from that of journalists based on each source’s portrayal of chronic pain, which other methods may obscure by privileging word choice over contextual meaning. Critical discourse analysis in particular provided a clearer picture of the latent meanings, assumptions, frames, and beliefs that underlie societal collective consciousness about chronic pain. While a study
on race portrayals, for example, may benefit from the qualitative measurement of certain slurs, there are few words describing pain whose mere presence indicates a negative or positive bias. Thus, a qualitative analysis revealed underlying assumptions made by media authors. It also contributed a description and, more importantly, an explanation of depictions of chronic pain. Finally, qualitative research had the advantage of unearthing not only how chronic pain was described, but also what these descriptions meant in a sociocultural context.

Pretest

Blog content selected for the pretest was almost always relevant because of selection methods, and was thus unlikely to limit data collection. By examining one of the two most recent posts from each blog in the sample, several preliminary themes and descriptive devices were identified. First, in the context of self-definition, pain was presented as an unwanted presence that prevented bloggers from returning to their “normal” selves. Pain symbolized loss of control and autonomy and was even personified in several cases as something that trapped those with chronic pain. One blogger called pain a “monster” and a “stalker” (Chrissy, 2010). Pain was also depicted as a controlling, even animal-like force. One blogger wrote that pain made her “ready to claw my eyes out” (Jolene, 2010). In many cases, sarcasm and humor set the tone for articles dealing with setbacks and hospitalizations. Finally, medical encounters sometimes prompted hope, which helped bloggers deal with otherwise scary, intimidating, and painful procedures.
A purposive sample of 10 newspaper articles was drawn from the 208 identified from Factiva. In general, articles containing the phrase “chronic pain” contained data relevant to this study; the phrase was rarely used to describe other phenomena, such as economic or financial woes. Because people with chronic pain were frequently portrayed as potential junkies, otherness was implicit. Newspaper writers in this small sample made direct connections between the use of narcotics for chronic pain and the abuse of illegal drugs, including cocaine (R. Mitchell, 2009) and heroin (Rabin, 2009). People with chronic pain were described in roles of suffering induced by illness and its financial hardships. Descriptions of the number of different medications patients took each day were used as a measure of “real” chronic pain, with higher numbers of prescriptions sometimes even used as patient descriptors. For example, one patient was characterized as “homebound, unemployed, uninsured, and taking six medications daily” (Vitez & Chin, 2009). Few patients were defined by occupation or a non-medical role.

Ten magazine articles were selected from publications available online, either in limited or full capacity (see Appendix). Several frames were identified, but self-identity and otherness were not referenced. Frames included chronic pain as induced by stress, exercise as a way to heal chronic pain, the need to harness mental powers to overcome pain, and chronic pain as physically brain-based and brain-altering. In a February 2010 Self article, the author quoted a chronic pain expert, then recommended “a peppy CD” to distract readers from pain, and noted that pain in young women is “‘often preventable’” (Graves, 2010, paras. 1 and 22). One magazine writer even reported that women are more sensitive to pain than men (Medwick, 2008).
Overall, pain management was described as an interest that conflicted with the management of controlled substances, especially illegal drugs, though there were fewer direct connections as compared with the newspaper pretest. Narcotics were portrayed as helpful and necessary but dangerous. Little distinction was made between dependence and addiction. In addition, people with chronic pain who weaned themselves off drugs were portrayed as healthy and natural. *U.S. News & World Report* writer January W. Payne made this clear in “Managing your Pain, Minus Addiction” when she wrote, “It’s time to put all the drugs aside” (2009, para. 13). Otherness was hinted at when chronic pain’s onset was described as mysterious and unsolvable, although the nature and quality of pain itself was rarely described.

This pretest demonstrated that framing, symbolism, and other rhetorical devices play an important role in the discourse on chronic pain. It also showed differences between blog and mainstream print content, though it is important to separate magazine and newspaper sources. Clearly, these two print media performed different functions. More importantly, their treatment of chronic pain was not necessarily the same. Because an adequate magazine sample cannot be drawn from the same date range used for newspapers and magazines, it was more feasible and helpful when interpreting findings to separate the newspaper and magazine articles. Blogs promised to provide a more content-rich environment, but notable differences between the ways chronic pain was portrayed by print media as compared with bloggers were expected.
RESULTS

Who’s Talking about Chronic Pain in Print?

In large part, the sample for this study was composed of blog posts. The content of ten bloggers between January 1, 2009 and March 31, 2010 contained 1,021 posts (68.1%) of 1,499 total posts and articles in all three media. Magazine content from January 2000 through March 2010 comprised 276 articles (18.4%) of the total, and 202 newspaper articles from January 1, 2009 to March 31, 2010 represented 13.5%. Within the blog sample, bloggers had a wide range of activity; while one blogger wrote nearly 300 posts, others wrote fewer than 100, and one wrote as few as 23 (see Table 1).

Newspaper and magazine sources showed a smaller variance, with the Washington Post, New York Times, Prevention, Time, U.S. News & World Report, and Newsweek among the heaviest contributors. Of 20 newspapers originally selected, 14 contained at least one article with the phrase “chronic pain” in it. Six newspapers did not contain articles with this phrase in the Factiva database: the Los Angeles Times, Chicago Tribune, San Jose Mercury News, Detroit Free Press, Arizona Republic, and Newsday (see Table 1).

For the sample of high-circulation magazines, 31 titles with paid and unpaid circulation of more than one million contained articles with the search phrase “chronic pain.” This included the 27 publications available in databases (see Method) and four publications—Reader’s Digest, Better Homes & Gardens, Woman’s Day, and Family Circle—that were manually scanned (see Table 1).
Each article in the 1,499-article sample was evaluated for relevance. Articles related to chronic pain (see Tables 4-6) provided data relevant to framing chronic pain, self-definition or definition of people with chronic pain, symbols or metaphors for pain, and/or otherization. Articles that were coded as not related contained the phrase “chronic pain,” but did not provide any contextual data. These instances included throwaway references (e.g.: the economy is in chronic pain during this recession), mentions of chronic pain in highly unrelated articles, or mentions of chronic pain that were so brief as to provide no context, framing, or reference to chronic pain besides naming it. Some articles were relevant, providing information about chronic pain without relating to any of the research questions. Such references might include the discussion of new surgical procedures for chronic pain that focused on new techniques rather than pain as an illness.

Table 1

Frequencies by Source

<table>
<thead>
<tr>
<th>Blog</th>
<th>(n)</th>
<th>%</th>
<th>Magazine</th>
<th>(n)</th>
<th>%</th>
<th>Newspaper</th>
<th>(n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overflowng</td>
<td>297</td>
<td>29.1</td>
<td>Prevention</td>
<td>51</td>
<td>18.5</td>
<td>Washington Post</td>
<td>30</td>
<td>14.9</td>
</tr>
<tr>
<td>Graceful Agony</td>
<td>188</td>
<td>18.4</td>
<td>Time</td>
<td>27</td>
<td>9.8</td>
<td>New York Times</td>
<td>29</td>
<td>14.4</td>
</tr>
<tr>
<td>Redefining &quot;Good&quot;</td>
<td>115</td>
<td>11.3</td>
<td>U.S. News &amp; World Report</td>
<td>25</td>
<td>9.1</td>
<td>Star-Tribune</td>
<td>20</td>
<td>9.9</td>
</tr>
<tr>
<td>All Flared Up</td>
<td>83</td>
<td>8.1</td>
<td>Newsweek</td>
<td>24</td>
<td>8.7</td>
<td>Denver Post</td>
<td>18</td>
<td>8.9</td>
</tr>
<tr>
<td>Chronic Stimulation</td>
<td>83</td>
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<td>Men's Health</td>
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<td>Wall Street Journal</td>
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<td>St. Petersburg Times</td>
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<td>War on Headaches</td>
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<td>3.6</td>
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</table>
Each article was considered qualitatively; subject matter alone could not result in exclusion. Approximately 250 hours were spent completing a preliminary reading, creating coding methods, a second reading, and coding each article. Articles could be about any topic, as long as chronic pain was not only mentioned, but also contextualized somehow. In some cases, descriptions of chronic pain were lengthy. In other instances, brief descriptions of chronic pain provided relevant data. Blog posts tended to be the easiest to categorize, as bloggers either mentioned chronic pain or did not. Bloggers rarely mentioned chronic pain flippantly or without context. Thus, posts excluded for irrelevance usually simply dealt with an aspect of the blogger’s life without mention of pain. Other blog posts were excluded because they were reprints of posts by outside authors or were inaccessible because of password protection (see Table 2). In a few cases, members of bloggers’ households (typically spouses) posted when the bloggers became incapacitated because of pain, medical procedures, or medication side effects. These posts were included because of their relevance to the bloggers themselves.

Magazine and newspaper content was more complex because of the variety of angles from which pain was discussed. Basically, bloggers tended to discuss their pain from a personal vantage point. Magazines and newspapers presented content from patients’ points of view, interviewed chronic pain authors, covered advances in medications and procedures for chronic pain, and discussed implications of chronic pain on the business world, among many angles. Content from these sources had higher rates of relevance than did blog content (see Table 2). This likely resulted from the requirement that newspaper and magazine articles contain the phrase “chronic pain,”
which was not a requirement for blog posts. Finally, a small minority of the magazine sample was unavailable online because rights holders did not grant access to certain articles.

Table 2

Relevance by Source

<table>
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<tr>
<th>Related to Chronic Pain?</th>
<th>Blog (n)</th>
<th>%</th>
<th>Magazine (n)</th>
<th>%</th>
<th>Newspaper (n)</th>
<th>%</th>
</tr>
</thead>
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Frames: How Chronic Pain is Contextualized

[RQ 1]: What frames are used by U.S. consumer magazines and newspapers in articles focused on chronic pain as compared with those employed by popular bloggers who have and write about chronic pain?

An examination of framing helped explain the sentiment, bias, angle, and/or prejudice behind the way chronic pain is portrayed by blogs, newspapers, and magazines. Framing may be intentional or unintentional, but its effect on the reader (see Literature
Review) exists in both cases. The way frames are used reflects existing societal viewpoints on chronic pain and contributes to the social discourse about chronic pain. Frames are presented in order of decreasing frequency (see Table 3).

**Blog frames: bad bureaucracies, agony, isolation, and gratitude.**

**First frame: bad bureaucracy.**

Bloggers most commonly framed chronic pain as a bureaucratic nightmare. They described dealing with the health care industry and its bureaucracy as frustrating and even disabling. One blogger worded this succinctly: “If it weren't for all the bureaucracy that goes along with ‘getting better’ maybe I could actually relax and get better” (Luprongirl, 2009, June 17, para. 5). Physician offices and pharmacies forgot to follow-up with patient needs and were slow in returning telephone calls. and many bloggers expressed irritation that insufficient time was allowed during appointments for discussion of complex medical issues. Insurance companies were another source of frustration, often refusing to pay for recommended treatments, requiring lengthy precertification processes, or approving a treatment and later denying coverage.

Complicating this situation, some bloggers felt stuck. On one hand, they relied upon medical professionals within this complicated system for care and treatment; on the other, they felt a need to express their frustration to pharmacies that promised (and failed to deliver) prescriptions, physicians who rushed them in and out of appointments, and insurance companies that repeatedly lost paperwork. One blogger reported recurrent difficulties with her pharmacy, but noted, “I'm too polite to show more than Mild Frustration with maybe some Vague Disappointment thrown in for good measure. . .I see
them four times a month, I don't want to be labeled as ‘THAT WOMAN’” (Elisabeth, 2009, December 18, para. 6). A blogger with chronic pelvic pain wrote, “I don't get out too much but I do spend a fair amount of time sitting at CVS waiting for my drugs to be filled. . . no matter when you go in they always try to convince you that you don't really need your drugs until tomorrow” (Luprongirl, 2009, May 11, para. 1).

Medical practitioners and their administrative staff were often the source of ire for bloggers. A young graduate student with chronic headaches reported trouble with scheduling:

Yesterday afternoon I received the RUDEST voicemail from his [her physician’s] receptionist letting me know that this was the 4th time she had called and she had left several messages and she THOUGHT I wanted to be seen in the near future. . . . Come to find out, she had called my home line first, which, while at work I obviously don't answer. Then she called my work number, which I also don't answer while working and then she called my cell phone. All within a 10 minute time span. Which is, you know, totally the same thing as calling me 4 times (Katie, 2009, March 3, para. 3-6).

Often, these bureaucratic headaches meant rushed appointments for bloggers and, worse, ignorance about their medical condition. In North Carolina, a woman described how she learned certain joints were affected by her illness: “I ended up having a pretty serious falling out with my rheumatologist, mainly due to the fact that his social skills never improved and the last appt when he walked in, didn't even look at me, and asked me how my elbows were doing. ‘Elbows? ELBOWS? I wasn't aware there was a problem with
my elbows.’ That was the one time he actually made eye contact with me” (Amanda, 2009, January 29, para. 2). She later found a different physician after visiting several rheumatologists.

Finding a physician who was knowledgeable about bloggers’ sometimes obscure medical conditions—and believed their pain was real—was a significant challenge for most blog authors. As one blogger put it, “Nothing is ever simple with these doctors. Getting an MD is clearly a test of endurance, not organization, sensitivity or intelligence” (Luprongirl, 2009, May 21, para. 1). Dealing with physicians was a source of hope when new treatments or medications were presented, but often, bloggers framed physician visits as a source of suffering rather than a solution to it. One woman felt pressured to “be a good patient” (Luprongirl, 2009, July 12, para. 2) and to hide knowledge about chronic pelvic pain that her physicians lacked, lest they stop helping her (Luprongirl, 2009, July 18).

Still, while most bloggers had a physician or two they trusted, few expressed more than fury with health insurance companies, which were framed as impersonal, illogical, and dishonest sources of bureaucratic problems. Because of misinformation and administrative errors, appointments were cancelled at the last-minute (in one instance the patient was already on the operating table); unexpected bills for co-payments arrived; and procedures, medications, and treatments were postponed. Even when, at long last, approvals came, dealing with repeated administrative hassles left many bloggers disheartened. One wrote, “I’m 26 years old and I feel like the rest of my life is doomed to this same routine. This same reliance on doctors, the same inability to live independent
of health care providers and the need for prescription medication at the drop of a hat. Yes, I want the insurance to work out, but more, I want it to not have to” (Katie, 2009, July 20, para. 12).

Second frame: agony.

When discussing their illnesses, bloggers framed chronic pain as agony. Descriptions varied, but it was clear that the experience of severe pain was a miserable and distressing affliction. The author of Overflowing Brain described her continual headache as “soul shattering” (Katie, 2009, May 20, para. 2) and wrote, “When I stand up, it feels like my whole head is in a vice. A vice dipped in scalding hot battery acid. Scalding hot battery acid that weighs 800 pounds and pushes my head down to the floor” (Katie, 2010, January 24, para. 13). A middle-aged woman with facial pain described her experience in a similar fashion: “By then (2004) on a good day, my face felt like a combination of two or three abscessed teeth (by then the pain had spread), a severe sinus infection, a black eye, and someone was using a nail gun to put nails up through my teeth into my jaw” (Phylor, 2009, November 27, para. 5). Although these graphic descriptions may be inadequate for the reader to truly grasp the nature and intensity of each blogger’s pain, they are indicative enough. The author of Graceful Agony detailed an episode of nerve pain (one of several types of pain she experienced), “My nerve endings are all on fire, it feels like my skin is burning from the inside out, all the muscles in my body are so tight they feel like they are going to tear, and my head is pounding” (Jolene, 2010, January 22, para. 2).
Third frame: gratitude.

Along with depicting pain as agony, nearly all of the bloggers also framed themselves as grateful for online and offline support, the availability of medical care and insurance, however limited, and the ability to work when possible and/or to stay home when (or because) working was not possible. Blogging, with its accompanying community of fellow bloggers and commenting readers, was often praised for providing a support structure absent from or lacking in bloggers’ offline lives. The author of Grateful Agony started an online chat, Facebook group, and book club for chronic pain patients and supporters. After an online chat session, she blogged, “Last night was another reminder of how truly blessed I am to be a part of this wonderful community!” (Jolene, 2010, March 27, para. 1). The author of Phylor’s Blog, who had chronic facial pain for many years before reaching out online, felt empowered: “Each comment adds to the network of folks who are trying to manage their conditions, rather than have these conditions manage them” (Phylor, 2009, November 29, para. 2).

Other bloggers expressed gratitude for “a positive attitude,” (Kerrie, 2009, April 3, para. 4), an accommodating work schedule and carpool (Elisabeth, 2010, March 26), supportive readers (Luprongirl, 2009, July 19), medical awareness-based advertising and media coverage, supportive family, and the ability to “start accepting the real ME” (Jolene, 2010, February 11, para. 6). One of the more pragmatic writers simply explained, “I don't feel like weeping with gratitude over the things I have in my life or the great things that have happened. But I am clinging to the good for dear life” (Katie, 2009, November 25, para. 9).
Fourth frame: isolation and self-otherization.

Despite this gratitude, bloggers described themselves as isolated and alone, especially amidst their worst pain. Many bloggers alluded to friendships lost at the onset of chronic pain, or after the initial sympathy for an acute problem subsided. Friends and family were often described as sympathetic, yet unable to understand chronic pain. Some bloggers mourned old relationships that did not survive their illness and old friends who did not understand that life for the blogger had changed post-pain. A lawyer wrote, “I should be happy that despite my isolation at home, I’m still remembered and invited out. But instead, I find it absolutely infuriating that they can’t understand [her inability to fully participate]. . .Those invitations make me feel lonely beyond belief” (Luprongirl, 2009, May 11, para. 2). Bloggers also noted that pain and trying to avoid pain prevented them from leaving the house to attend social events or participate in everyday activities. Telephone calls were possible for most, but the author of Redefining “Good” noted that such contact could be psychologically difficult because, “I don’t want to only be known for my health struggles, especially by people who knew me when I was more active and social” (Elisabeth, 2009, November 25, para. 5).

The inexpressibility of pain was another source of isolation. Bloggers noted that typical questions such as, “How are you?” could not be answered honestly, and several women hid symptoms to avoid making others feel uncomfortable. A few women stated that their husbands did not understand their pain. Even supportive friends and family posed difficulties, as bloggers often felt guilty for receiving needed help and support. One blogger wrote, “The way pain works is it completely takes over every part of you,
and in doing so it also takes everything AWAY from you!! The very pathology of pain is isolating” (Jolene, 2010, January 20, para. 11).

**Magazine frames: alternative cures, debilitation, dangerous drugs, and mental links.**

*First frame: alternative cures and therapies.*

Magazine coverage framed chronic pain as an illness for which traditional medical measures were inadequate. About 40% of the sample mentioned alternative cures as helpful add-ons to medication and other conventional therapies. In most cases, magazine articles implied that the use of medication alone was harmful and ineffective. Alternative therapies and cures were not billed as supplemental, but as potential stand-alone cures. These therapies included meditation/mindfulness, deep tissue massage, Reiki, exercise, yoga, weight loss, acupuncture, positive thinking, hypnosis/self-hypnosis, biofeedback, sexual intercourse, herbs/supplements, vitamin D, vitamin B, socialization, volunteering, and faith in God. Magazine content tended to be the briefest; in some cases chronic pain was mentioned in chart-style articles about headache cures, for example, or listed as the consequence of not exercising or seeking medical attention for persistent aches and pains.

At times, content was balanced, but more often, articles touting alternative medicine portrayed these therapies as safe and simple solutions to chronic pain. A 2008 issue of *Self* noted that chronic pain patients’ “symptoms abated” as a result of volunteering (Ingall, 2008, para. 5). *Men’s Health* informed readers that “omega-3 fats found in fish oil reduce chronic pain as well as ibuprofen and other nonsteroidal, anti-
inflammatory drugs” (Campbell, 2006, para 1). One enthusiastic article in the New Yorker noted, “The American public's desire for new ways to treat everything from chronic pain to degenerative diseases has turned alternative medicine into a force so potent that no medical institution of any significance—not even the National Institutes of Health—can afford to ignore it. . . .but there is no longer anything ‘fringe,’ or even alternative, really, about alternative medicine” (Specter, 2001, para. 21-22).

When discussing alternative medicine, magazines also presented it as a powerful and effective tool for chronic pain. One Prevention writer informed readers, “You can actually shut down the signals that are responsible for pain by doing relaxation exercises such as meditation, guided imagery, and deep breathing. The relief you'll gain can enable you to reduce your use of pain medication; when combined with the exercises, the lower doses are particularly effective” (Laliberte, 2007, para. 9). This implies that chronic pain can be eliminated mainly through the use of three relaxation techniques. Similarly, a 2009 Good Housekeeping article described a woman who conquered chronic pain through the use of affirmations; anticipating not feeling pain “has helped her make that possibility a reality” (Ryan, 2009, para. 13). Another interview portrayed a woman who avoided hip surgery through exercise and was “moving my body and life toward God’s optimal blueprint for me” (Taylor, 2007, para. 4).

Articles mentioning alternative therapies also portrayed them as becoming increasingly popular and useful. A Newsweek author noted that “a growing body of research supports the ancient practice [hypnosis] as an effective tool in the treatment of a variety of problems, from anxiety to chronic pain” (Noonan, 2004, para. 2) and
“mindfulness is now gaining ground as an antidote for everything from type-A stress to chronic pain” (Kalb, 2004, para. 2).

At best, articles using this frame balanced mentions of alternative treatments with evaluations of their effectiveness, quality of supporting evidence, and availability. For example, a more recent *Newsweek* article described hospitals that integrated alternative medicine clinics “to help patients cope with chronic pain and other ailments” (Begley, 2008, para. 5). In “How Dangerous Are Common Drugs?” (2005), a physician and director of an integrative medical center said, “For chronic pain there is no magic bullet.” Similarly, a *Redbook* article balanced stress reduction’s palliative potential with a realistic caveat: “Similarly, chronic pain, insomnia, and chronic fatigue syndrome may be exacerbated by stress—whether or not it played a role in developing the condition. While alleviating stress may not be a cure, it can reduce symptoms, increase longevity, and make you feel better” (McCall, 2001, para. 34-35).

**Second frame: debilitation.**

In contrast to the sometimes-trivializing content about alternative cures for chronic pain, framing this illness as severe and debilitating presented a harsher reality of persistent discomfort. Chronic pain is very frequently described as “excruciating” (Gold, Breu, & Harrington, 2005, para. 22; Dennis, 2009, para. 3; McLaughlin, 2005, para. 2). Perhaps the most extreme example was a woman who, paralyzed during a coma treatment for chronic pain, indicated she’d likely repeat the treatment if given the choice because of the intensity of her pain (Dennis, 2009). Still, descriptions rivaling bloggers’ agony were rare. One *Newsweek* source who lived with reflex sympathetic dystrophy syndrome said,
“It feels like I’ve been doused with gasoline and lit on fire” (Kalb, 2003, para. 5).

Another article simply noted, “It is hard to imagine this type of agony” (Fischman, 2000, para. 3). This presentation of chronic pain as severe and excruciating conflicts with some of the alternative cures suggested by magazine authors.

Magazines cemented chronic pain in the realm of serious illness by describing how it physically incapacitated those who lived with it. *Time* writers cited chronic pain as “a leading cause of lost workdays” (Wallis, Cray, Daniels, Park, & Sieger, 2005, para. 6) and endometriosis, a disease causing chronic pain, was called “crippingly painful” (“The Wax Virgin’s Guide,” 2006, para. 10). Acceptance and commitment therapy, a type of talk therapy, was said to “help chronic-pain patients get back to their jobs faster” (Cloud, 2006, para. 15), which further implied that chronic pain patients tend to be unable to work. Articles mentioning people with chronic pain who accepted disability benefits rather than working furthered this frame.

**Third frame: mental and psychological links.**

Despite the proclaimed severity of chronic pain, the third magazine frame suggested that there need not be any suffering at all. By linking chronic pain to mental health, some magazine articles implied that pain could be overcome by psychological processes alone, or that pain was the result of stress or unhappiness rather than a physical problem. A handful of articles noted that chronic pain was an outcome or cause of depression and could be treated with various antidepressants. Some implied that chronic pain caused depression or vice versa, and a few offered a tentative balance. For example, *Newsweek* writers noted that “treating chronic pain can often help alleviate depression
and vice versa” (Bakalar, 2004, para. 3). Other articles simply listed chronic pain or chronic pain “that does not respond to treatment” as among the warning signs of depression (Braco, 2005, para. 12). One autobiographical *Vogue* vignette noted that once pain was recognized as a sign of mental illness, it could finally be resolved (Marer, 2006).

*Fourth frame: dangerous narcotics and addiction.*

Because chronic pain was framed as a psychological problem, it made sense that narcotics were portrayed as potentially harmful. Magazines frequently mentioned narcotics in the context of chronic pain, framing them as highly addictive and dangerous. Not all addicts portrayed dealt with chronic pain, but chronic pain was often mentioned in the context of explaining narcotics and how they are commonly obtained. For example, athletes addicted to OxyContin were described as “skilled liars” who “routinely and dishonestly blame their use on a doctor who prescribed the drug for chronic pain just to keep them suited up” (Bamberger, 2004, para. 42). Here, the connection between addiction and people with chronic pain was indirect. Other articles were written more bluntly: “Manufacturers of narcotics like OxyContin and Actiq have spent millions in recent years to convince doctors that the drugs aren't as addictive or as dangerous as most people believe” (Petersen, 2009, para. 72).

Narcotics were described as irresistible and as more addictive than heroin or crack cocaine. OxyContin was a frequent subject of these portrayals: “Junkies say that only heroin is more addictive and, at current street prices, a $25 a day OxyContin habit can rapidly escalate to $500” (Rogers, Arias, & Harrington, 2001, para. 4). While they
established narcotics as unfailingly addictive, magazine writers also depicted addiction as an out-of-control epidemic. One story stated that the U.S. Drug Enforcement Administration (DEA) “has stepped up its investigations [of MDs who prescribe narcotics frequently] because of an ‘explosion’ of illegal-prescription-drug-abuse” (Roosevelt & Dawson, 2005, para. 8). This certainly painted a picture of a burgeoning national addiction issue.

People with chronic pain were, at best, unwitting victims who became addicted to a narcotic while taking it as prescribed. A woman named Vicky “isn't the only woman who's gotten in trouble with drugs she first got from her doctor” (Patel & Dutton, 2003, para. 5). Patients are also affected by accidental overdoses, as described in an article about the pain patch Duragesic, which added a warning label mandated by the Food and Drug Administration after several patients overdosed (“Patches, Patches,” 2007). A few writers noted that addiction rates were relatively low in chronic pain patients, but others stated that addiction rates were closer to 40% (Kylstra, 2009). One letter from a Newsweek reader bemoaned this trend and complained, “Our government is obsessed with ‘addiction’ to the exclusion of the needs of people suffering from chronic pain. . . . The real tragedy is not that some people abuse prescription medication, but that so many needlessly live and die in agony” (Rosenfeld, 2003, para. 1).
Newspaper frames: disability, alternative cures, addiction, negligent physicians, and excruciating pain.

First frame: disability.

Newspaper content tended to be more homogenous than magazine articles in terms of similarity in tone and framing. One common frame was chronic pain as disabling. Chronic pain was depicted as the source of disability, the consequence of another disabling condition, or one of many causes of disablement. For example: “With fibromyalgia, arthritis and spinal damage, Lilly, 59, lives with chronic pain, supported by Social Security disability payments and Medicaid. She can't lift anything heavier than a cup” (Wolfe, 2009, para. 9). Another woman, who required a home health aide because of chronic pain and weakness, “cannot step into the bathtub without falling” (Eckholm, 2009, para. 7). Other descriptors include “a spinal disability that causes chronic pain and has confined her mostly to her home” (Jackson, Jr., Cambria, & Coaston, 2009, para. 3), “a ‘debilitating medical condition’” (Ingold, 2009, para. 12), and, in a book review, “the book’s writing is as lame as Clemons [the author] himself, who has suffered more than his share of chronic pain from various injuries and surgeries” (Smith, 2009, para. 18).

Because coverage of the legalization of medical marijuana in Colorado and other states during 2009 and 2010 was prevalent, chronic pain was often mentioned as one of the severe conditions qualifying patients for this drug (Associated Press, 2010). One Denver Post writer even noted that truly qualified marijuana-seekers with chronic pain would be unable to work, thus negating any need for workplace marijuana policies (“Medical pot,” 2010).
Second frame: addiction and abuse.

When discussing therapies for chronic pain, newspapers, like magazines, focused on alternative measures. Newspaper writers mentioned these alternative therapies much less frequently than did magazines, however. Instead, alternative cures were described as a safer alternative to addictive painkillers. Acupuncture, therefore, “offers a safe alternative to pharmaceuticals” (Markowitz, 2009, para. 13) and marijuana prevented the seeming inevitability of addiction in narcotics users. After all, one marijuana dispenser asked, “‘How long can you take Percocet and Vicodin before you get ulcers and become a pillhead?’” (Porter, 2009, para. 29).

Becoming a pillhead, newspapers readers were to believe, is a real and likely possibility with narcotics. These medications were described as “highly addictive” (Perrone, 2009, para. 5) and, in some cases, abuse was framed as inevitable. Medications such as OxyContin were described as more addictive than street drugs and users were not just junkies, but “teens raiding medicine cabinets; those in chronic pain taking too much of their prescription; addicts who doctor shop to secure a new prescription for their next high” (“Pain Pill Database,” 2009, para. 4). Three brothers who were prescribed narcotics for various injuries tried heroin when they ran out of OxyContin and “quickly developed an addiction” (Archibold, 2009, para. 48). Another unwitting patient “didn’t begin taking painkillers to get high” (Szabo, 2009, para. 1), which readily implied that addiction/abuse was an unavoidable, if innocently attained, consequence. Perhaps this was because, as stated in a New York Times piece, “patients who take Percocet and Vicodin for long periods often need higher and higher doses to achieve the same effect”
(Harris, 2009, para. 2). Even geriatric patients are at risk, and “experts on pain say that...extreme caution must be used in prescribing opioids, no matter what the age of the patient” (Rabin, 2009, para. 6-7).

**Third frame: excruciating pain.**

Newspaper coverage of chronic pain framed this illness as excruciating, much as magazines and blogs did. Chronic pain was something people “endured” and it was “excruciating.” Chronic pain’s qualities (e.g.: aching, burning, throbbing) were almost never mentioned, and this is how newspaper content departed from that of blogs or magazines. Newspapers mentioned that pain was endured, while other print media were more likely to detail it. For example, a policewoman injured twice in the line of duty before becoming dependent on painkillers had “excruciating pain.” An ex-husband “remembers her taking powerful prescription pain pills on a daily basis” because she was “hobbled by the injuries and suffering from constant pain” when she allegedly stole a pain pump from a hospital patient (K. Mitchell, 2009, para. 21).

**Fourth frame: negligent physicians.**

If addiction is inevitable, then who is to blame? Negligent physicians were sometimes framed as at fault for addiction in patients and people who posed as pain sufferers to obtain narcotics. These physicians were notably different from those portrayed in bloggers’ bad bureaucracy frame. While both could be described as negligent, bloggers were more likely to characterize physicians as uncaring, rushed, and disbelieving. This typically did not mean that bloggers felt standards of care were ignored. Instead, they saw physicians as part of a bureaucracy ill-equipped to serve them.
In contrast, newspapers’ negligent physicians were those whose medical practices left victimized chronic pain patients addicted to narcotics. When physicians were investigated by the DEA, patients were depicted as hopeless when their medications ran out. Physicians who were investigated had been “warned they [patients] were abusing drugs” (Lerner, 2009, para. 2) and were allegedly ignorant or neglectful of the knowledge that “‘progressively increasing the pain medications’ to those levels ‘was likely to cause addiction and unsafe behavior’” (Helfand, 2009, para. 25). Physicians and their attorneys were sometimes quoted in these articles as arguing for palliation of pain and the necessity of stronger medications for severe pain. This call for narcotic use provided a sharp contrast to newspaper depictions of opioids, and perhaps contributed to the negative coverage of physicians willing to prescribe them.

Thus, magazines and newspapers paradoxically framed chronic pain as disabling and/or debilitating, and as something that could easily be treated or cured by popular alternative therapies. In contrast, chronic pain was framed by bloggers as agonizing and isolating. The bureaucracy surrounding chronic pain, which involved medical practitioners and health insurance representatives, was a source of frustration and resentment. It could even heighten pain and decrease the ability of chronic pain patients to cope. Yet relatively little mainstream print content was sympathetic to the day-to-day experience of chronic pain. Instead, it focused on the aforementioned frames as well as the addiction potential of narcotics, the negligence of physicians who prescribe them, and the potential mental links to chronic pain. There was almost no mention of chronic pain’s impact on a once-normal life.
Table 3

Framing Frequencies by Source

<table>
<thead>
<tr>
<th>Blog Frame</th>
<th>(n)</th>
<th>%</th>
<th>Magazine Frame</th>
<th>(n)</th>
<th>%</th>
<th>Newspaper Frame</th>
<th>(n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>220</td>
<td>48.0</td>
<td>Alternative Cure</td>
<td>105</td>
<td>41.8</td>
<td>None</td>
<td>33</td>
<td>27.7</td>
</tr>
<tr>
<td>Bad Bureaucracy</td>
<td>68</td>
<td>14.8</td>
<td>Severe/debilitating</td>
<td>55</td>
<td>21.9</td>
<td>Disabling</td>
<td>26</td>
<td>21.8</td>
</tr>
<tr>
<td>Agony</td>
<td>66</td>
<td>14.4</td>
<td>Psychological</td>
<td>33</td>
<td>13.1</td>
<td>Addiction &amp; Abuse</td>
<td>17</td>
<td>14.3</td>
</tr>
<tr>
<td>Grateful</td>
<td>36</td>
<td>7.9</td>
<td>Dangerous Narcotics</td>
<td>32</td>
<td>12.7</td>
<td>Excruciating</td>
<td>15</td>
<td>12.6</td>
</tr>
<tr>
<td>Isolated &amp; Alone</td>
<td>28</td>
<td>6.1</td>
<td>None</td>
<td>26</td>
<td>10.4</td>
<td>Negligent MD</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>Alternative Cure</td>
<td>22</td>
<td>4.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
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<td>100.0</td>
<td>Total</td>
<td>251</td>
<td>100.0</td>
<td>Total</td>
<td>119</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note. Each magazine article could contain up to two frames.

Defining the Person in Pain

[RQ 2]: How is self-definition presented in each source? How do pain, hope/despair, actual-ideal self-disparity, and being-in-the-world influence these definitions?

In the case of bloggers, self-definition was direct. Bloggers defined themselves in the context of chronic pain and other influences in their lives. With the exception of first-person magazine accounts of chronic pain, magazines and newspapers defined people with chronic pain through identifying descriptors of these individuals. Definitions are discussed here from the most to least frequent identifier, except in the case of blogs, which follow the stages of self-redefinition (see Table 4).
Self-definition of bloggers with chronic pain.

First definition: rejection of the present (actual) self.

Bloggers’ definition of themselves through the lens of pain followed three stages that correspond to self-discrepancy theory. This definition of various domains of the self includes an actual self, or how a person is in the present moment, an ideal self, or how a person would like to be, and an ought self, which represents how a person and other people in his/her life believe the person should be. Chronic pain forced all the bloggers to redefine themselves or to create a new actual self and accept that old ideals were impossible or had to be redefined. This often resulted in expressions of hopelessness for the future and sadness about illness-based limitations.

Rejection of the actual self involved a desire to return to the former, healthier self, frustration with oneself, mourning the loss of the old self, resenting the new self, and being fed up with illness and its limitations. One blogger lamented, “I didn't anticipate spending 4 long years in law school and so many excruciating hours (and I mean that in the most literal sense) studying for a bar exam, only to find out that I'm (physically) unable to handle a full-time position as an attorney” (Danimal, 2009, May 4, para. 8). In her case, the ideal self was a working professional, but her actual self was unable to work because of chronic pelvic pain. An information technology (IT) manager expressed a similar sentiment when she was too ill to go to work one day, “I just felt so frustrated and useless that I lost it” (Elisabeth, 2010, March 23, para. 5).

Another common rejection of the actual self was manifested in frustrations regarding time consumed by health-related appointments and periods of physical
limitation in bloggers’ lives. The IT worker wrote, “I am just so damn tired and really, really, don't want to have to think about my health- just for an hour or a day” (Elisabeth, 2010, January 29, para. 1). A woman with chronic pain from badly botched surgery was blunt: “I have been robbed of a normal life. There is no other way to put it or to look at it” (Spicyt, 2010, March 13, para. 9). Other bloggers grew weary of lengthy searches for helpful medications, remedies for side effects, pain diagnoses, and medical practitioners. Activities such as looking through old photographs sometimes triggered intense feelings of loss. “That was me then, frozen for a moment in time [in old photographs]. Before the physical draining pain, before meds blurred the tapestry of ‘remember’, before failures and withdrawals, before betrayals and power plays, before loss of career and confidence, before expectations lowered to just getting out of bed, and getting dressed,” wrote a woman who lost her career as a result of chronic facial pain (Phylor, 2010, February 20, para. 1).

**Second definition: creation of a new self.**

Another stage of self-definition was the creation of a new self image, or a new way of perceiving the actual self. Creating a new self was an emotionally painful process, especially since some bloggers expressed that they did not want to be defined by illness. Discovering a new self-identity involved balancing enjoyable, pain-increasing activities (physical activity, socializing) with isolating, pain-reducing activities (sleep, immobility, medication).

Another aspect of creating a new self was letting the old ideal self go. A blogger with rheumatoid arthritis explained, “I really miss the Amanda of 10 years ago. Heck, I
miss the Amanda of 5 years ago. I don't think I've ever really stopped to mourn that loss so I guess that's what I'm trying to do now” (Amanda, 2009, July 26, para. 4). Grieving the impossibility of a former ideal self shows a step in the direction of self-redefinition. Once grief settled, bloggers tried to figure out who they were with pain, as described in a *Redefining “Good”* article: “I am trying, in fits and starts, to redefine what a good day is, to create a new baseline and not dwell as much on what I used to be able to do, but on what I can do now” (Elisabeth, 2009, December 10, para. 2).

**Third definition: accepting the new self.**

The third stage, accepting the new actual self, involved partial compliance with medically prescribed “rules” to maintain a sense of normalcy, using humor/sarcasm to cope, identifying tasks that could be completed despite illness, rediscovering a sense of self worth, seeing the self as a survivor (not a sufferer), and asking that illness be acknowledged but not focused upon. After a night of partying, one blogger coyly wrote, “I definitely didn't jettison my comfy yet still attractive black shoes for 4 inch boots. I would NEVER do this because my doctor told me I could really hurt myself by putting all my body weight on the erosions in the balls of my feet” (Amanda, 2009, February 3, para. 4). At times, setting aside what was medically best allowed bloggers to improve their psychological wellbeing. *As Overflowing Brain’s* author stated, “Even if I spent the entire weekend in bed there [in Las Vegas], at least it’s a new bed” (Katie, 2009, October 14, para. 14). Accepting the sobering reality of a lifetime of pain sometimes meant living in the present. A stay-at-home mom explained, “I don't want to worry about tomorrow, because when I think of a life with endless pain, I can get overwhelmed and discouraged
in a heart beat” (Jolene, 2009, January 19, para. 1). She also wrote that redefining herself meant forgetting some parts of her previous lifestyle and noted,

I held on to those memories of pain-free days for as long as I could, but it prevented me from accepting that I might never experience that again in my life. For as much as anyone can accept that they will live their life in pain, I accept that this is my journey. Don't get me wrong, I still have my bad days….I still pound my fists and say “Why me!” …. and I still sometimes go searching for that missing puzzle piece. But all in all, I have learned that I am no LESS... I [am] simply different (Jolene, 2010, January 23, para. 13).

Finally, accepting that life would not return to “normal” empowered some women, who began to take a more active and expert role in their medical treatment. In some cases, this meant going against medical advice, choosing one physician’s advice over another’s, or simply focusing less on pain. After deciding to put less effort into finding a cure or effective treatment for her chronic headaches, one blogger wrote, “I still have awful hours every day, but I feel more like I'm living life than I have in years” (Kerrie, 2010, March 2, para. 7). None of the bloggers were able to resolve their pain or lessen it greatly, but they did document a process of self-definition and self-redefinition to varying extents.

Each blogger went back and forth between trying to regain the old self, accepting the new self, and working to redefine the current self. Some tended more toward trying to regain the old self while others were more focused on living life despite pain. Still, a blogger’s attitude toward herself and her pain tended to be highly volatile and subject to
setbacks because of bureaucratic errors, social stigma, influence from friends and family, and the intensity and duration of pain episodes or flare-ups. In other words, bloggers rarely took a linear path from one stage to the next. Instead, they moved fluidly through self-rejection, self-recreation, and self-acceptance.

**Definitions of people with chronic pain in magazines.**

*First definition: none.*

Descriptions of people with chronic pain were not abundant in the magazine sample. Many articles mentioning chronic pain were not primarily about this illness, and thus there were few portrayals of individuals with chronic pain in magazines, especially as compared with blog content. Also, when these people were portrayed, it was often as an anonymous group. For example, this occurred when results of studies or surveys were presented or when various medications or treatments were portrayed as effective or ineffective for people with chronic pain as a population.

*Second definition: victims.*

In addition, chronic pain patients were portrayed as victims, particularly when chronic pain was one of several negative outcomes of a crime (of which the patient was a victim) or other unlucky event. For example, an injured veteran was described as “managing symptoms such as chronic pain, headaches and insomnia” (Hangman, 2008, para. 21); a prisoner “was beaten by two other inmates and has a plate in the left side of her face. She takes medication for chronic pain and . . . ‘has many, many dark days’” (Hewitt & Bane, 2007, para. 3); and for cancer patients in remission, “Problems run the gamut from persistent medical complaints—chronic pain and fatigue, arm swelling,
infertility, the fuzzy mind state known as “chemobrain” —to insurance and employment problems, drastically altered love lives, social stigmatization, and depression” (Hooper, 2005, para. 7). Thus, chronic pain was portrayed as one more affliction piled onto those already identified as victims of trauma or tragedy.

_Third definition: medical identification._

Finally, chronic pain patients were identified by number of medications taken and medical condition. Humanizing details were sometimes presented, but individuals’ identity was often based mainly on medical status. In one example, a young woman with chronic pain was defined by the number and type of pills she took:

It takes up to eight pills to get 26-year-old Jenny Ellis through her day. Before her morning coffee, she pops two Lortab painkillers to help relieve the achy, flulike symptoms of her fibromyalgia. In the afternoon, taking two Tylenol 3 with codeine keeps her discomfort at bay. With dinner, it's a Cymbalta for depression and a Klonopin for anxiety. Around bedtime, Ellis takes Levothyroid for her underactive thyroid, and sometimes an Ambien to bring her down so she can fall asleep. (Just a year ago, she often took more pills, including a stimulant, Provigil, to counteract her painkillers' drowsy effects.) Though Ellis believes she really needs all of her prescriptions, she dreams of someday living completely pill-free (Welch, 2009, para 1).

This description was used in a magazine article to illustrate how young women have begun taking and sharing prescription medications with increasing frequency.
Definitions of people with chronic pain in newspapers.

First definition: victims.

People with persistent pain were sometimes painted as victims, a similarity to descriptions in magazines. These portrayals were combined with descriptions of disability as in the following excerpt about a student who contracted H1N1: “He uses a wheelchair and is in chronic pain, his legs locked and contorted, his toes curled in an endless muscle spasm” (Sternberg, 2010, para. 6). In another example, a person “used a brace and a cane and endured chronic pain” (Jackman, 2009, para. 10). These dual descriptions of chronic illness and disability added to the reader’s perception of pain patients as victims and sufferers.

Second definition: anonymous.

Newspaper content also matched magazine content in its infrequent descriptions of individuals with chronic pain. Unlike magazines, however, the case was not that people with chronic pain were rarely mentioned. Rather, they were referenced anonymously or as an amorphous group. Among available data, chronic pain patients were rarely identified as anything other than people in pain. The severity of pain was sometimes noted by a person’s level of disablement, number of medications taken, or treatments tried. Relatively generic terms were used to describe a life with chronic pain; people “deal with,” “suffer from,” “cope with,” and “manage” chronic pain (Robertson 2009, paras. 1 and 4; Scott, 2009, para. 3; Tillotson, 2009, para. 10; Fraines, 2010, para. 9). These terms avoided depictions of the agony bloggers described and implied chronic pain was not severe.
Third definition: medicalized self.

A final category of definition was the use of pain or medicalized terms to define a source or story subject. Again, this definition mirrors one way people with chronic pain were identified in magazine articles. For example, a woman was described as “homebound, unemployed, uninsured, and taking six medications daily to deal with five medical conditions, including fibromyalgia, which can cause chronic pain and inflammation,” in a Philadelphia Inquirer piece about a Pennsylvania healthcare legislation (see Pretest; Vitez & Chin, 2009, para. 13). This quotation is also an example of the use of medications taken to describe the severity of pain which, in turn, served to define the person who lived with it. This definition was less of a stand-alone identifier than a contributor to the victimization and anonymization. Defining people with chronic pain as nothing more than their experience of illness or its limitations implies that pain is the most salient aspect of these individuals. Using chronic pain as an identifier also separates people with chronic pain from healthy sources, who may be identified by their jobs, place of residence, or notable activity/achievement.

Overall, while bloggers focused on finding themselves in the process of learning to live with chronic pain, magazines and newspapers avoided direct, detailed descriptions of these individuals. Instead, these sources anonymized people with chronic pain by presenting them as the product of a constellation of symptoms or as the victims of pain and/or a host of ailments. Magazines also portrayed people with chronic pain as drug abusers or potential addicts, especially in the context of narcotic abuse. Thus,
newspaper/magazine sources and bloggers provided highly contrastive definitions of people with chronic pain.

Table 4

<table>
<thead>
<tr>
<th>Definition and Self-Definition of People with Chronic Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blog Self-Definition</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Accept New Self</td>
</tr>
<tr>
<td>Create New Self</td>
</tr>
</tbody>
</table>

Expressing the Nature of Pain: Symbols, Metaphors, and Silence

[RQ 3]: Given that pain is fundamentally inexpressible, what symbols or metaphors are used by magazines and newspapers as compared with those used by blogs in describing or defining pain and its effects on the individual?

Because pain is a subjective experience, it can be difficult to express with words. A pretest (see Literature Review) showed that some bloggers created symbols to describe the nature of their pain more precisely. Following this observation, the use of symbols and/or metaphors was examined in each of the three media and is presented in order of decreasing frequency (see Table 5).
Fighting a war against an all-powerful force: bloggers represent pain.

Pain itself was described by bloggers (see the “agony” frame for blogs), but there were few uniform descriptions, symbols, or metaphors for pain. Thus, although this symbolization of pain was most prevalent, the lack of a unifying symbol or metaphor here shows only that all bloggers tried to explain pain with these rhetorical devices. No common description was found.

More similarity was seen in the depiction of life with pain as a war. Some bloggers viewed life with chronic pain and its limitations as a war, battle, or fight. Bloggers described a “battle” to garner insurance coverage of medications (Amanda, 2009, January 20, para. 1) and one migraine patient called her treatment “our battle plan” (Heather, 2010, February 20, para. 3). When a university administrator suggested one blogger reduce her course load, she wrote, “I wasn’t going to go down without a fight” (Katie, 2010, February 28, para. 7). In some cases, the fight was internal, as was the case of a blogger with rheumatoid arthritis who wrote, “My body gets bored with the hobbies I so carefully select for it and prefers to attack itself” (Amanda, 2009, August, 4, para. 1). Still, it is notable that these descriptions mainly represent dealing with the negative effects of pain; life with chronic pain was a war or a battle.

Finally, the ten blogs studied for this sample represented pain as an invisible and all-powerful force that could overcome even the most careful preparations and strict adherence to medication schedules. Pain defied even the most sensitive medical tests and broke through the strongest painkillers. After enduring a trying headache, one blogger wrote, “I had thrown medication at the headache before I went to sleep, but it was like
tossing a tic tac into the ocean and expecting it to smell minty. Nothing” (Katie, 2009, August 3, para. 5). When, after many weeks, the headache abated, she wrote, “The world, it spins again” (Katie, 2009, April 1, para. 2). The implication that pain caused her world to stop turning speaks to the amount of power pain had in her life that day. Another blogger echoed this sentiment when she noted, “My universe remained bounded by pain and apprehension” (Phylor, 2009, December 19, para. 3). A third described great satisfaction when her arthritic fingers were not visibly swollen because she had a rare moment of control over pain, a force that was usually uncontrollable (Amanda, 2009, September 27). In most cases, chronic pain controlled the bloggers’ lives to such an extent that many expressed helplessness in the face of their worst pain, especially when it did not respond to measures such as increased medication or emergency-room interventions.

**Mostly silence: newspapers and magazines avoid discussing pain.**

In symbolizing pain as torment or torture and attempts to limit narcotic abuse as a war, magazine content had some overlap with symbols bloggers used for pain. In general, pain was portrayed as suffering, a notable difference from newspapers, which seemed to avoid this term almost entirely. Like blogs, there were no uniform descriptions for how suffering felt in magazines, only statements that it existed. Still, symbolizing pain as a powerful and uncontrollable force was a similarity between blogs and magazines. A *Sports Illustrated* author featured former professional football players who were “caught in the ganglia of serious and chronic pain” (Nack & Munson, 2001, para. 9). One article noted that “the loss [of brain tissue] seen in folks with persistent pain is
equivalent to what occurs in up to 20 years of normal aging” (Woodbury, 2005, para. 1). These descriptions lent an element of power to chronic pain by presenting it as complex and able to damage the body. Magazine coverage also differed from blog content in its focus on drug abuse, particularly (and similarly to newspapers) the “scourge” of OxyContin (Rosenberg, 2002, para. 2) which a beleaguered Kentucky mayor likened to “the war on terror” (Rosenberg, 2004, para. 2).

Newspapers contained no significant mentions of symbols, metaphors or metonyms. There was a mention of pain as a battle, which fits into the symbolization of chronic pain as a war, but symbols were infrequently used. One *New York Daily News* article about nerve pain was titled, “Waging a Battle of Nerves” (Charles, 2010). In another instance, an athlete who died of heart disease prompted by cocaine abuse was also said to have “battled with chronic pain” (R. Mitchell, 2009, para. 14). Still, this mention may be more significant for juxtaposing drug abuse and chronic pain than for its brief war metaphor.

It is thus notable that blogs, newspapers, and magazines shared an absence of wide-ranging or frequent use of rhetorical devices for representing pain. Bloggers, who were personally affected by chronic pain engaged in this more often than newspaper or magazine writers. Still, the uniqueness of each individual’s perception of pain (and the variance in different types of chronic pain) can be seen through how each blogger characterized her pain. Newspaper and magazine journalists, who were assumed to lack this experience unless otherwise mentioned, seemed to avoid these descriptions.
altogether. It would be interesting to know if this was because of sheer discomfort, an attempt at impartiality or political correctness, or pain’s simple inexpressibility.

Table 5

<table>
<thead>
<tr>
<th>Symbols and Metaphors in Print Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blog Symbol/Metaphor</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>How Pain Feels (Various)</td>
</tr>
<tr>
<td>War</td>
</tr>
<tr>
<td>Invisible &amp; All-powerful</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Pain as an other in the body and people in pain as others in society.

[RQ 4]: How is the internally or externally viewed concept of pain as otherness or uncanny unhomelikeness treated by each source?

Pain can be internally otherized when it is viewed as an alien or outside force or presence within the body. Thus, pain is inside a person, but the person can feel that pain is still not a part of him/herself. External otherization refers to the otherization of the person with chronic pain, not the pain itself. In this way, people with chronic pain are seen as abnormal, not a part of society, and even as a malignant presence. While newspapers and magazines only portrayed external otherization, bloggers were able to
describe both phenomena. After separating content for internal and external factors (blogs), these factors were organized by decreasing frequency (see Table 6).

**Internal and external otherness in blogs.**

**Metaphorical personifications.**

Internal otherization is the process of viewing a part of oneself as simultaneously part of and separate from the self. Bloggers expressed this sense of otherness within the self by personifying pain or creating metaphorical representations of it in six of the ten blogs examined. These personifications were overt. One blogger called her immune system “a paranoid sociopath” (Elisabeth, 2010, February 4, para. 3); another wrote that “pain invites itself along” to seasonal gatherings (Phylor, 2009, December 16, para. 2); and a third even wrote to pain, telling it: “You ended up ruining the dinner I had planned and was really looking forward to. I tried to hide you as much as I could, but halfway through our main course everyone knew you were there” (Jolene, 2010, January 11, para. 10). Pain, in these instances, was represented metaphorically as an intruder whose presence was unwelcome and familiar.

Some of the bloggers even created a character to represent pain. A woman who blogged about the process of receiving a spinal stimulator to manage pain called her illness “a tiny gremlin who uses my nerve fibers as Tarzan ropes and sniggers at my paltry attempts to subdue his shenanigans” (Danimal, 2009, June 24, para. 4). Another woman likened pain to, “Living with illness is a bit like living with a pet, or maybe a child. . .” (Elisabeth, 2010, February 20, para. 10). Pain impacted these women to such an extent that they began to represent it as something foreign that worked against them.
Indeed, it was often seen as an antagonistic force. A woman with a relentless headache asked, “Oh headache, oh headache/why do you torture me so much?” in a letter to pain (Katie, 2009, January 8, para. 1). Perhaps the most widely-echoed sentiment was from the author of Graceful Agony: “I WANT THE PAIN TO STOP PICKING ON ME!!!” (Jolene, 2010, January 18, para. 26). Thus bloggers personified pain by discussing pain as Pain, an entity separate from the self. Overall, pain was portrayed as an unwanted guest who would not be bargained with, or an inexorable entity that bloggers tried to placate.

_Otherization through stigmatization._

A sense of being an other in society, or external otherization, was noted in the stigma that bloggers experienced. Sometimes it was subtle, but nearly all bloggers felt its impact. Friends and family had difficulty understanding why people with chronic pain could not engage in everyday activities. Media portrayals of narcotic abuse and pharmaceutical advertisements were also sources of frustration and otherization. Finally, physicians had trouble believing that the levels of pain the bloggers reported were real or accurate.

Many bloggers reported that physicians implied their pain was not real, of purely psychological origin, or was a sign of mental weakness. One blogger wrote that her physician became uncomfortable when forced to witness her distress at learning that treatment options were dwindling:

“Ok, so now I'm REALLY crying. At this point the door is open and people are listening and I said, “do you not get it? I cannot do any of those things! I have had
no life for months. I have zero quality of life and you are telling me that if Lupron
does not work, there is nothing more I can do to get a diagnosis and that I just
need to work with pain management.’ He just stared [at] me and was like well, ok,
let’s get you your shot. Awkward! So you'd think we'd part ways with a little
‘don't worry, we'll figure this out’ or a ‘I’ll help you get to the bottom of this.’

Nope. Silence. And he made sure to avoid me on the way out” (Luprongirl, 2009,
May 27, para. 4).

Although this physician likely saw the encounter differently, this episode represented
subtle stigma for the blogger. The physician, without addressing his patient’s unwanted
loss of emotional control, made it clear the behavior was unacceptable. When bloggers
visited hospital emergency departments for pain, they often described similar prejudices.
The author of Overflowing Brain wrote, “The attending, whether intentionally or not,
implied that I looked too well to be in this amount of pain” (Katie, 2009, August 28, para.
5). Thus, medical practitioners were among those who subjected the bloggers to stigma.
Without hearing from physicians, in this case, it is difficult to know the exact context of
these doctor-patient encounters. While some argument may be made for bloggers’
portrayals being exaggerated or, at least, subjective, it matters that their experiences are
colored by the stigma they perceive from medical practitioners. Like pain, stigma is
subjective, but even a heightened perception of stigma merely indicates that it is a
frequent disruption in bloggers’ lives. In other words, any exaggeration that may exist is
likely the result of a heightened sensitivity to frequently-faced stigma. After all, if
chronic pain were neither otherized nor stigmatized, would descriptions of stigma be so common?

Even well-meaning family members accidentally implied that the bloggers were different. After starting a new pain medication with many side effects, one woman blogged, “She's [my mother is] concerned that in my ‘current state’ (I think that's code for crazy) I'm going to...catch myself on fire” (Luprongirl, 2009, May 20, para. 1). Family and friends also confronted patients when they learned of narcotic use or withdrawal, believing the substances to be primarily recreational drugs and/or highly addictive. One blogger defended her use of scheduled medications and wrote, “I am not embarrassed to say that without Opioids being a part of my daily life, I would not be able to function. That doesn't make me an addict, it doesn't make my drug use problematic – and I do not represent any part of the ‘label’ society has formed about people who use these drugs” (Jolene, 2010, February 25, para. 3). When stigmatized medications were unavailable from pharmacies, bloggers again felt the weight of societal stigma. One noted, “It seriously might be easier to track down heroin than a pharmacy that carries Methadone” (Luprongirl, 2009, June 18, para. 3).

A few bloggers referenced media coverage of narcotics with frustration and defensiveness related to their own use of medication. Others were upset by inadequate or inaccurate coverage, such as one commercial for rheumatoid arthritis, which a blogger summarized, “Take a pill, and in 30 neat seconds that look more like a musical montage than real life, POOF! You are happy and jogging down a sandy beach with your golden retriever...” (Jolene, 2010, January 14, para. 36). For her, this was not the case, and she
felt the commercial normalized the idea that a cure for her illness was as simple as swallowing a pill.

**Looking and feeling different.**

Simply looking different—though fewer women reported this—was a problem for one blogger, who wrote, “I notice that when I cane around at the hospital a lot of people stare at me. What's up with that? I am in a hospital people!” (Danimal, 2009, February 25, para. 1). Avoiding the sense of being different was also important for a blogger who had trouble explaining her limitations: “I do need to speak up for myself more often when someone offers to shake hands (although you'd think the presence of the arthritis gloves might suggest to not *squeeze*…)” (Elisabeth, 2010, March 24, para. 7). An outcome of this otherization was a sense of feeling and being different. Some bloggers tried to avoid it by avoiding situations in which they may have appeared different from other people. Others tried to ignore these misinterpretations, but felt isolated as a result.

**Otherization through mysterious depictions of chronic pain in magazines.**

Magazines otherized chronic pain by defining it vaguely or presenting it as a mystery. Chronic pain was portrayed as a serious, debilitating problem that was prevalent in the U.S., but definitions of chronic pain were rare and many articles implied that treatments or cures were elusive if not impossible. One writer described chronic pain: “Symptoms vary, but most chronic pain conditions include unexplained discomfort in the joints or muscles, frequent headaches, and a constant feeling of low energy” (Kusek, 2002, para. 29). This statement depicts all chronic pain as sharing certain mysterious characteristics.
The cause of chronic pain was implied to be anything and everything, including purses worn over the shoulder by women (“Carry Your Bag,” 2007) and poor weightlifting technique (S.B., 2007). Even when relief did come, articles offered little explanation. One Woman’s Day writer, telling her own story of chronic pain, noted, “The cause of my suffering remains largely mysterious, but the pain has gradually receded. . .” (Kivowitz, 2005, para. 26). Descriptions of treatments such as “there is no magic bullet” (“How Dangerous,” 2005) and “relief—not to mention an accurate diagnosis—can be maddeningly elusive” (S.C., 2004, para. 2) are an outsider’s view of the process of explaining pain without a specific cause or sure treatment. These articles tended to use individual patients with chronic pain as sources rather than referring to them generally. In fact, several of the quotations from this paragraph were taken from first-hand accounts of chronic pain in magazines. Such articles echoed bloggers’ sentiments: frustration with visiting multiple doctors and leaving each office without a diagnosis.

The subjective nature of pain was mentioned in some magazine articles as an explanation for chronic pain’s perplexing nature. For example, a writer for Shape explained, “one person's experience of the same pain stimulus can be completely different from another's, and medical experts aren't sure why. And when it comes to chronic pain -- defined as persistent hurting that lasts six or more months -- doctors often find successful treatment elusive” (Beam, 2003, para. 1). These descriptions were typically found in articles that defined chronic pain vaguely or not at all.
The mentally ill and potential addicts in newspapers.

People with chronic pain are subjects of external otherization from newspapers when these sources depict them as addicts or as mentally unstable or ill. These descriptions separate people with chronic pain from “normal” people by describing them as members of stigmatized or fringe populations within society. One clear example was a police officer who stole a pain pump from a hospitalized veteran (R. Mitchell, 2009). Also, when physicians were investigated by the DEA, this differentiation was strengthened by statements such as, “The [federal] investigation [into narcotics] . . .targets doctors prescribing legal drugs to people in chronic pain” (Markson, 2009, para. 7). Such depictions hint that people with chronic pain are frequent drug abusers. In other cases, the descriptions were more direct. A Wall Street Journal writer summarized an author with chronic pain who wrote a memoir on the same subject: “Pain drugs alter her mind, addict her and put her in a fog so thick that she forgets her neighbors' names” (Landro, 2009, para. 6).

People with chronic pain are also linked to mental illness. At times, the link is not direct, as when police shot “a disturbed man” who “was a doctor in Cuba but struggled with chronic pain and employment in this country [the U.S.]” (“Killer Went On,” 2009, para. 3). Another example came from a Washington Post writer who mentioned, “Positive emotions diminished the perception of pain, while negative emotions kept the gates open — sometimes continuing the pain even after the initial cause had disappeared” (Beck, 2009, para. 17). Such descriptions imply that chronic pain may simply be the outcome of too much negative thinking and, by extension, the fault of the person in pain.
More direct links to mental illness appeared in coverage of depression and suicide. “Sometimes it [the person committing suicide] is someone we would never have predicted, but more often the person has one of these issues: clinical depression, bipolar disorder, schizophrenia, postpartum depression, alcohol or drug abuse, post-traumatic stress disorder or chronic pain,” a Houston Chronicle writer suggested in an article about suicide prevention (Rapini, 2009, para. 3). Similar links between persistent pain and suicide risk were also made in the same article.

Even discussions of alternative cures hinted at a psychological link to chronic pain. For example, alternative exercise therapies were said to have improved posture and ameliorated chronic pain because the routines “strengthen [the] mind-body link” (Buch, 2010). At worst, the articles trivialized chronic pain. For example, a piece about out-of-control anger noted, “Medical problems such as diabetes, chronic pain, low testosterone and low estrogen, can make people very irritable” (Beck, 2010, para. 25). By presenting pain as a cause of mental illness (or suicidal ideation), the result of mental illness, or as something that could be controlled with positive thinking, newspapers writers marginalized people with chronic pain, thus presenting them as others within society.

Some newspaper articles echoed the vague definitions of chronic pain in magazines, but this otherizing depiction was almost always used in connection with medical marijuana. Chronic pain was one of the conditions for which marijuana could legally be used, and editorials, news content, and letters from readers asked what chronic pain truly was and whether or not it merited marijuana prescriptions. Michigan residents became able to buy marijuana “if a doctor declares that pot might alleviate his or her
suffering from diseases ranging from cancer to ‘chronic pain’” (Carlson, 2009, para. 18). The use of quotation marks around the phrase “chronic pain” in this Washington Post article implied that the condition is of questionable authenticity. A New York Times writer was similarly direct and noted that, “Under California law, residents can obtain legal marijuana for a list of maladies as common, and as vaguely defined, as anxiety or chronic pain” (Kocieniewski, 2010, para. 12). Newspapers thus took a stronger stance toward otherizing pain in this specific context than magazines did in more general coverage of chronic pain.

Sadly, it seems that the very stigmatizing depictions of chronic pain that bloggers abhorred appeared prominently in magazines and newspapers. Bloggers felt stigmatized when their pain was made to seem unreal or impossible, when their pain was deemed psychosomatic, and when they were categorized as addicts. It is probable that magazine depictions of chronic pain as mysterious in nature and origin, and newspapers’ hints that chronic patients were addicts or mentally ill only fed into the otherization bloggers experienced. At the same time, marginalization came from within when bloggers viewed pain as an intruder within them. This simultaneous internal and external otherization may well have contributed to the feelings of isolation and loneliness bloggers described, especially when mainstream print media mirrored the stigma bloggers hoped to avoid.

While not all the circumstances examined by this study produced such diametrically opposed content, there were clear differences between blog and newspaper/magazine content. Bloggers framed chronic pain as agonizing, isolating, and a bureaucratic nightmare. Mainstream print media were more concerned with showing
chronic pain’s disablement through framing the illness as debilitating. Ironically, newspapers and magazines also presented alternative therapies as safe and effective cures for pain, thus implying that pain could be overcome without more traditional medical interventions. This frame also implied that chronic pain was not a serious illness, but something that could be overcome by a change in attitude, relaxation, or exercise.

For bloggers, telling the story of day-to-day life with pain was important. As with Kleinman’s illness narratives (1988), bloggers used blogging as a tool to discover and redefine themselves. They shared the angst, frustration, agony, and enlightenment of chronic pain as they described missing work, dealing with physicians, inescapable pain, and the difficult process of redefining themselves. Magazines and newspapers were more event-driven, discussing pain in the context of addiction, DEA drug busts, new medicine-free cures for pain, and victimization.

Even the discussions of stigma and otherization in blogs focused on the impact of the illness on bloggers’ everyday lives, not the sporadic physician investigations or the frames mentioned above. While magazines and newspapers had understandably different goals for their content, the absence of frequent blog themes and frames is notable. Bloggers mentioned many of the events found in the mainstream media, but it is clear that the day-to-day issues of living with chronic pain were more impactful to them. When bloggers discussed chronic-pain issues that affect the general public, such as the addictive potential of narcotics, it was frequently with a tone of frustration.

Thus, contextual absences were as relevant as findings in this study. Newspapers and magazines lacked non-hyperbolic descriptions of chronic pain and people with
chronic pain. They also lacked descriptions of chronic pain: how it felt, where it was located, how often it occurred, and how it affected people’s everyday lives. Blog content lacked in-depth discussions of some stigmatized issues, notably narcotics and addiction. When bloggers did mention this topic, they tended to be defensive. Some were frustrated that the medications they felt were necessary were seen as illicit substances. Others wanted to avoid narcotics for fear of addiction, and some were simply silent. Whether this was the result of existing stigma or simple lack of knowledge is unclear, but the former seems more probable. Bloggers tended to be highly connected to networks of other people blogging or providing readers’ comments about chronic pain. Thus, it seems unlikely that they were aware of the stigma surrounding narcotics. Perhaps, already feeling marginalized from within and without, they simply decided to avoid this issue.

Interestingly, magazines and newspapers lacked articles devoted to chronic pain. Instead, magazine and newspaper articles largely mentioned this illness in a different context, which perhaps explains the dearth of previous research about chronic pain depictions in the media. Often, articles mentioned pain in the context of research, describing victims of accidents/injury/disease, wellness coverage (e.g.: avoiding back pain), and the scourge of narcotic use and abuse. Chronic pain itself was rarely even defined, much less described in detail. When it was mentioned, symbols and metaphors were scattered and sparsely used. With so many people seeking to ameliorate or avoid chronic pain, this lack of directly related coverage is perplexing and speaks to a society-wide discomfort with admitting that persistent pain can be agonizing and incurable.
Table 6

Otherness/Unhomelikeness in Print Media

<table>
<thead>
<tr>
<th>Blog Otherness/Unhomelikeness</th>
<th>(n)</th>
<th>%</th>
<th>Magazine Otherness/Unhomelikeness</th>
<th>(n)</th>
<th>%</th>
<th>Newspaper Otherness/Unhomelikeness</th>
<th>(n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>353</td>
<td>77.1</td>
<td>None</td>
<td>194</td>
<td>88.6</td>
<td>None</td>
<td>84</td>
<td>70.6</td>
</tr>
<tr>
<td>Stigma</td>
<td>52</td>
<td>11.4</td>
<td>Vague/mysterious</td>
<td>25</td>
<td>11.4</td>
<td>Pain as Psychological</td>
<td>14</td>
<td>11.8</td>
</tr>
<tr>
<td>Metaphorical personification</td>
<td>27</td>
<td>5.9</td>
<td></td>
<td></td>
<td></td>
<td>Vague</td>
<td>11</td>
<td>9.2</td>
</tr>
<tr>
<td>Feeling different</td>
<td>26</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>458</td>
<td>100.0</td>
<td>Total</td>
<td>219</td>
<td>100.0</td>
<td>Total</td>
<td>119</td>
<td>100.0</td>
</tr>
</tbody>
</table>
DISCUSSION AND CONCLUSIONS

“Chronic pain patients offer good illustrations of how a phenomenological approach could be of great value in health care, by putting emphasis on the lived body in contrast to the mere biological body of the patient. In helping persons with chronic pain it is often necessary to focus on their everyday style of life—what the phenomenologist calls the “life world”—in order to bring about change and improvement” (Svenaeus, 2009, p. 64)

Svenaeus’ description summarizes the overarching finding of this study: a disconnect between bloggers’ depictions of everyday life with pain and the otherizing and stigmatizing depictions of chronic pain in magazines and newspapers. Generally, blogs provided the most personalized and emotive content about chronic pain. Bloggers detailed how pain changed their ability to move and sleep, how pain affected them socially, how it changed their self-definition, and how it reset their plans for the future. Thus bloggers, whose phenomenological viewpoint was fixed and defined by their physical selves, were able to provide first-person interpretations that were defined by the condition of a fixed viewpoint: a body in chronic pain. Newspapers, whose writers must interpret the statements of people with chronic pain, otherized chronic pain.

While a measure of professional detachment is expected from journalists, coverage of chronic pain in magazines and newspapers failed to meet other journalistic standards in coverage of chronic pain. If journalists are obligated to be truthful, loyal to citizens, accurate, humble, and skeptical, then stigmatizing and otherizing coverage surely violates these standards (Kovach & Rosenstiel, 2001). Although coverage of chronic pain is ostensibly truthful as far as readers are concerned (especially when it conforms to stereotypes about chronic pain), the journalist’s function is not to reaffirm citizen’s beliefs, but to present what exists. If it is impossible to be unbiased, it is not
difficult to be skeptical and the modern journalist may do well to question accounts of chronic pain that portray alternative therapies as miracle cures and define people with chronic pain by their medical conditions.

Newspaper writers contextualized chronic pain through events: drug busts, DEA investigations, legalization of medical marijuana, and studies showing the effectiveness of new treatments or cures. This contextualization shows how the lived experience of chronic pain was interpreted by print media. Magazines had a softer, though still otherizing, standpoint on chronic pain, portraying recovered patients with chronic pain, soothing alternative therapies and stories of addiction from the addict’s perspective. This lent magazine content a more sympathetic voice toward chronic pain at times, but magazine content tended to support similar core concepts and frames as did newspapers. Ironically, as bloggers described illness as isolating, supporting Sartre’s concept (1956) of the progression from pain to disease as progressive alienation, newspapers and magazines functioned as Sartrian others by publishing content portraying people with chronic pain as abnormal others.

Blog content aligned closely with Kleinman’s (1988) illness narratives, Svenaeus’ (2000a) uncanny unhomeliness, self-discrepancy theory, and Sartre’s (1956) three stage model of pain, illness and disease. In contrast, newspapers and magazines de-emphasized narrative about chronic pain to such an extent that it was difficult to extract definitions of people in chronic pain. Rather than providing contrasting data to bloggers’ self definitions, magazines and newspapers otherized people with chronic pain by characterizing the illness as vague, psychosomatic, and linked to addiction; people with
chronic pain were most commonly referenced as an anonymous group that was large in number but still unidentifiable. Even when pain was described as excruciating, chronic pain as an illness was marginalized through descriptions that discounted its veracity, existence, and impact.

**Framing**

[RQ 1]: What frames are used by U.S. consumer magazines and newspapers in articles focused on chronic pain as compared with those employed by popular bloggers who have and write about chronic pain?

Blog frames focused on first-person experiences with pain such as agony, isolation, and the frustration of bureaucracy. Magazines and newspapers framed pain as disabling/debilitating, curable through alternative therapies, a risk factor for drug addiction and abuse (especially via negligent physicians in newspaper accounts), and as psychologically-linked (magazines).

In comparing frames among these three media, it is important to remember that chronic pain was sometimes a subtopic in newspaper and magazine content, so labeling a frame for chronic pain does not always indicate this frame was pertinent to the entire article. Instead, framing indicates the way chronic pain was portrayed in an article. This approach was necessitated by the lesser coverage of chronic pain as a condition as compared with an illness such as cancer. It also allowed for comparison of chronic pain representations among three forms of print media. The use of a qualitative method was
thus especially helpful in determining the framing of chronic pain in articles with different primary subjects.

As Gamson (1989) noted, framing is relevant for showing what is present and absent from content. In this case, many blogs did not discuss narcotics directly, ignoring the stigma of these medications. Bloggers did note taking medications and noted side effects, but frequently described pharmaceutical products in general terms. Not all bloggers addressed the stigma of narcotics directly, although some did allude to it. This is somewhat disappointing because blog frames could influence how readers view, evaluate, and act upon news about narcotics, especially mainstream print media coverage of these medications as dangerous and addictive according to Entman’s (1993, pp. 52-53) definition of framing and its function.

Newspaper and magazine coverage, which almost certainly influenced a larger number of readers based on circulation numbers (blog metrics were unavailable), framed chronic pain as something that happened to others (but not the reader) by presenting it as vague and mysterious. The content necessarily excluded was the impact of chronic pain upon the ill person and his/her lifestyle. This presents a sharp contrast to framing of other illnesses or diseases affecting women, which tends to focus on lifestyle changes, hope, illness narratives/self definition (Clarke, 2006; Gill and Babrow, 2007; McKay and Bonner, 2002).

Despite significant differences, blogs, newspapers, and magazines shared several overarching frames. The most prominent was the portrayal of pain as excruciating. Bloggers’ descriptions of pain were especially intense, with pain portrayed as agonizing.
This level of excruciation was not matched by magazines and newspaper articles in which pain was characterized as severe and debilitating, yet nothing near the agony bloggers described. An additional reason for downplaying chronic pain may have to reinforce hegemonic male notions regarding pain (e.g.: “taking it like a man”). In other words, the mere existence of extensive suffering is inaccessible to readers, who assume sufferers should withstand pain without complaint. While this contrast may seem semantic, the quality of bloggers’ descriptions of pain as agonizing gave readers a much clearer view of chronic pain than newspaper/magazine descriptions that labeled chronic pain as excruciating and immediately leapt to another topic. These qualitative contrasts show the inherent inexpressibility of pain. Certainly, newspaper and magazine writers can describe how chronic pain might feel without relying on a person’s daily pill count, weekly number of physician visits, or other victimizing description.

While such portrayals attempt to lend authenticity to chronic pain, they also succeed in de-legitimizing it by implying that pain needs an objective measure (e.g.: a person who cannot work because of chronic pain) to be believed. This reflects U.S. cultural norms that prize quantitative, visible evidence over qualitative reports of invisible illness. Given that people with chronic pain already endure interpretations of their pain based on race, gender, physical attractiveness, participation in liked/disliked tasks, and medical evaluations that neglect to adequately assess pain’s multidimensionality, de-legitimization at the hands of the media seems especially cruel (Green, 2007; Kappesser and Williams, 2008; Craig, 2009).
In addition, when newspapers and magazines used descriptions of disability to categorize pain’s severity, they validated a common blogger complaint: that descriptions and complaints of pain were not taken seriously, either because bloggers didn’t appear to be in pain, lacked appropriate diagnostic test results, or were simply describing an intensity of pain that seemed impossible or exaggerated. Mainstream print media coverage and blogger frustrations were thus somewhat correlated, but this does not mean mainstream media are entirely responsible for this problem. Pain, after all, is inherently subjective and must be interpreted by everyone from the person who experiences it to the physician who treats it to the person who reads about it. Thus, mainstream print media coverage of pain’s potential intensity lacked the urgency and angst of blog accounts, thereby implying its illegitimacy. Unfortunately, such implications only heighten the alienation of people with chronic pain.

Indeed, alienation from society and from oneself is an inherent part of the lived experience of illness. Experiencing pain from one’s own body—a fixed, inescapable perspective—an individual with persistent pain is acutely aware of these sensations, which are reflected back to the self in the development of illness. In other words, chronic pain patients may first see pain as individual pangs, only later stringing this discomfort into an illness (Sartre, 1956). But being certain that pain is present and chronic is not enough.

Pain is considered treatable when diagnosed by a medical practitioner. This requires that people with chronic pain become chronic pain *patients*, thereby admitting that their condition is definable by others, even as they recognize the impossibility of
communicating the exact nature of their pain. It is thus unsurprising that so many bloggers expressed anger and frustration at physicians, whose otherizing gaze alienated them as patients without providing a physician’s culturally expected role: a diagnosis, treatment, and cure (Kleinman, 1988). Because chronic pain is often undetectable through standard diagnostic procedures, bloggers also noted their frustrations with physicians who told them nothing was wrong (or, worse, that their suffering was imagined or exaggerated) and offered no treatment despite their constant discomfort.

Modern medicine, it seems, recognizes mainly disease and not illness; in fact, it often fails to distinguish between the two (Jennings, 1986). Most bloggers found they could only receive adequate treatment when they had a diagnosable condition, thus validating the marked difference between Sartre’s definitions of illness and disease (1956). Thus, the simple presence of persistent pain was not enough to garner adequate treatment; pain had to meet the diagnostic criteria of a recognized disease.

While bloggers became exasperated with the bureaucracy of healthcare and health insurance, magazines and newspapers reported on narcotics, narcotic abusers, negligent physicians, and unsuspecting patients-turned-addicts. This was impactful in several ways. First, blog content left readers with the impression that a life with chronic pain is frustrating, isolating, and saddening. Still, bloggers were able to participate in family gatherings, social outings, and even full-time employment in at least four cases. Newspapers implied that pain was disabling and victimized people with chronic pain by describing them as almost universally disabled or, worse, addicted to narcotics. Perhaps it is tempting for reporters to seek sources whose lives are most affected by chronic pain,
but bloggers’ accounts of life with pain revealed that although pain is rarely resolved, life moved forward. Bloggers with chronic pain learned to cope even if they were unable to work, leave the house frequently, or socialize as much as they would have liked.

Alternately, when people with chronic pain were portrayed positively, whether as abled or coping well with pain, alternative therapies as solutions to pain were a frequent accompanying frame. This may have to do with newsworthiness; many of these treatments and exercises were and are receiving attention in the form of medical efficacy studies, with mainstream media covering the results. In addition, mass media support of alternative therapies promoted political and economic interests that discourage the consumption of public health resources that the diagnosis and ongoing treatment of chronic pain may require. Promoting alternative therapies also supported commercial interests while reinforcing the notion that pain is psychological. Still, the newspaper and magazine claims about the efficacy of alternative therapies were contradicted by bloggers’ accounts of these treatments.

While there were not enough mentions that contextualized alternative therapies to constitute a true frame, bloggers did mention trying these remedies. Typically, these efforts met with limited success. In other cases, bloggers were aware of certain treatments such as acupuncture and biofeedback, but could not afford them. This is yet another example of how bureaucracy hindered bloggers, but the fact that such treatments were rarely covered by insurance (and, perhaps, rarely affordable for those who needed them most) was rarely mentioned in articles touting the benefits of alternative medicine. Ten bloggers are hardly representative of the chronic-pain population, but their shared
experiences drive a wedge between the content of blogs and of newspapers and magazines, suggesting a widespread discrepancy.

An additional discrepancy came from depictions of pain as a largely psychological phenomenon. The connection was a frame in magazines, but not newspapers or blogs. On one hand, this frame presented some hope for people with chronic pain by suggesting chronic pain could be mentally regulated. However, as many bloggers noted, such a depiction makes pain seem voluntary. After all, if positive thinking or a good attitude can bring pain under control, perhaps people in pain can be blamed for not taking these simple measures (Ehrenreich, 2009). If a person with chronic pain has taken the suggested steps without the expected results, she/he becomes a damaged victim unable to take advantage of the body’s ability to heal itself.

As Jackson (2005) noted, “Pain is doubly paradoxical: It is a quintessentially private experience that depends on social action to make it real to others, yet that very same action also can arouse suspicions about its reality” (p. 342). Such suspicions had a devastating impact on some of the bloggers. Several noted a connection between pain and negative emotion (e.g.: being in a bad mood made it harder to accept pain or find the energy to work around it). When physicians mentioned that chronic pain could be the result of psychological distress, one blogger even began to doubt that her pain was real. In a post titled “Maybe I'm Faking It Because I'm Lazy,” she wrote, “Whenever I think I finally believe I'm not faking it, the doubt comes back” (Kerrie, 2009, January 9, para. 1). Thus, the result of disbelief in an invisible illness such as chronic pain can be quite damaging.
Despite this hardship, bloggers did occasionally frame their experience with chronic pain with positivity. Gratefulness, the final blog frame, was understandably absent from mainstream print content that rarely provided first-person accounts of chronic pain. In contrast, bloggers expressed gratitude for online communities, perhaps to encourage readers to continue to comment and participate online. It is possible that bloggers felt expressions of gratitude were necessary to counterbalance frequent accounts of fear, pain, sadness, isolation, and frustration. Also, facing the loneliness that bloggers described, it seems fair that most expressed thankfulness after finding a supportive community online. In a more negative light, bloggers may have felt pressured to downplay their pain in an effort to maintain a sympathetic and willing readership (Hu & Sundar, 2010). In other words, bloggers may have used these positive expressions of gratitude to manage their online images positively. Thus, even in the presence of a highly sympathetic audience, societal stigmatization of chronic pain altered the behavior of people with this illness.

Self-definition by People with Chronic Pain and Definition of People with Chronic Pain

[RQ 2]: How is self-definition presented in each source? How do pain, hope/despair, actual-ideal self-disparity, and being-in-the-world influence these definitions?

Bloggers presented self-definition as a process of rejecting, re-creating, and accepting the self with chronic pain. Pain influenced self-definition by providing new restrictions and limitations (e.g.: the inability to maintain employment). Hope was a
factor in the redefinition of the self, and tended to occur when pain was controlled and a supportive physician and/or social support system had been found. Finally, each blogger’s inherently fixed perspective on her illness created a unique difficulty in communicating the lived yet inexpressible reality of chronic pain. This reflects the challenge everyone experiences (though in different forms) from being-in-the-world.

In contrast, magazines and newspapers defined people with chronic pain by their illnesses, limitations, and other medicalized scenarios. Coverage focused on attempts to treat pain, limitations as a result of pain, and chronic pain as one of many medical maladies suffered, among other victimizing portrayals. Hope, despair, and any hint of the phenomenological difference between the way pain is felt and the way it can(not) be observed were rarely, if ever, mentioned. People with chronic pain were almost never portrayed in the stages of acceptance most bloggers experienced from time to time. When “cured” patients were depicted, they often cited alternative cures rather than the balance of medication, activity, rest, and self-redefinition that allowed bloggers to enjoy living despite persistent pain.

The way people with chronic pain were defined was inherently different between blogs and mainstream print media because bloggers wrote from a first-person perspective, whereas mainstream media reporters and writers almost always portrayed people with chronic pain from a third-person perspective. Some magazine articles broke away from this trend by using authors who wrote about personal experiences with chronic pain, but these pieces were a minority within the sample.
Despite this inherent difference, marked differences between the way bloggers saw themselves or wanted to be seen and mainstream media portrayals of them were found. Bloggers were careful to say they did not want to be identified by their illnesses. In many cases, they went out of their way to avoid these portrayals in everyday life by avoiding situations in which others might see them taking medications or using accommodations to complete normal tasks. This is not to say that bloggers did not incorporate chronic pain into the way they defined themselves. Rather, it means that chronic pain was a part of each blogger, not her sole or primary identity.

The process of incorporating pain as a part of the self was an immensely painful one. It caused bloggers to question who they once were, what it meant to no longer be able to participate in activities that contributed to self-worth and self-identity, how pain had changed them, and who they would become if chronic pain persisted forever. For many, the realization that their self-identity would change because of chronic pain was intensely sad. For some, it meant a war against pain would end, at best, in a truce. For others, it meant accepting that there was no solution to pain and no hope for a life without chronic pain’s ramifications. This progression toward increased self-acceptance followed self-discrepancy theory. Indeed, the stages of self-definition mentioned earlier correspond to the process demanded after chronic pain destroyed the ideal self, or the self that bloggers hoped they would become. When bloggers realized that their goals for the future were impossible because of pain, most struggled to re-create an attainable ideal self. At times, a new self was identified based on what the person with chronic pain was able to do, but this new self was viewed as a lesser version of the ideal self.
It should also be noted that maintaining the ideal self despite chronic pain does not, by itself, indicate an unrealistic view about chronic pain. In some cases, chronic pain can be resolved by time, surgical interventions, non-invasive procedures, or simple chance. In other cases, intractable and/or persistent pain cannot be resolved directly by medical interventions, but this does not mean it will necessarily persist forever. Thus, it may be impossible to identify when hope of reclaiming the former self should be abandoned in favor of accepting a new, different self with pain. Bloggers were in various stages of this process. Some still hoped for a potential resolution, some committed to leaving this hope behind, and some were caught in the middle.

In addition, the stigma every blogger mentioned is a result of a discrepancy between who bloggers were able to be with chronic pain, and who friends, family and society as a whole felt they ought to be (Morley, Davies, & Barton, 2005). The pressure to be this ought self represents societal otherization, or a cultural belief that pain is psychologically surmountable through self-discipline or mental fortitude (Jackson, 2005). This otherization was both supported and furthered by mainstream print media definitions of people with chronic pain.

Newspapers and magazines tended to define people in chronic pain as an amorphous whole or through their medical conditions by presenting few non-medical identifying details. For example, newspapers described people according to their level of disability, the number of medications they took each day, treatments they tried, and other medical conditions they had. In magazine content, people with chronic pain were victimized by the predominating description of pain as suffering while newspapers
avoided the phrase “suffering” almost entirely. Instead, they used more neutral phrases such as “living with,” “dealing with,” or “coping with” that were less victimizing, but also likely less accurate portrayals of severe chronic pain. To some extent, avoidance of the phrase “suffering” follows bloggers’ self-definitions; they often noted that while pain induced suffering, their lives were not made up entirely of suffering. Still, many did suffer. Would it not be possible to portray this agony while maintaining the autonomy of the individual who has suffered, but does not self-define as a sufferer?

Avoidance of such definitions otherize people with chronic pain by separating them from “normal” people, who are not suffering. Describing hours or days of intractable pain while maintaining the identity of the person in pain would represent an enormous step forward for newspapers and magazines in depicting chronic pain realistically. Yet depictions of agony are likely avoided because they force readers to leave behind the comforting idea that chronic pain only happens to others. In addition, the politically correct terms used to characterize agony downplayed the severity of chronic pain. Many articles presented the illness so vaguely that it seemed no more severe than a mild, persistent ache. In fact, the lack of definitions of chronic pain in the hundreds of articles examined speaks to the widespread de-legitimization of this serious illness.

Furthering the definition of people with chronic pain as sufferers and victims were magazine portrayals of chronic pain patients at the moment of their complete debilitation or complete rehabilitation (again, with the help of alternative therapies). Thus, even when pain was still present, it ceased to be an influence or limiting factor in the person’s
life. Given blogger depictions of life with chronic pain, this was neither realistic nor possible in many cases. Finally, given that chronic pain is cited as a leading cause of workplace absenteeism, one might suppose that a number of chronic pain patients are caught somewhere between screaming agony and pill-free relief (Wallis et al., 2005; Schultz, Chen, & Edington, 2009, p. 372).

When magazine authors portrayed people with chronic pain as miraculously cured, this cure usually occurred after the ill person gave up pain medications in favor of alternative therapies. Too often, chronic pain narratives had to have a happy ending, despite the fact that many people with chronic pain will never experience complete relief or significant cessation of their symptoms (Gold, Breu, & Harrington, 2005). Are stories of chronic pain resolution truly the norm or do they merely represent the only ending with which most readers are comfortable?

When there was no resolution and no happy ending, victimization occurred in both newspapers and magazines. In these two sources, chronic pain was often one of many negative outcomes of a tragedy or one of many medical conditions suffered by a crime victim or illness sufferer. This supports Gabe, Gustafsson, and Bury’s identification (1999) of victimizing frames for tranquilizer addicts. In many cases, it seemed that chronic pain was just one more affliction piled onto already unfortunate individuals.

Because newsworthy articles about people with chronic pain may involve instances in which these individuals truly are victims of unusually cruel circumstances, some of this content can be expected. Still, there is a difference between experiencing
suffering and being a sufferer; this distinction was rarely made in mainstream print media. Just as bloggers described chronic pain, but did not see it as an identity, the suffering which follows pain in Sartre’s (1956) model is an experience, not an identity. Semantically, suffering creates a sufferer, but the lived experience of bloggers suggested other self-definitions were possible. Jolene of *Graceful Agony* was a mother and wife, Katie of *Overflowing Brain* was a graduate student, and Elisabeth was married and worked in IT. With so many articles covering alternative ways to treat pain that did not involve medication, it is surprising that few balanced depictions of people with chronic pain were made. Not all people with chronic pain are either debilitated or visibly suffering. Some work full-time, raise children, and socialize despite ongoing pain, not because it was ameliorated by an alternative therapy. Certainly, there must be cases in which acupuncture, biofeedback, or vitamin D are miracle cures, and these events may be newsworthy. The almost complete absence of people functioning completely or somewhat normally despite persistent pain does a disservice to individuals who live this life. It also contributes to the stigma that is the outgrowth of victimizing mainstream media portrayals of chronic pain.

**Describing, Symbolizing, and Defining Pain**

[RQ 3]: Given that pain is fundamentally inexpressible, what symbols or metaphors are used by magazines and newspapers as compared with those used by blogs in describing or defining pain and its effects on the individual?
In general, the inexpressibility of chronic pain was apparent not in the content provided, but in the noticeable lack of symbols or metaphors used in all three media. Newspapers and magazines rarely symbolized pain or represented it through metaphor. Given framing of chronic pain by newspapers and magazines as vague and mysterious, it would seem that a more sustained effort would be made to represent chronic pain. In other words, if chronic pain is portrayed as untenable, newspapers and magazines could still represent the lived experience of chronic pain. Simply mentioning chronic pain without a definition or description delegitimizes pain. In contrast, bloggers, who stood to gain the most from expressing pain accurately—prompt, reasonable pain control through physician support, lessened stigma, and social acceptance—engaged in this rhetorical device most frequently, but the lack of unifying representations for pain was notable. This showed that bloggers felt it was important to express their experience and the sensations of their pain, but had difficulty in doing so, thus supporting pain’s inherent inexplicability and the lack of an established pain idiom.

In blogs, newspapers, and magazines, unifying representations or symbolizations of chronic pain were rare. This was an unexpected result because unifying themes in depictions of illness were found in previous research on breast cancer, another chronic illness (Gill and Babrow, 2007). Perhaps the inexpressibility of pain creates such difficulty that newspaper and magazine writers avoid it altogether, feeling that “chronic pain” is the most accurate, if not expressive, descriptor. Also, the fact that some print media (newspapers especially) strive for impartiality may lead them to avoid discussing pain in ways that steer readers toward forming an opinion of it. Still, this is an ironic
contrast to magazine and newspaper coverage of alternative cures, which was biased in favor of these therapies to the exclusion of medication or more traditional therapies in many cases. Thus, if magazines and newspapers are willing to take a stance on treatments for chronic pain, it is interesting that they are unwilling to make descriptive or suggestive statements about pain itself. This situation, combined with anonymous, amorphous grouping of people with chronic pain (i.e.: a group not warranting sympathy, as relatable individuals might), the avoidance of defining chronic pain and vague descriptions of chronic pain indicate that the condition is so disbelieved as to be ignored.

In the absence of clear identifying physical markers or diagnosable symptoms, chronic pain has been relegated to a vague, amorphous realm where a careful reader will note implications that chronic pain is not really an illness. Thus, rather than attempt to understand chronic pain as a way of reducing fear and stigma, newspapers and magazines shy away from it by mentioning it only to victimize a subject or convey the severity of an injury, as though avoiding this subject could help readers to avoid this illness.

Bloggers, for whom chronic pain was all too real, were more expressive about pain, portraying it as an invisible and all-powerful force and a fight or war to be won. Still, these frames were not pervasive and were not frequently used even in the blogs in which they appeared. This may result from several factors. First, bloggers may have felt that it was not necessary to portray chronic pain and its specific brand of physical sensation in great detail if blog reader-commenters tended to have the same illness. In other words, a migraine blogger may find it unnecessary to detail the agony of migraines
because she could safely assume that her readers, themselves migraine sufferers, already know how a migraine feels.

Also, many bloggers experienced stigma surrounding their pain that could explain their reticence to discuss it. Perhaps this stigma created a sense of guilt about describing pain in detail. For example, a blogger might feel it fair to admit to a rough night or a weekend of flared-up pain. Still, she might worry about losing readers and sympathy by providing lengthy portrayals of her pain. Several bloggers alluded to this. The author of *Overflowing Brain* frequently referenced her own “whining” and noted that online malingerers had taunted her on Twitter and attempted to estimate what portion of her blog and Twitter feed were devoted to complaining (Katie, 2009, December 29). Another blogger shared a lengthy description of her pain, but followed it with an apology for discussing her pain in detail (Phylor, 2009, November 27). Therefore, it seems that the stigma surrounding chronic pain was present even in the relative protection (and anonymity, in some cases) of blogs about chronic pain. Even in their own writing, bloggers self-censored, avoiding content that might be perceived as bemoaning their situation. When lengthy descriptions of difficult days or severe pain were given, subsequent posts frequently contained apologies or statements that minimized the occurrence.

**Otherization and Chronic Pain**

[RQ 4]: How is the internally or externally viewed concept of pain as otherness or uncanny unhomeliness treated by each source?
Bloggers discuss and allude to otherness and the uncanny unhomelikeness of pain frequently, if not in these terms. Along with the unsettling, constant presence of pain which resulted in physical and psychological unrest, a range of stigmatizing behaviors from disbelief of pain to outright confrontation (e.g.: from family members concerned about narcotic dependence) left bloggers feeling isolated, alienated, and separated from mainstream society. Magazines contributed to this stigma by portraying chronic pain as mysterious and puzzling, and newspapers reflected and contributed to this otherization through similarly vague portrayals. Furthering this otherization, magazines described people with pain as addicts, chronic pain as disabling, and the origins of this illness as psychological.

As in the case of depicting chronic pain through symbols and metaphors, bloggers had a unique perspective on otherization. They were able to describe pain as an internal other within themselves and were the only medium to do so. This exemplified Svenaeus’ (2000b) application of Heidegger’s phenomenological being-in-the-world to illness. The element of uncanny unhomelikeness, which has its roots in the impossibility of seeing one’s physical body objectively, is present when this unalterable perception yields a sense that pain is an intruder, invader, or a part of the self that is not essentially the same as the self. Interestingly, this presented about as much contrast as was found in comparing bloggers’ descriptions of being stigmatized with newspapers’ and magazines’ stigmatizing descriptions. Though striking, this difference was not surprising. After all, if mainstream media both reflect and feed into societal perceptions, it would be expected
that the stigma bloggers experienced would be reflected in newspapers and magazines, and it was.

Stigmatization was often indirect, but portrayals of chronic pain as a mystery, as questionably real, and as the potential result of a wide range of causes trivialized chronic pain as an illness and demonstrated a politically-correct but nonetheless stigmatizing viewpoint. This was achieved by hinting that chronic pain could be solved using healthier lifestyles, thus implying that people with chronic pain must choose to be in pain to some extent. Also, stigmatization was presented by grouping chronic pain with mental illnesses, thereby implying that the perception of constant pain is a mental disorder that can be overcome with increased mental fortitude. Finally, the most clearly stigmatizing depictions of people with chronic pain were those portraying these people as addicts, likely addicts, or drug seekers. This was either done by presenting addiction as inevitable when narcotics were necessary or as voluntary in people who pretended to need narcotics to function.

These frames support Goffman’s (1963) assertion that stigma arises from physical, character or racial/ethnic/social differences. Here, although physical differences were largely absent, implied character deficiencies and social differences (e.g.: psychosomatic pain, negative attitudes, decreased social contact) loomed. In short, the underlying assumption of these articles was that if people with chronic pain were better human beings, they would not be in pain. Thus, pain became the physical manifestation of a character weakness or mental flaw.
Sadly, if stigmatizing coverage makes patients so fearful of narcotics that they refuse them even for acute pain, the incidence of chronic pain will only continue to rise because untreated acute pain can lead to this illness (Apkarian, Baliki, & Geha, 2009). Positive thinking, biofeedback, acupuncture, therapy, upbeat music, and a regular sleep schedule may be helpful, but the contributions of traditional medicine were what most bloggers (whose pain was under control) cited as necessary in achieving a functional quality of life. Many had also tried alternative therapies, but these were viewed more as factors in maintaining an upswing in health or ameliorating the palliative effects of medications than as stand-alone remedies.

Newspapers were intensely focused on turning the most potent pain medications into a scourge (and those who use them into helpless addicts) while magazines praised acupuncture, yoga, massage, and other alternative therapies. These alternative treatments were presented as wise ways to conquer pain but the real process of living well with pain, bloggers’ accounts showed, began earlier. It started with months or years of slogging through a bureaucracy as frustrating as pain itself, followed by the sobering realization that life was forever changed and, finally, the tentative journey toward a new self-definition and lifestyle that accommodated pain.

It is not that magazine and newspaper authors’ portrayals of chronic pain were entirely false, only that their portrayal in absolute terms and without disclaimers portrayed people with chronic pain as weak-minded, ignorant, and potentially lazy. In these sources, chronic pain patients who overcame pain had often shunned medications in favor of alternative therapies or psychiatric care. The event-driven nature of mainstream
print media may explain the frequency of newspaper coverage of narcotic abuse and
magazine coverage of alternative therapies. Political economy may also play a role here,
as people with chronic pain represented a potential drain on health insurance companies,
public hospitals, or government disability funds. Still, blogger depictions of life with
chronic pain indicated there was room for improvement and balance in the media’s
depiction of this illness, its treatments, and the people who live with it.

There is certainly a mental aspect to pain, an element of weakness in some cases
of chronic pain, and at least some victimhood in the life of a chronic pain patient. Then
again, blogger depictions sketched stories of lives that were often very normal:
descriptions of family fights, job headaches, frustration in situations of powerlessness, a
desire for physical comfort, worry about children and aging parents, and a need for
dignity and compassion. All three print media examined in this study referred to chronic
pain, but the enormous gaps between the lived experience of chronic pain and references
to chronic pain in magazines and newspapers show that society is still having difficulty
grasping the possibility of persistent pain and the potential normalcy of those who live
with it.

A Prescription for Journalists Covering Chronic Pain

Given these gaps in the coverage of chronic pain and, at worst, overtly
stigmatizing and otherizing content, journalists might consider a few prescriptive steps to
avoid content that worsens the social status of people with chronic pain. Such content
may have the additional benefit of attracting readers hungry for information about
chronic pain and other illnesses. First, a simple definition of the term “chronic pain” will help readers both understand what this condition is (or what journalists are referring to when they mention it) and legitimize the illness as a “real” condition. Also, using descriptions of pain’s quality and intensity rather than the measures taken to treat it would imply that pain need not be quantitatively evidenced to be believed. After all, quantitative measures such as the number of pills taken to treat pain are not a reliable method for determining how much pain a person experienced.

For detailed criteria and tools for assessing health and medical news, Health News Review (www.healthnewsreview.org) is an excellent resource. Journalist Gary Schwitzer collaborated with a team of medical and public health professionals, researchers, and journalists to create detailed criteria for reviewing health and medical journalism. The resulting 10 criteria include cost, benefits, potential harm, weight of evidence, potential exaggeration, alternatives, relative newness, availability, promoters, and conflicts of interest (Health News Review, “Review Criteria”). This information is critical for media consumers who need to know the benefits and drawbacks of new treatments and procedures.

Several bloggers in this study noted that alternative therapies were expensive, not covered by insurance, or simply unavailable. Newspapers and magazines, however, rarely mentioned these factors. Instead, coverage tended to focus on treatments that seemed exciting and new. Coverage of medical advances does health consumers a disservice when claims of efficacy are inflated or are not balanced by a discussion of risks, side effects, or mediocre evidence (especially when provided by companies who
have a stake in selling the products or services researched). With the explosion of medical research and medically-interested consumers in recent years, there is an appetite for health-based news. Still, coverage that portrays new treatments as unrealistically helpful at the expense of informing consumers may ultimately drive information-seeking audiences elsewhere.

On the other hand, readers may benefit from media coverage of chronic pain that focuses on unresolved narratives of this or another chronic illness. Despite the prevalence of articles in which illness is resolved, these stories need not have a neat resolution. Sharing realistic portrayals of conditions like chronic pain will help normalize chronic illness in our society and attract readers hungry for content to which they can relate. Finally, these suggestions are not intended as an extra burden for journalists struggling to meet deadlines despite shrinking budgets. In fact, implementing these guidelines may mean simply mean questioning a source differently, adding a sentence about a treatment’s efficacy, or defining an ill person in a new way. Thus, media companies and their audiences can benefit from coverage of chronic pain.

Limitations

This study had several limitations. Most notably, many newspaper and magazine articles merely mentioned chronic pain; articles devoted to chronic pain were scarce. This made the gathering and analysis of data difficult, and resulted in several factors that necessarily weakened the study. First, framing had to be discussed not in the context of entire articles, but sometimes at the paragraph or sentence level. In addition, the
extraction of magazine articles from databases meant that it was impossible to view these articles within context, which perhaps would have influenced the way they were interpreted. Finally, the time frame for the magazine sample—nearly a decade compared to 15 months for newspapers and blogs—resulted in a significant limitation. This method was necessary due to the scarcity of magazine articles about chronic pain. The impact of this temporal disparity is in part ameliorated by the study’s qualitative approach, which seeks to understand these depictions rather than generalize trends. In addition, a qualitative method allowed for the mining of data within articles and identified wide-reaching inadequacies in the coverage of this illness.

**Implications**

Why does it matter how chronic pain, chronic illness, or any health condition is portrayed by the media? First, chronic illness is not an isolated experience. The state of health is not a lifelong, normal circumstance, but a temporary coincidence, no more or less natural than illness and disease. Except in extreme circumstances, everyone encounters illness at some stage of life. Thus, it is an eventuality to be prepared for rather than an abnormality to be feared and ignored.

Media portrayals of chronic pain are most important for their reflections of and contributions to the way pain is received and treated by society. Discrepancies between mainstream media accounts of chronic pain and those written by ill people revealed a significant disconnect between the lived experience of pain and the way pain was viewed by others. The experiences of 10 bloggers cannot be generalized to the entire population
of people with chronic pain. Still, it is clear that there is more to chronic pain that print media covered, especially given the lack of personal accounts of pain, definitions of the illness, and balanced coverage of treatment options. Bloggers’ accounts merely hint at the potential depth and breadth of these inadequacies. Addressing these differences is immediately important to improving the lives of people with chronic illness, but it is also important for humanity because illness is a human experience, not a fringe issue.

The unresolved and chaotic stories chronic pain yields are difficult for healthy people to process. Frank (1995) wrote: “Hearing is difficult not only because listeners have trouble facing what is being said as a possibility or a reality in their own lives. Hearing is also difficult because the chaos narrative is probably the most embodied form of story. If chaos stories are told on the edges of a wound, they are also told on the edges of speech. Ultimately, chaos is told in the silences that speech cannot penetrate or illuminate” (p. 101). This speaks to the inexpressibility of chronic pain and illness.

When faced with frightening descriptions of human suffering, people tend to turn away. This is in part an emotional reaction to the vast threat that potential suffering presents. It is also a rationalization. Readers justify dissociation by finding reasons the experience of chronic illness could not happen to them. By portraying people with chronic pain as addicts or implying persistent pain was the outgrowth of a character flaw, newspapers and magazines helped readers find ways to make this disconnection. Following chronic pain acknowledgements with neat resolutions or implications that pain was not real or severe permitted readers to further distance themselves from chronic pain.
In this sense, stigmatizing and otherizing depictions were protective rhetorical devices that made chronic pain palatable to mainstream media audiences.

Such minimizing, otherizing, and stigmatizing depictions of chronic pain may allow readers to retain a measure of comfort regarding their health, but they also deprive them of the human knowledge society stands to gain from the realistic acknowledgement of chronic pain and, indeed, any chronic illness. In facing a lifetime of limitations, restricted goals, self-redefinition, and adversity, ill people can help define the process of extracting meaning from illness. In doing so, they offer knowledge that can improve the human experience, a small price to pay for reader discomfort. Thus, a truer depiction of chronic pain is not merely an act of political correctness, but a potential improvement to the human condition.
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# APPENDIX: MAGAZINE SAMPLE SELECTION

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<td>AAA Going Places</td>
<td>AARP Bulletin</td>
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<td>2 Cosmopolitan</td>
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<td>3 Ebony</td>
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<td>Field &amp; Stream</td>
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*Manually scanned and included in final sample.