



Utrecht University

RMA Linguistics

Master's Thesis

Stancetaking in Online Interactions:
A Case Study of Chronic Pain Discussions

“Trust you’re having a blessed day with minimal pain”

Quote by a Reddit user, subreddit *r/ChronicPain*

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Abstract

When people interact online, they usually present their thoughts within the context of a certain community. Naturally, just as in live face-to-face conversations, stances must be taken. The complex mechanism of stancetaking discloses how individuals evaluate their own utterances, the entities in their talk, (potential) audience and interlocutors in the online environment (following the Stance Triangle of Du Bois, 2007). This master thesis offers an innovative combination of (online) discourse analysis, medical communication and conversation analysis, since it focuses on a specific target group of chronic pain patients. The study applies the analytical toolbox by Kiesling et al. (2018) to annotate stance in the selected comments on Reddit, “the front page of the internet”. It demonstrates the universal nature of stance defined by two unifying factors: (1) online background (public social platform) and (2) topic (chronic pain). Stancetaking helps to see how chronic pain patients anonymously relate to each other, showing extremely high levels of investment and alignment. The quantitative and qualitative data analysis reveals how commenters shape and negotiate their identities online. The stances of “suffering” and “invisibility” were found to be the most common choices in patients’ comments, representing the core of their common experiences. Online communities offer a safe space in which the invisible identities of chronic pain patients become visible and acknowledged.

Keywords: stancetaking, discourse and conversation analysis, identity, online community, chronic pain

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1. Introduction

The central term of this study is *stance*. It is a phenomenon that can be recognized in any type of (extra)linguistic human interaction. Stance cannot exist without communication, as it allows humans to express their thoughts and relate to each other. Paradoxically, it is also possible to inverse the latter statement: communication would be just impossible without stancetaking. It is therefore not surprising that Du Bois (2007) describes stance as one of the most important things that we can do with words. Stancetaking is not solely an isolated linguistic phenomenon, but rather a complex sociocultural system that helps people to successfully function in their communities. By taking stance, individuals can evaluate the world around them: assign value to various objects, situate the members of the society with regard to these objects and show their agreement or disagreement with other stancetakers (Du Bois, 2007). Stance can be detected in every single understandable utterance of any person and universally exists in all the languages of the world.

If we considered the undeniable relevance of stancetaking in our everyday life, the most logical assumption would be that this phenomenon is the one that has already been well explored and catalogued. In reality, not much is understood about stance yet (Du Bois, 2007). Even though it has attracted the attention of numerous scholars who have generated a wide array of methodological approaches and theories of stance, the research in this field needs consistency to reach a general understanding. Since the diversity of stances that can be found in human speech has no limit, it is necessary to decode the universal model of how we produce stance, as well as how we interpret it in different circumstances. Du Bois proposes the oft-cited framework of Stance Triangle as a tool to minimize the entropy that surrounds stancetaking. Since 2007, it has been adapted by a large number of researchers that focus on various approaches to linguistics (conversation analysis, discourse analysis, semiotics, sociolinguistics, stylistics): they investigate stance that gets produced in a variety of contexts (written or spoken language, different register and style, particular sociolinguistic background of the stancetakers).

One of the most underresearched contexts, however, is stancetaking in the online environment. In the modern world, where the boundary between the online and offline world gets erased more and more every day, new challenges arise for the researchers. Complex questions appear when exploring stancetaking patterns online: do people alternate their linguistic behavior seen in the “offline” world, and if yes, in what ways? Can the commenters consistently use stance to present their identities to the other online platform users, just as they do when they talk to the other members of society in the real world? Kiesling et al. (2018) reflect on these points in their article “Interactional Stancetaking in Online Forums”, in which they propose a new computational operationalization of interpersonal stancetaking. They demonstrate the successful use of the analytical tools, three stance dimensions (affect, alignment and investment; Kiesling, 2011a) for both qualitative and quantitative analysis of stancetaking online.

In this work, I will contribute to the field by combining the methodological framework concerning three axes of stance (Kiesling et al., 2018) and the Stance Triangle theory of Du Bois (2007). I will use this method to discover and analyze stancetaking patterns in the discussions by Reddit communities of chronic pain patients. This case study will continue filling in the missing gaps of the research of this type (online stancetaking). Comment threads for data analysis will be collected by targeting specific online communities that gather users with common identities and experiences, instead of choosing the threads in a randomized order. Not only will it allow to explore thread structure and linguistic properties of stancetaking online, but it will also provide answers to the questions regarding stance mechanism in constructing a particular identity online. I will propose that chronic pain patients take stance online in a universal manner, focusing on two identities: the one of a chronic pain sufferer and the second one of an online platform user. They may use the online platform as a therapeutic space, where they show high levels of alignment towards each other and build a community, just as in real life.

Before reaching this conclusion, I will firstly provide an overview of theoretical insights on stance relevant for my selected domain in Chapter 2. In Chapter 3, I will present the methodology for data selection and analysis, discussing the combination of different analytical tools and reflecting about the motivation behind my choice to conduct this case study. Chapter 4 contains an exemplary data analysis with data annotation and explicit reasoning. Finally, Chapter 5 covers synthesized research findings and an overview of the results. Chapter 6 contains a discussion, limitations and possible directions for future work. In Chapter 7, I provide a conclusion by summarizing the outcome of my case study, as well as by underlining the importance of further research on both stancetaking and chronic pain.

2. Theoretical background

2.1 Stance in social interactions

Stance is an inseparable part of any type of communication: it cannot be omitted, unlike the optional linguistic elements. Even if the speaker wishes to stay neutral in the conversation, it still means a conscious choice to take a neutral stance. As Kiesling notes (2011, p. 6), “humans cannot read minds but recognize that other humans have minds”; therefore, in order to make oneself understood and correctly decode input from the others, it is necessary to “negotiate a shared intentionality” or “intersubjectivity”. Tomasello, Carpenter, Call, Behne, & Moll (2005) also accentuate the universal origins of motivation behind stancetaking: they claim that the heart of the human language faculty is joint attention and an orientation towards joint intentionality. This becomes the main goal right since the beginning of language acquisition, and it continues throughout the lifetime.

Crucially, we try to reach joint intentionality only in those cases when we detect an outer or inner stimulus that pushes us to do so (e.g., the wish to greet a person that we see nearby both as an inner and outer stimulus, or the need to answer to a question as an outer stimulus). It means that we generate utterances (and automatically take a certain stance at the same time) only when there is a concrete motivation behind it. The need for a sufficient reason to take action in order to create meaning is also found in Peirce's (1935) perception of the sign: this approach has attracted attention in both linguistic anthropology and in semiotics more generally. Such a necessity to express and transfer content to the “other” illustrates the trichotomous structure of the sign (Kiesling, 2015). In this structure, a sign is not solely the primary relationship between signifier (the lexical item “tree”) and signified object (a real or imagined tree): the sign rather characterizes the complex (triple) signifier-object relationship with respect to an individual that interprets it. Kockelman asserts that the latter process forms the meaning (2007). Peirce calls the result of this multi-dimensional relationship “*semeiosis*” (1935). Since stancetaking represents a similar mechanism of *semeiosis* (or meaning-making), we may interpret stance as a sign that is intentionally created for the others to decode.

Stance, if viewed as a sign, also carries multiple relationships in itself. Stancetaking is the bridge between the speaker and some discursive figure, which could be both human or non-human, e.g., their interlocutor, ideas or figure represented in the discourse (Du Bois, 2007). It usually allows the addressee to interpret the form, the content of the utterance and speaker’s attitude towards it in the way that was intended. If stance taken by the author of the utterance is untangled correctly, communication can be considered successful. In this case, joint intentionality is reached naturally: most of the time it occurs without explicit author’s comments for additional guidance (Kiesling, 2015). Yet, stancetaking is such a complex phenomenon that sometimes it does not only facilitate the conversations, but it also forms the most basic joint attention problems of any interaction. The flexible nature of stance results in utterances getting intertwined with various social roles, personal

opinions, situations and contexts. Therefore, the interpretation of speaker's stance cannot be fully controlled by themselves: there are numerous factors that may exert a considerable influence on the final result. It leads to the conclusion that stancetaking is not determined, nor does it exist in a particular person's mind or imagination (Kiesling, 2015). Stances uniquely appear and evolve in the abstract space of communication itself (Kockelman, 2004; Iwasaki, 2015; Kiesling, 2015).

Following this concept, stance has been employed increasingly as an essential theoretical and methodological notion in the study of language and social interaction (Englebretson, 2007; Kiesling, 2011b). Importantly, it has been established as a way to make connections between macro-level social identities and ideologies by analyzing how certain groups of people take stances in order to express themselves to the others (Kiesling, 2015). Accordingly, linguists actively employ discourse analytic techniques to see stance, acts and activities "in action". As these components are related to the broader patterns of social identity, they can allow to construct "a more realistic model of sociolinguistic patterning" (Kiesling, 2015, p. 4).

2.2 Stance and identity: inseparable notions

Identity therefore becomes one of the central notions surrounding stance. Kiesling (2015) provides a hypothesis that language users in specific types of "speech events and genres" begin selecting one type of stance more often than the remaining ones. It results in certain stance becoming associated (or, in other words, indexed) with a certain aspect of the speaker's identity or the speech event. Methods and principles of the field of conversation analysis (CA) and other discourse analytic strategies are valuable tools that assist in disentangling these complex connections. This area of sociolinguistics concentrates on explaining specific (conscious and unconscious) linguistic choices the speakers make: the reasons behind them, as well as constraints and the impact that these decisions have on the society. Analysts attribute conversational patterns to certain "types" of people who, according to Kiesling (2015), may lean towards similar choices in communication.

Jaffe notices a significant switch in sociolinguistic research nowadays: in earlier approaches to sociolinguistic variation and style, researchers used to employ an old-fashioned "direct mapping between linguistic forms and social categories" (2009, p. 2). A certain linguistic element could be interpreted as a reliable determiner of objective social categories, such as gender, age, region or ethnicity. However, modern researchers concentrate on the indexical theory of style which prioritizes the complex process of contextually bound meaning (Silverstein, 2003; Eckert, 2008). The revisited approach involves the notion of *stance*. Jaffe (2009) underlines that this type of research invites to investigate "interactional moves": people's ways of taking stance, creating alignments and "constructing personas". Analysis of such "interactional moves" should lead to the analyst inferring subtle connections between the seen data and the social context. Indeed, there is evidence that children start learning stancetaking from their parents' and caregivers' speech activities that entail stance (usually variants of stance indexicalities, such as power or solidarity) long before they learn the restricted social identity indexicalities, such as gender (Smith et al., 2013). It is therefore possible to claim that stances get used to construct personal styles and

personae: individual styles could be viewed as repertoires of stances (Kiesling, 2009). Stancetaking could explain patterns of sociolinguistic variation: it is a multidimensional cluster that may reveal social categories by assigning individual identities to wider groups with similar stancetaking preferences.

Such categorization of the speakers closely relates to the notion of indirect indexicality: it demonstrates that meaning is derived through discourse (Jaffe, 2009). It refers to the core mission of sociolinguistics: to reveal how “patterns of discourse and variation arise” when speakers are not consciously focusing on making those patterns (Kiesling, 2015). Consequently, these concrete language forms and their combinations employed to create a particular stance naturally get associated with a specific characteristic of the speaker’s identity or the speech event (Kiesling, 2015). The latter mechanism of forming associations, also mentioned by Jaffe (2009), is called “indexing”. Indexing is directly related to stance, a phenomenon that is born in the context of social interactions: for this reason, stance is often investigated using the methods and principles of the field of conversation analysis (CA) (Kiesling, 2015). It constitutes an “important part of the analytic toolbox” together with other methods of discourse analysis (Kiesling, 2015, p. 6). The origins of CA can be tracked down to sociology, since conversation analysts, such as Harvey Sacks or Emmanuel Schegloff, were primarily fascinated by the bottom-up structure of conversations. They noted that turns and utterances that represent different functions (questioning or reacting to the other interactants) flow without obstacles, creating logically structured texts (Kiesling, 2015). Hence, it is worth focusing on the self-organizing manner of human interaction (Kiesling, 2015; p. 9). As Kiesling further states, individuals are “negotiating relationships and roles in a moment-by-moment community”. Another discipline that emphasizes the self-organizing features of interaction is the Interactional Sociolinguistics approach to discourse analysis that was initiated by John Gumperz (1982) and Deborah Tannen (1984). Gumperz centralizes the variation of linguistic behavior signaling whether to produce one or another type of utterance in a certain conversational situation (for instance, the varying levels of directness towards the addressee or alteration of intonation cues). According to Tannen, such contextualization demonstrates that linguistic cues gather in bundles that compose entire styles (Kiesling, 2015). Each style may reveal a certain level of involvement in a conversation: the purpose is to construct and convey meanings in a “shared intersubjective community” where interlocutors are (ideally) aware of how they relate to each other without explicit references (Kiesling, 2015, p. 10). The process of how individuals relate to one another describes the concept of stance: that is why it is important to all the branches of sociolinguistics.

2.3 Indexicality as a crucial element of stancetaking

As conversation and discourse analysis shows, stance is ubiquitous: while individuals try to construct the message in a way that would be understood (or, on purpose, misunderstood, if the speaker wishes to) by the addressees, they have the freedom to choose their linguistic expressions. Consequently, stance may reveal both personal style and intraspeaker variation (Kiesling, 2009).

This phenomenon therefore represents the dual nature of human identity: its social and individual dimensions. Sociolinguists claim that while each speaker may have a unique personal style (Kiesling, 2009), the notions of “personae” and “personalities” lead to the question of identity as a social construct. Communities do not exist without individuals; on the other hand, individuals also need communities to be able to interact and express their individuality to certain addressees. These two entities, individual preferences and socially acceptable practices/norms, are closely interconnected: the manner that a speaker shifts the use of a particular variant depending on the situation is determined both by the speaker’s authentic style and the other shifting stylistic practices that they encounter in each single situation (Kiesling, 2009).

Indexical meaning, as Kiesling observes (2009), is often seen as co-occurrence. If a linguistic item co-occurs in the speech of a certain individual or type of person, these statistical commonalities can get used as a tool to index that concrete group. There exist two categories of this phenomenon: indirect and direct indexicality. Kiesling (2004) provides the historical context of the lexical item *dude*: usually, it has been employed by young men while talking to the other male individuals much more often than by women when referring to men. Thus, this evident connotation of the word *dude* has been socially accepted as direct indexing of stereotypical masculinity, cool solidarity or laziness (its origins can be found among the members of the cultures of surfers or “druggies”). However, indexicality may not always be a conscious choice. In such cases, this type of indexing is not a clearly defined construct anymore. Speakers are not directly aware that their linguistic expression may allow to match their utterances to relevant identity categories, such as race, class or sexuality (Kiesling, 2009). The speakers may be occupied with more local elements of the conversation instead, e.g., demonstrating their (dis-)agreement with certain ideas, telling a story in an intriguing way or expressing their feelings at that moment.

These tendencies show that indexicals (found within stancetaking repertoires) disclose person’s cultural experiences, as well as their individual ways of life that “transcend” their sociocultural background (Diaz & Shahri, 2019). Indexicality, as a functional pattern, is a way to “produce” stance and establish authentic identities in discursive field. Englebretson (2007) adds that stance does not exist without context: it is always determined by the unique combination of social and pragmatic aspects of human nature. Stancetaking is therefore a universal system found across cultures, languages and communities: even though the actor recognizes relevant social norms or cultural-historical conventions and operates by acknowledging these circumstances, but nevertheless they still preserve their personal beliefs. By taking certain stances, the speaker constructs their goals, values and who they are (Diaz & Shahri, 2019).

The latter model gets reflected in contemporary sociolinguistic studies on indexical stancetaking in interaction (e.g. Kiesling, 2005; Johnstone, 2007; Mendoza-Denton, 2002; Schilling-Estes, 2004). Such research reveals the multiple aspects of the real-time process of interactional stancetaking: firstly, “raw” linguistic forms get transformed by a specific stancetaking context; only then the analyst can ideologically link them to larger social categories (Jaffe, 2009). Interestingly, the stancetakers may even deconstruct the stereotypical use of certain linguistic

elements: Jaffe highlights that they may freely deploy the linguistic material for their interactional purposes even in the most unexpected way. Hence, following the conversation analytic/interactional perspective, each final product of stancetaking should be assessed individually. Inspecting the complex context in which the utterance appears allows to avoid inaccurate initial assumptions.

2.4 Investigating stance: a variety of approaches

Stance, being such a crucial part of human communication, has no single standardized or simplified description. This aspect makes stance research relatively problematic and challenging, since it has been studied by numerous scholars coming from different scientific backgrounds, adhering to different research traditions and employing a wide variety of methods (Kiesling, 2009). A large amount of studies explicitly mention stance in the title but, as Kiesling argues, stance usually overlaps with additional terms, such as modality, evidentiality, grounding, subjectivity/intersubjectivity, evaluation/appraisal, opinion/sentiment (e.g., previous studies on stance: Conrad & Biber, 2000; Hunston & Thompson 2000; Mushin, 2001; Berman et al., 2002; Hyland, 2005; Englebretson, 2007; Gray & Biber, 2014).

In order to conduct new research on stance, it is necessary to choose a concrete theoretical approach towards the concept beforehand. In this work, I will follow the theory of Kiesling (2011a), as it reflects the objectives of my case study: to show the multi-dimensional mechanism of stancetaking in online interactions. Kiesling starts from one of the most typical distinctions, dividing stance into two major types: epistemic and affective stance. Epistemic stance usually reveals how a speaker indicates their relationship towards the speech that they produce. As Kiesling notes, it might involve the form or modality (certainty), and it can also be a marker of how a speaker comes to know something (disclosing the level of knowledge). Affective stance can signal authority or solidarity, as well as the preferences of the speaker, e.g., demonstrating whether discourse figure is liked or disliked. It can be regarded as the emotion/position with respect to the others. Although affective stance is used more prominently to label this phenomenon, Lempert (2008) claims that interpersonal stance is an equally adequate term, as it captures its nature even more precisely.

Although epistemic and affective stance are usually presented separately, they might be closely interrelated. For instance, epistemic stance can be employed to express interpersonal stance: in a certain context, a sentence like “I know it!” may express both the high level of knowledge of the speaker (epistemic stance) and this person’s superiority towards the addressee. Therefore, the notion of stance becomes a complex one, carrying a large variety of subtle nuances. Kiesling (2011a) explains that numerous approaches to analyzing stance are connected to the diversity of dimensions or axes through which these relationships get created. The latter study offers an authentic method for stance analysis which is based on distinguishing three main axes (components) of stance:

- (1) **Affect:** the quality/polarity of the stance that also comprises assessment;
- (2) **Alignment:** the parameter that shows how a speaker aligns or disaligns to an interlocutor (in the epistemic and interactional sense). Du Bois (2007) suggests that alignment happens only in the case of evaluation;
- (3) **Investment:** epistemic modality that demonstrates how strongly invested in the talk the addresser is. Kiesling asks the following question to describe it: “Would the speakers defend their claims and opinions to death?”

Affective stance comprises the axes of affect and alignment, while epistemic stance corresponds to the axis of investment. Even though the three mentioned dimensions tend to be independent (they may vary without changing the value of the others), sometimes they also bundle together. Under certain circumstances, affective and epistemic stance may hold similar functions and can operate together even in the same utterance (Kiesling, 2011a). Stances get interactionally created in context: the final meaning of any utterance is therefore the unique combination of linguistic resources and situational aspects. A single word of the phrase/sentence can play an important role in this process: it can modify the three axes to differing degrees. In his work, Kiesling (2011b) investigates a few different conversations that include the same words (e.g., *dude* or *just*) through the lens of the axes, showing the significance of linguistic means. An original example (A) designed for this study is provided below to explain the chosen approach towards stance.

Example (A)

Situational context: deadline for publishing a research paper has approached. The addressee is supposed to review the final draft before handing it in. Their colleague produces one of the following utterances:

- (1) *It is just an unnecessary detail.*
- (2) *You have just two days left!*

In the example (1), the levels of affect and investment are both quite low: *just* refers to an indifferent attitude, demonstrating that the speaker diminishes the importance of the mentioned stance focus, a certain “detail”. The alignment with the interlocutor seems to be weak as well, since the speaker disagrees with the attitude of the addressee. The author of the utterance is trying to persuade the interlocutor to switch to their subjective opinion regarding the matter. It can be inferred from the given sentence that the speaker probably feels anxiety, and the addressee therefore uses reassuring words to calm them down. The sample utterance (2) contains the same lexical item, *just*. It contrasts with the first one, as it expresses deep concern and urgency with regard to the stance object. In this case, the levels of affect and investment are much higher, as the speaker feels intimidated by the situation, is sure about its seriousness and seeks to pass the same realization to the addressee. Differently from the sample (1), the wish to encourage the interlocutor

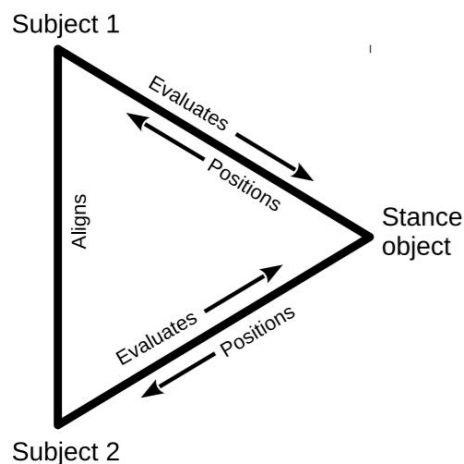
to take actions in order to solve the issue of the evident lack of time (“just two days left”) is clearly visible. It demonstrates disalignment towards the addressee’s position of staying relaxed: the interlocutor disagrees with such emotional state under the mentioned circumstances. The word *just* gets attributed diverse meanings in each of the two possible options, which shows that these conversations may offer different stance.

The latter heuristic for stance analysis proposed by Kiesling will be applied in this research study. The descriptive analysis of the data will lead towards the process of “putting stance in the context”: explaining the impact that interlocutors, the topics that are being discussed, personal experience of the speaker and previously presented ideas have on the speaker’s (commenter’s) decision to take a certain stance in their comment (Kiesling, 2011a). It refers to explaining the logics behind the linguistic choices of the interlocutors, taking the circumstances into account: how and why they position themselves towards the second speaker and the topic of the conversation (the stance object) when producing the utterance. The focus will be put on the three axes (affect, alignment and investment; Kiesling, 2011a), mainly describing linguistic features employed in concrete contexts (cultural, situational, interactional, sociological, linguistic etc.), since they are the major component in expressing stances (Hunston & Thompson, 2000; Khamkhien, 2014).

The notion of stancetaking can be explained by one of the most famous and widely used approaches: Stance Triangle of Du Bois (2007). This scheme (see Figure 1) captures the speaker’s/writer’s connection towards (1) the topic of discussion, (2) the interlocutor or audience, as well as (3) the talk (or writing) itself (Kiesling et al., 2018). Du Bois (2007) claims that the most basic concept of stancetaking is related to the “evaluation of entities in the discourse by a speaker” (Kiesling et al., 2018; p. 685). Du Bois gives a specific name to the speaker: “subject”.

Figure 1

Stance Triangle of Du Bois



Note. Adapted from Du Bois (2007), p. 163, by Kiesling et al. (2018), p. 685.

In between the two subjects, the Stance Triangle also includes the notion of alignment. Alignment, according to Du Bois (2007), consists of two opposing poles, alignment and disalignment. They appear between speakers (the default number is two) when they demonstrate similar or different beliefs regarding the evaluations. The “Stance Triangle” (see Figure 1) pictures these interactions: two sides of the triangle represent subjects’ evaluation of the stance object, while the remaining side presents alignment that is visible between the speakers. When one speaker evaluates an item/topic/issue (the stance object), not only they position themselves, but they also automatically align with a second speaker (Vandergriff, 2012).

This model beneficially provides a certain foundation for “inter-utterance”, the structure of personal utterances of evaluation (Kiesling et al., 2018, p. 685). Importantly, it reveals the dialogical, dualistic nature of the model: this system inherently involves two speakers. In order to understand the process of stancetaking using the “Stance Triangle” theory of Du Bois (2007), it is necessary to examine more than just a single utterance. Du Bois (2007) proposes to explore these interconnections by an analysis of the “poetic structure of two evaluations” (Kiesling et al., 2018; p. 685). It can be done through the prism of alignment, affect and investment.

Example (B) constructed according to the sample of Kiesling et al., 2018, p. 685:

“I love that show!” may receive different responses:

- (1) “I love that show too!”: such response would demonstrate a similar structure and proposition as the original utterance;
- (2) “I can’t stand that show”: in this case, it emphasizes the contrast between two types of sentiments, love and hate (unable to “stand”).

Disalignment in the sentence (2) becomes evident after examining the comparison between the two feasible reactions (positive and negative) to the primary statement, even though alignments may not always be as easily detectable as this instance discloses. A more detailed description of the (dis-)alignment incorporates the full range of possible classes of convergent and divergent positions the subject may take (Vandergriff, 2012). Another crucial dimension, investment, can be decoded when modifying the evaluations. By (even slightly) regulating how strongly the speaker (“animator”, a more generic term for “speaker”; Goffman, 1981) is invested in the produced speech, the strength of the whole utterance changes accordingly. It can be done by linguistic means, e.g., the change of a lexical element, adjective: “The show is brilliant!” vs. “The show is alright”. In this manner, speakers manipulate the intensity of their evaluations (their sentiments that get revealed in an utterance), which also allows them to successfully express their alignment as well (Kiesling et al., 2018, p. 685). Such examples display the interconnectedness between the axes of investment and alignment.

Besides the two subjects, the third component of the Stance Triangle of Du Bois (2007), is the entity that is being evaluated in an utterance: the stance object (Kiesling et al., 2018; p. 685). The

latter discursive figure has multiple layers, as it can be: (1) an interlocutor, (2) a figure represented in the discourse, (3) the animator, (4) ideas represented in the discourse, or (5) other texts (Kiesling et al., 2018, p. 685). In the present study, this element that Du Bois (2007) refers to as the “stance object” will be called the “stance focus” (according to Kiesling et al., 2018) since the latter concept offers a more abstract overview. In this study, stance will be investigated as a complex relationship between three factors: the discursive creation of a connection between a language user and some discursive figure, and to other language users in relation to that figure (Kiesling et al., 2018, p. 685).

The models of stancetaking can therefore be seen as a robust theoretical framework (Du Bois, 2007; seekers of the theory of Du Bois: Bucholtz & Hall, 2005; Kärkkäinen, 2006) that can be applied to analyze discourse both “at the word and the utterance levels” (Vandergriff, 2012, p. 57). The framework is founded on the idea that every utterance is dialogical, not depending on the particularities of the situation it gets produced in. As Vandergriff (2012) notices, direct conversations between individuals are the most obvious instances of the dialogical nature of stance: they involve clear partners of a dialogue. Other types of discourse may not be so revealing regarding the aspect of dialogicality, nevertheless, they still contain this quality. The example provided by Vandergriff is the genre of political speeches: here, the speaker forms the utterances while considering the existence of an addressee, as well as a concrete theme. The subject orientates himself not only vis-à-vis the other individual (e.g., political actors, such as opponents/partners, or the nation), but also towards the stance object that he evaluates. These two elements constitute the speaker’s orientation to discourse in general (Vandergriff, 2012). Finally, Du Bois summarizes that “stance is a public act by a social actor, achieved dialogically through overt communicative means, of simultaneously evaluating objects, positions subjects (self and others), and aligning with other subjects, with respect to salient dimension of the sociocultural field” (2007, p. 163).

2.5 Stance online

Stance is a universal phenomenon that exists in every type of interactions, even if they do not belong to the material world. One of the spaces with the most favorable conditions for stance to appear is the virtual life. The same relations and conversational logics found in real life conversations can also be discovered on social media platforms: virtual space has become an inseparable part of our reality. When individuals interact online, they usually keep track of a conversational sequence and craft their utterances within the context of a community (Kiesling et al., 2018). Online communities have become as powerful in expressing their opinions and impacting the reality just as the ones in the real life: “social media such as Facebook, Twitter, and YouTube <...> are emerging as new power players that challenge older institutions” (de Kloet et al., 2019).

According to the culturologists and sociologists, the distinction between the “online” and “offline” can no longer be made (Poell & van Dijck, 2018). The accessibility and attractiveness of social media results in a significant transformation: we have already become a “platform society” (van

Dijk, Poel, & De Waal, 2018). Consequently, it has also transformed human interactions. Nevertheless, the virtual format has not erased the existence of stance, the essential component of any exchange of utterances (even those placed online, just like in face-to-face conversations). Barton and Lee (2013, p. 87) observe that “stancetaking has, in fact, become a key discursive act in online interaction”. Stances can be seen in all types of exchanges on social platforms: public conversations on specialized blogs, comments under posts on Facebook groups or those under the visual content of Instagram. Some social platforms are designed to focus entirely on public online conversations as their key function.

Public comments constitute a valuable source of data. Tovares emphasizes that “thick” (bright and authentic) identities can even get constructed online, through “light practices” of social platforms whose primary function is to entertain the users by replicating (and at the same time transforming) the real world interactions (Tovares, 2019). Social networks, sometimes even more than live gatherings, “create togetherness” and allow people to “overcome fear and discover hope” (Castells, 2012, p. 225). Even though such online activities reunite different people, most of them come to express themselves online with “their own motivations and goals” (Castells, 2012, p. 225). As stated by Castells, social networks transform the dynamic of activism: they diminish the need for formal leadership (2012, p. 225), allowing the individuality to flourish, unlike in some massive offline events, e.g., protests. These insights bring the discussion back to the previously mentioned indexical stancetaking in interaction (Jaffe, 2009; Diaz & Shahri, 2019). Even though the stancetakers are aware of the circumstances (online environment and particular values of the community), they may preserve their individual preferences and freedom of expression.

Usually, online commenters (e.g., in this case study, members of chronic pain online communities) not only manifest their values to the other users, but they also react to the viewpoints demonstrated by the others. Therefore, the participation in public discussions and social movements online is based on a dual self-motivating psychological logic: commenters both share the thoughts of the others and co-produce (Castells, 2012). They get additional motivation to generate comments when their messages that contain personalized expressions are noticed and shown respect by the other authors (positive reinforcement, a phenomenon introduced by Skinner, 1938). The same model may apply to negative reactions as well: some may develop attention-seeking tendencies (e.g., certain influencers) when they would feel the urge to reply even to irrational comments that have a negative connotation just to provoke another reply. Such behavioral patterns become relevant when analyzing and disentangling thread structure with sometimes problematic comment sequence (e.g., reply to the third comment that replies to the original comment), which will be done in this work as well.

These factors determine the fall of the symbolic construction of a united “we” (Bennett & Segerberg, 2012). Massive interaction on social platforms demonstrates that the term “connectivity” may overrule “collectivity”: through their actions online, users seek to “connect” to each other’s stories and opinions rather than to completely follow the collective mentality. Accordingly, each online community member tends to retain their individual style through their

stancetaking choices. Public conversations online therefore revolve around two main axes, solidarity and individuality. It is crucial to emphasize the duality of the notion “identity”, as it encompasses the layers of both social and individual identity (Poell & van Dijck, 2018). The latter idea also constitutes the core of the stancetaking and indexicality theories. It becomes the reason that makes online platforms an important source of data for investigation: social media is a very rich “playing” ground in which people express themselves and construct identities. The ways that social platform users employ stance to express a particular identity are likely affected by both the sequential and online community contexts (Kiesling et al., 2018). Paradoxically, there has yet been too little research done on “how stancetaking and these contexts interact to produce linguistic patterns” (Kiesling et al., 2018, p. 684).

2.6 Previous research on stancetaking online

The majority of the studies on stancetaking online apply the descriptive qualitative method to analyze data (Sholikhah, 2019; Culkin, 2020). Even though such strategies provide valuable insights on stance, they do not allow to unify the different aspects of stancetaking into a single theoretical framework (Kiesling et al., 2018). For example, Sholikhah (2019) explores a specific policy document of the Google corporation, “About Us”. The article examines the company’s stance towards the potential readers of the text (users of Google services) by interpreting the linguistic elements (e.g., modal verbs, adjectives) of the text. It does not include the Stance Triangle theory of Du Bois (2007), although it may be applicable to the investigated relationship. Another relevant study by Culkin (2020), on the other hand, includes the perspectives of Du Bois. It analyzes how Facebook’s recommendation system (named as the “controller”) reacts to account holders (“subjects”, according to Du Bois) that take stances on different types of content (“objects”). A new Facebook account was created in order to investigate the actions of the “controller” with respect to the “subject” who liked certain elements and followed specific accounts. These examples reflect the statement of Kiesling et al. (2018, p. 683): “Until now, the stancetaking framework has been applied only through qualitative analysis of small corpora”. Moreover, there is a lack of studies that would include the analysis of online interactions, whereas the existing ones mostly investigate only limited portions of virtual conversations (e.g., a few individual conversations), as noted by Kiesling et al. (2018). In the study “Interactional Stancetaking in Online Forums” (2018), Kiesling et al. intended to cover these research gaps by proposing a formal annotation framework to operationalize stancetaking. This article presents a set of annotation guidelines for utterances found in coherent conversational threads on social media. The modern systematic approach expands the research field by introducing a powerful combination of a qualitative interactional analysis and a quantitative analysis of the given scores by applying computational tools, which was not done before.

2.7 A case study on chronic pain

The existing space for new research on stancetaking online is an evident fact. As the chapter of theoretical background displays, stance, however, is a “risky” topic to explore. Stancetaking may sometimes be regarded as a very abstract and “fuzzy” phenomenon (Kiesling, 2015). These two main issues (the “fuzziness” and unexploredness of stance, especially in the online environment) have led me to the challenge of designing and conducting a unique case study in the field. The goal of this thesis is therefore to choose such a viewpoint that would make stancetaking in online comments concrete and analyzable. In order to reach this goal, I will combine the following three aspects: the discussed theoretical insights on stancetaking and identity, the analytical toolbox proposed by Kiesling et al. (2018), and my individual perception of the naturalistic data taken from social media. I aim to apply the complex mechanism of stancetaking as a tool to demonstrate how social platform users construct their identities in their virtual conversations. The research question of this case study that guides my analysis is:

How are identities shaped and negotiated through stancetaking in an online environment?

To tackle this question, I had to target specific online communities. I therefore designed a case study within the health domain, particularly chronic pain. Numerous qualitative studies (Phillips & Rees, 2017; Berard & Smith, 2019; Dumit, 2006) have revealed that patients make use of social platforms to strive for legitimacy and visibility by sharing their individual experiences with each other, as well as with people who are unrelated to their illness (Groenevelt, 2021, p. 2). However, disclosing sensitive personal details about illness in the virtual environment may sometimes be risky (Groenevelt, 2021). Patients with “stigmatized identities” often fear to be “misunderstood, stereotyped, blamed, and rejected” on social media (Sannon et al., 2019, p. 3.). This stigma especially applies to people suffering from “invisible illness” whose diagnosis often cannot be reflected by medical tests (Sannon et al., 2019). Chronic pain is one the types of such invisible illness: logically, these patients prefer to look for peer support and collective identity (Groenevelt, 2021) in online communities (e.g., fora, blogs or Reddit communities) that specifically invite to reflect on this topic. It creates a safe environment for the sufferers, as they mainly gather only chronic pain patients themselves or family members/friends who empathize with them. In these online support communities, the members can freely share their feelings, opinions, questions, answers and, finally, pain of their own or that of their relative/friend. This also automatically means taking stances. Therefore, public online conversations of chronic pain patients can become a source of data to examine stancetaking.

In this case study, I will analyze comments from online communities for chronic pain patients on the social platform Reddit. This choice can be explained by the anonymous nature of Reddit, which allows to minimize the risk of privacy issues. Moreover, the anonymous virtual space invites the users to engage in sincere and authentic discussions. It creates the sense of a community where they can reveal their “real” identity, without hiding any aspects of their illness. Being able to

openly describe their suffering, get heard and receive understanding from the others is the wish that naturally comes to the majority of chronic patients. Since their pain is invisible, people around chronic pain sufferers may dismiss it, which only adds more (mental) pain. A large part of patients occasionally report being misunderstood even by medical workers. Researchers from different fields investigate this phenomenon with the aim to reach a deeper understanding of chronic pain, as well as to improve medical communication between chronic pain patients and health professionals and educate the society about this phenomenon. A multidisciplinary project “Defeating Chronic Pain” (2021-ongoing) offers a hypothesis that failure of chronic pain treatment is a consequence of poor pain phenotyping and an existing lack of understanding on how chronic pain gets defined across stakeholders (e.g., patients, professionals). As the researchers of “Defeating Chronic Pain” claim in their proposal for Unusual Collaborations Grant (2020), chronic pain is a major threat in our aging and changing society. In the Netherlands alone, approximately 3 million adults suffer from chronic pain, which is also estimated to increase. Chronic pain is any type of pain that lasts for at least three months: it dramatically reduces patients’ quality of life and is mainly difficult to treat. Surprisingly, despite the urgency of the problem, chronic pain still receives too little research attention, as the researchers of “Defeating Chronic Pain” notice.

This case study responds to the latter invitation to conduct societally relevant research on chronic pain. I propose a linguistic (interactional) perspective which will allow to investigate the Reddit interactions between people who self-identify themselves as chronic patients (or people that are close to them). By combining the linguistic methodological framework of Kiesling et al. (2018) and authentic virtual conversations, I will provide new insights on the identity (or identities) of chronic pain patients, which contribute to the understanding of different aspects of their everyday life experiences. Moreover, I will show that the analytical framework on stancetaking online by Kiesling et al. (2018) can be universally applied to conversation threads found on any selected online community (e.g., Facebook, Reddit, Twitter) to examine how their members construct their virtual identities depending on the context. This study will therefore continue filling in the missing gap in research on stancetaking online and encourage future studies in the field.

3. Methodology

3.1 The online context

Comment threads in an online community perform a therapeutic function to its members. They may find common ground and strengthen each other, not even physically being together or personally knowing each other. They can react to the others' stories by adding their personal experiences and sharing their suffering, practical issues or valuable ideas on how to solve them. The linguistic phenomenon of stance becomes the tool allowing to explore the multi-layered process behind human interactions: how an empathic connection between anonymous commenters who have not seen each other in real life gets formed through their utterances on the social platform.

To focus on stance-taking and its power to demonstrate the signs of emotional connection between individuals, I will investigate the data from the virtual social platform Reddit. The moderators of the website have named it “the front page of the internet”, as it is one of the most popular online platforms that covers a huge variety of users' interests. At the moment, it has around 250 million users, and the trends are exponential: approximately 500 new subreddits are born every single day (Kiesling et al., 2018). It is a virtual environment where the commenters act within the online space of a concrete online community (subreddit) that reunites members with similar preferences. Theoretically, each different subreddit with its users can be viewed as a community of practice: this notion defines a group of people that get together around a particular practice. The latter theoretical framework of a community of practice was successfully applied for the first language study in 1992 (Eckert & McConnell-Ginet). However, individuality can still be visible in the group practice: each member of a subreddit (e.g., *r/space*, *r/economy*, *r/AdventureTravel*) may choose a certain topic/issue that is particularly relevant to them, and most likely to the community as well: the member may therefore start a comment thread that focuses on a certain subject (ranging from more generalized issues to narrow topics, e.g., *Threats of UFOs*, *Inflation* or *Traveling to Kazakhstan during covid as an American?*). The thread gets initiated when the member publishes some initial question(s) or reflection oriented towards the target group. Afterwards, a discussion starts: members freely react to each other's remarks, answering both to the original comment and to the comments below it; their conversations might also include visual cues, such as memes or photos.

3.2 Data extraction and privacy

The data (comment threads) will be extracted from the categories (subreddits) specifically designated for the topic of chronic pain. For the commenters, it is a universal space for both free individual self-expression and the feeling of belonging to a certain community. On the other side, it becomes a freely accessible database of utterances for the researchers. The data is highly valid, the commenters engage in an authentic online conversation. However, an important challenge

arises: naturally-occurring and publicly shared data seems to be open and ready to use at first sight, but it may become a privacy breach if not handled carefully by the researchers (Stommel & de Rijk, 2021). Numerous researchers use the public aspect of social networks as a sufficient argument to base their investigation of the data found online. As a contrast, some recent articles claim that the dichotomy of private and public data has been judged inappropriate as a single reason to include interactions on online platforms into research (Giaxoglou, 2017). Stommel & de Rijk gathered a corpus of articles that used the online environment as a source for data (2021). The overview showed that the majority of the researchers who do mention this issue act on it by implementing anonymization practices when quoting comments, posts and other data from social media.

In this case study, I will also follow the recommendations to anonymize the data taken from the online platform Reddit. I will remove any personal details that could allow to directly identify the author of a Reddit comment. Reddit Privacy Policy (2021) claims that when the user “submits content (including a post, comment, chat message, or RPAN broadcast) to a public part of the Services”, any visitors and users of Reddit will be able to see: (1) that content, (2) the username and profile picture associated with the content, and (3) the date and time when the content was originally submitted. Chapter 4 of this thesis (data analysis) contains original screenshots of the comments: the only elements that I will leave next to the content shared by the user (text or image) will be: (1) the amount of days/months that have passed since sharing the comment/post, as it provided correct information only at the moment of data collection and is no longer relevant; (2) Reddit profile pictures of the users. Differently from the ones found on some other social platforms, such as Facebook or Instagram, these profile pictures do not reveal any information valid in terms of the users’ offline identities (Stommel & de Rijk, 2021). Reddit profiles include avatars, images of cartoon characters or photos not directly related to the person behind the screen, e.g. images of animals or landscape. These tendencies correspond to the anonymous nature of this online platform, which makes Reddit more approachable with respect to ethical research. In my data analysis, the profile pictures will be assigned a specific function: they will assist the reader in distinguishing between the users in the thread since some of the users tend to comment more than once in the same thread, which may be confusing to follow. Other elements that are too informative regarding privacy will be fully covered: usernames of the authors on the top of the comment (even though they usually do not include authentic names and surnames), as well as quotes, hashtags or emoji that some Reddit users stick below their username to be visible in every comment that they post.

Despite the efforts to anonymize the additional data related to the users, the comments may still remain traceable online: this cannot be fully prevented. The comments included in the study may sometimes be enough to find the original Reddit comment online. The search could be done in various manners. For instance, some comments may appear among Google’s search results (copy-paste function for the comments used in data analysis), and a corresponding procedure could be done by using the search bar of Reddit (including the concrete comment or the name of a

thread/subreddit which the comment belongs to). But, in fact, these methods do not guarantee accurate results all the time, unlike the concrete username. It allows to conclude that I “complete the anonymizing process” by removing the usernames of the commenters, since I “intentionally prevent” (or minimize) the risk of disclosing their (online) identities (Stommel & de Rijk, 2021: 290). Even though there are recommendations to receive the informed consent of the quoted authors as well (Page et al., 2014), users’ agreement with the terms and conditions of social platforms may already be sufficient, depending on a concrete case (Golder et al., 2017). The document of Reddit Privacy Policy (2021) informs the users who use the platform: “<...> you are directing us to share this information publicly and freely”.

Finally, the present study also includes comments with sensitive content related to health issues. This is another ethical aspect which also needs to be accounted for. Some studies argue that such discussions covering health topics always require ethical measures (Pounds et al., 2018; Stommel & de Rijk, 2021). On the other hand, other researchers state that even the most sensitive interactions online are freely usable, as they can be accessed by anyone, without requesting access from the authors (Sahota and Sankar, 2020). In some cases, users openly seek to affirm their moral legitimacy by sharing their personal stories of health problems on social media channels, such as YouTube or Instagram (Japp & Japp, 2005). It may also encourage researchers to investigate this material in order to improve some aspects of these people’s lives. Interestingly, it was observed that social platform users tend to accept the study more easily if it benefits the greater good (Golder et al., 2017; Stommel & de Rijk, 2021). Logically, Stommel & de Rijk advise to clearly pronounce the beneficial goals of any article that concerns online data (2021). One of the major aims of my study is to underline the necessity of a better understanding between chronic pain patients and medical workers, as well as the other members of the society that may misinterpret this illness. The wish to facilitate such communication was openly declared in the previous chapter, in which I explained my motives to contribute to the work of the researchers involved in the multidisciplinary project “Defeating Chronic Pain”.

3.3 Thread structure

To be able to deepen the understanding of chronic pain patients’ community, it is firstly necessary to investigate how they successfully communicate with each other. Online platform is an environment that creates favorable conditions to see these interpersonal connections. Reddit threads contain the final product: numerous comments. The users produce their comments by respecting (and, at the same time, creating) a certain thread structure. This structure is a crucial factor that defines and shapes the ways that users take stance towards each other’s comments (Kiesling, 2011a).

To begin with, every comment thread in a subreddit (community) has a prevailing (sub-)topic: for instance, search for caregivers, hardships in communication with doctors or patients’ problematic relationships in family. Each comment thread begins with an original comment that sets the original (primary) stance object (main topic of the utterance). All the reactions that follow the

original thread are visible to everyone (visitors and members). Replies that are positioned below the original comment operate according to one of the most crucial concepts of conversation analysis, turn-taking (Earnshaw, 2017). The significant difference is that in case of a live conversation, the addressee is supposed to react back to the commentor right away, while in online platforms, the author of the original thread may respond after some time or may even choose not to respond at all. The asynchronous turn-taking makes the speed of an online conversation therefore much slower. Moreover, the number of participants in the conversation of a comment thread is not controlled. They may appear in a dynamic manner, as some of them might follow the thread right from the moment when the original comment gets posted, whereas the others may step into the discussion later, already seeing the history of the replies to the author of the thread. On the contrary, in a synchronous conversation (live or chatting/calling online), all the participants are aware of the presence of the others. The ones that join after a particular period of time may firstly get the others' verbal or non-verbal approval to get into the discussion, or receive a sign that they have been noticed (getting greeted). Finally, the hierarchy of the conversation might be less strict and defined when keeping a synchronous conversation rather than the asynchronous one (in a comment thread). In case of synchronous conversations, even though a particular speaker initiates communication (e.g., by greeting the guests, presenting the topic of the conference or by asking a question about somebody's holidays), the other speakers may take the lead later, not necessarily leaving the first speaker as the dominating figure. Contrastingly, in online forums, the original comment that becomes the reason of the existence of the entire thread (a separate category of the subreddit) still remains the most significant one; it dictates the general atmosphere in the following discussions within the thread. However, a dynamic logic similar to the one of synchronous conversations may often apply even to comment threads that firstly seem quite static, focusing on a certain field: a new commenter, responding to the first comment, might bring ideas that differ from the original stance object (topic). In this way, the course of the discussion could change, as the involved commenters might start actively reacting to other comments (or a specific comment) that intrigue them rather than to the original one. Such a chain could go as far as the natural flow of conversation allows.

3.4 Criteria for data selection

The chapter of data analysis contains data taken from different subreddits (distinctive online communities found on Reddit, *r/X*). Since each subreddit has numerous threads (every of them representing a specific issue/question) with a varying amount of comments, the decisions on which subreddits to include depended both on the content and structure of threads found within them. A selection was conducted to choose threads that were the most suitable for the analysis. The criteria were the following: (1) threads that represent a unique variety of universal issues of chronic pain patients, avoiding repetition; (2) threads that have a substantial number of responses (over 10). As a result, some of the chosen threads may belong to the same subreddits. E.g., the analysis contains 6 threads of *r/ChronicPain* and 4 threads of *r/ChronicIllness*. Not all the subreddits are exclusively related to chronic pain communities, but they may encompass certain threads covering this topic.

E.g., thread *Douleur Chronique* (Chronic Pain) that belongs to the subreddit *r/france* was included into the analysis, even though the name of this subreddit does not show any direct connection to chronic pain.

To proceed with the analysis of the chosen threads, 10 first comments of each thread were taken. It allowed to randomize the data and preserve its natural flow for more representative results. However, I excluded a particular comment (or comments) and passed to the following comment in case if: (1) comments were repetitive, as this could decrease informativity of the analysis (e.g., I did not include multiple similar comments in which the author expresses gratitude by responding to different users that have answered to their question, for example, ‘Thank you!’, ‘Thank you so much’, ‘I am so grateful!’); (2) comments were extremely long (exceeding the selected limit of 500 words), except the original comments of the thread which were limited to 600 words; (3) comments contained only emoticons or emoji without any lexical items next to them, since they are harder to judge objectively; (4) comments included extremely rude lexicon: they were marked as such, but not included in the analysis of stancetaking. I consistently applied the latter criteria for the comments found in each of the selected threads, until reaching the number of 10 comments per thread. The only exception is the exemplary Thread (A) in which I demonstrate the complete original Reddit thread with 32 comments. The comments were not edited in any manner (grammatically, stylistically or with respect to the content) when placing them in the tables for analysis of the utterances. They were only corrected in case of clear human errors, such as typos, but the original screenshot remained.

3.5 Stance operationalization

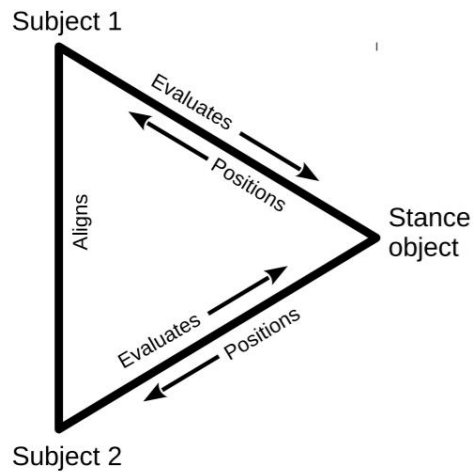
In order to operationalize stancetaking in the online context, I will uncover how each reply that follows the first comment of the thread (original comment) may represent a variety of stancetaking directions. Sometimes, the author of a new comment could even choose to move the whole thread towards a new topic. Applying the Stance Triangle of Du Bois (2007, *Figure 1* below) to Reddit comments, every single utterance of a new comment in the thread might generally show stance:

- (1) *towards the original comment (utterance);*
- (2) *towards one of the previous replies to the original comment;*

In more detail, the stance act could create three kinds of stance consequences at the same time (Du Bois, 2007), which is also visible online. By taking a stance, the commenter (1) evaluates an object (the content or linguistic details of the other comment), (2) positions a subject (usually the self), and (3) aligns with other subjects (a particular commenter or the general audience, online community).

Figure 1 (repeated)

Stance Triangle of Du Bois



Note. Adapted from Du Bois (2007), p. 163, by Kiesling et al. (2018), p. 685.

For the analysis of these universal stancetaking directions, I will use comments from Reddit selected according to the criteria described in the previous section. Data in English, French and Italian will be investigated using the theories of: (1) the Stance Triangle by Du Bois (2007) and that of (2) three axes (affect, alignment and investment) constituting stance by Kiesling (2011a), also based on the logic of Du Bois. All the comments (including the first one) will be analyzed following the annotation method used in the targeted linguistic study which annotated 68 conversation threads of Reddit with unrelated topics (Kiesling et al., 2018). This article includes an explicit description of the systematic analytical toolbox to investigate stancetaking online. I will apply this methodological framework to deconstruct the mechanism of stancetaking in my data analysis. The annotation process is based on two major steps: providing stance focus for the utterance(s) of each comment and evaluating the utterance(s) by giving scores regarding the three axes of stance: affect, investment and alignment. Importantly, every new comment can include a few utterances, as well as numerous stance foci, “the thing that is made most relevant by an utterance” (Kiesling et al., 2018, p. 712). Stance foci present the dynamic nature of interactions: the stance focus of the replies may differ from the one that is found in the original (first) comment of the conversation thread. For this reason, utterances of the same comment will be grouped and included into the table according to their stance focus.

The study by Kiesling et al. (2018, p. 704) quantitatively investigated: (1) “to what extent the scores of three different stance dimensions get influenced by previous stances in the same thread” (“stickiness” of affect, alignment and investment), as well as (2) “how thread structure properties vary by stance dimension and level (e.g., high/low)”. I will adapt the same analytical toolbox for different purposes: the summary of given scores will show relevant patterns of the complex and

dynamic connection between stancetaking and identities. Additionally, in contrast to the study of Kiesling et al. (2018), the comment thread structure in this case study will be explored qualitatively, also relating it to the process of identity construction among the commenters. I therefore aim to show that the present methodological framework for stancetaking can be universally applied to investigate identities in any online community.

3.6 Analytic procedure

Applying the analytical toolbox of Kiesling et al., every selected Reddit comment will undergo the following procedure: (1) conversational interpretation of a comment, noting whether it is the original comment or a response to the original comment or to the comment of other users who replied to the comment thread; (2) the comment will be divided into utterances, placing each of them in the table; (3) stance focus (topic) will be detected for each utterance; (4) each utterance will get annotated a value for the presence of each of the three stance dimensions: affect, alignment and investment (applying the method proposed by Kiesling, 2011a; Kiesling et al., 2018). The scale includes measures from 1 to 5, 1 – very low, 3 – neutral, 5 – very high. It is important to note a few changes that I strategically applied to the described method for it to suit my case study. Since affect is “the polarity or quality of the stance to the stance focus” (Kiesling et al., 2018, p. 713), the positive evaluation of the stance focus is given the highest score (e.g., “I love it!”), while the negative assessment is accordingly given the lowest score (e.g., “I hate it!”). However, in my case study I annotate the dimension of affect differently: following Du Bois (2007), I evaluate whether (1) the commenter shows subjective/emotional (affective) assessment of the stance focus (situation/object) or (2) only provides an objective statement (e.g., instructions, facts). Both negative and positive evaluation get high scores of affect, whereas objective truths score low, as they do not present personal assessment of the comment author. It allows to demonstrate the high general levels of emotionality and subjectivity in chronic patients’ interactions more clearly: the online community invites them to share their suffering and negative personal experiences (e.g., “I want to get rid of this terrible illness!”), as well as hopeful positive mood and gratefulness for each other’s advice (e.g., “The meditation you recommended is fantastic!”). The emotional talk becomes one of the main characteristics of online support communities for chronic pain sufferers. It needs to be accentuated without disbalancing the scores of this category in regard to negative/positive comments. Furthermore, the dimension of investment (“How strongly does the author feel about their claim”) (Kiesling et al., 2018, p. 713) gets annotated in the same way as in the original article (high certainty results in high scores). Finally, I also included a specific new aspect regarding alignment into my analysis. Instead of only viewing alignment as “the relationship which “signals sympathy, agreement or mutual knowledge” towards the previous author or the author of the thread (Kiesling et al., 2018, p. 713), I also assess some comments as showing alignment to the main topic of the subreddit (community), thread, or even aligning with the “common identity” of chronic pain sufferers in general.

The coder's decision-making process when giving scores will be unveiled in the Chapter 4 of data analysis. I will explicitly describe my analysis to explain how I annotated 10 first comments in the exemplary Thread (A), see p. 29). It will demonstrate the logic behind the scores selected for affect, alignment and investment, as well as the application of the Stance Triangle (Du Bois, 2007). Such argumentation is relevant to all the comments analyzed in this study. The exemplary descriptions will also explain the process of identity-shaping through stancetaking in the comment. Lastly, in Chapter 5, I will provide my quantitative analysis. It includes percentages and averages of scores regarding the three dimensions of stance for (1) each conversation thread and (2) the summarized results that represent the scores of all 12 threads. I will also include an analytical summary of the observed patterns.

3.7 Organising data

Data will be organized following a certain sequence, as well as a naming scheme of comments specifically designed for this study. Firstly, I will present the chosen online community on Reddit (the concrete subreddit) together with its title (*r/X*, e.g., *r/ChronicPain*). I will then indicate the language employed by the online community, the date of creation and the number of members next to every subreddit. The original description of every investigated Reddit community presented on the top of the webpage will be added as well.

Below each new subreddit, a certain number of chosen comment threads found inside the subreddit and answering to a specific question/focusing on a certain aspect of the wider topic will be investigated in detail. Each new thread (e.g., *Do you also lose sleep every single night?*) will retain its original title with a certain capital letter next to it (following the alphabetical order): e.g., *Thread (A)*, *Thread (B)*. Below the complete title of the thread, I will firstly present its primary source (the original comment) in its textual form, also transferring the visual information, such as memes or other images (instead of a screenshot). Usually, the original comment may be too large to include it as a screenshot, and it often does not contain the distinctive profile picture of the user. The original comment will be named according to the thread it belongs to, e.g., *Original comment (A)*. Then, I provide the description of annotated data (if applicable), translation of the comment (if it is not in English) and a table that presents the utterances, stance foci and given scores.

The same procedure continues when adding the following comments: additionally, I will provide the original screenshots of the comments together with users' profile pictures. Each new reply to the original comment will be marked according to the numerical order. E.g., replies to the original comment (A) will be named in the following manner: the first reply to the original comment (A) is (A1), the second reply to the original comment (A) is (A2). Replies to the original comment (B) would be named: (B1), (B2) and etc. I will use this marking system originally designed for the present study to show the connection between any type of comments. If, for example, a certain comment is a reply not to the original comment, but to a specific previous reply, it will be marked accordingly: e.g., *Reply 1 to (A1)* (first reaction to the reply (A1) which responds to the original comment (A); *Reply 2 to (A1)* (second reaction to (A1) that is a reply to the original comment);

Reply 4 to (A2) (fourth reaction to the second reply to the original comment (A)). The complex structure of conversation threads may extend unlimitedly. E.g. *Reply 1 to (Reply 1 to (A1))* is the first reply to the first comment which replies to comment (A1) that originally responded to the original comment of the thread (A); *Reply 4 to (Reply 3 to (Reply 1 to (D4)))* is the fourth reply to the third reaction directed at the first reply to the comment (D4) that responded to the original comment (D). Such naming scheme that includes brackets helps to tackle the challenges of following the sequence of comments. It allows to observe the naturally developing interactions. Each thread is “alive”, as it is authentic and unpredictable. Threads may change their form when the commenters add more replies as the time goes by.

To distinguish between the authors of the comments and to respect data privacy regulations (Stommel & de Rijk, 2021), usernames will be coded by numbers, respecting the numerical order (e.g., starting from 001: *user 001, user 002, user 003 <...> user 130*, etc.). The alternated username will be provided below the title of the user’s comment. This username anonymization system was adopted from the targeted study by Kiesling et al (2018). Just as the comment naming scheme, it also facilitates the consistent observation of the natural interaction patterns between the members. Some may have a continuous conversation replying to each other’s comments (a separate dialogue) within the context of the other comments, while the others may react only sporadically: e.g., by replying to the original comment, skipping further discussion and responding to a particular comment of the other user that was posted later. In this study, there are instances when the same commenter appears in different comment threads. In order to keep consistency, I reused the same username (that was assigned when the first comment of the user was encountered) across separate threads.

3.8 Collected data

This case study includes data selected from four Reddit communities (subreddits): *r/ChronicPain*, *r/ChronicIllness*, *r/italy* and *r/france*. It contains 12 threads in three languages (English, Italian and French) that all cover the topic of chronic pain. The thesis body contains:

- (1) an exemplary thread in English (A) with 13 comments (taken from *r/ChronicPain*), (descriptive analysis of 10 first comments);
- (2) an exemplary thread in Italian (B) with 3 comments (taken from *r/italy*);
- (3) an exemplary thread in French (C) with 3 comments (taken from *r/france*).

The Appendix (see p. 78) presents the remaining comments of the exemplary threads (A-C): 19 comments of Thread (A) and 7 comments for both (B) and (C). Afterwards, it shows 9 additional threads in English that are taken from *r/ChronicPain* (D-H) and *r/ChronicIllness* (I-L). These threads contain 10 comments each (90 comments). In total, 142 comments by 103 different users were investigated. While analyzing the data, the 142 comments were manually separated into 860 utterances and given scores according to the chosen methodology.

4. Data analysis

4.1 Exemplary comment thread (English)

Table 1

Overview of the Subreddit r/ChronicPain

Language	Members	Date of creation
English	56,666	December 3, 2009

About Community (original description on Reddit)



For the broken, malfunctioning, pained people of the world and their friends/family. Got pain? This is the place to be. Bitching, complaining, whining, and otherwise venting about your condition is encouraged. Stop by the chat and say hi!

Exemplary thread (A). “Story of our lives”

1) Original comment (A)

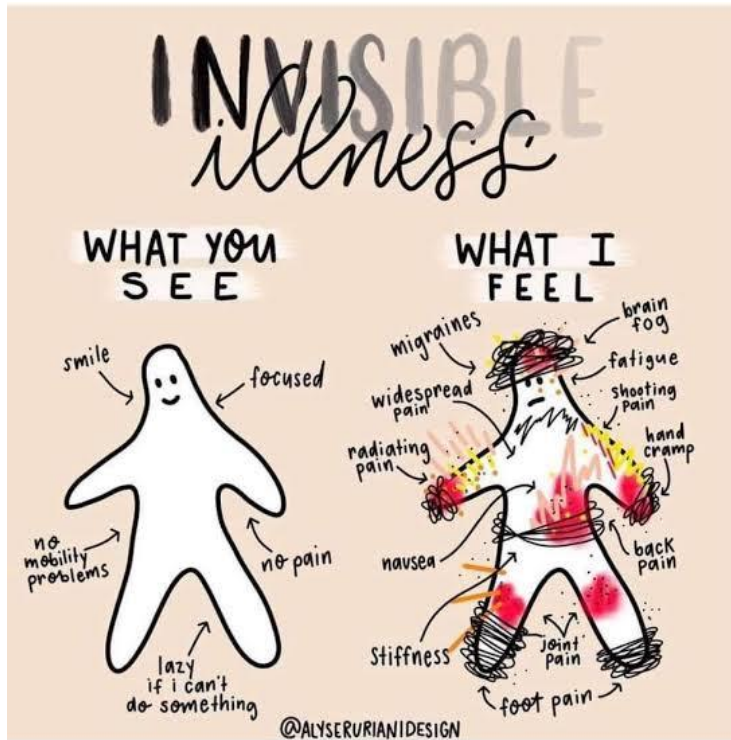
User 001:

“Story of our lives”

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
001.	Story of our lives	Universal experiences reuniting all chronic pain patients	4	5	5

Figure 2

Meme attached to the original comment of the Thread (A)



The original comment includes visual material: a meme “Invisible illness” that compares how people suffering from chronic pain get perceived in the outer world to the ways that they really feel inside. These individuals are often seen as focused, healthy and simply being lazy if they are not active enough. Contrastingly, the others do not realize that these patients may constantly feel exhausting “fatigue”, “migraines” or any other type of pain. In the sphere of medicine, metaphors are used to vividly describe the variety of pain and other chronic symptoms in order to increase the efficiency of the communication between doctors and patients (e.g., “shooting/radiating pain” or “brain fog”). Nevertheless, it seems that the sufferers do not always manage to explain their unpleasant sensations to the addressees, get wrongly perceived or decide not to elaborate on their pain at all. In this way, they remain misunderstood and disregarded by the society.

The comment is named “Story of our lives”, referring to the fact that this issue is relevant not only to the author of the thread, but that it is common among all the patients of chronic pain. This factor gets indicated by the possessive determiner “our”. The author aligns with the community of chronic pain patients, especially the ones that belong to this particular online community (r/ChronicPain). The message is highly personal as well: “What I feel”. The use of first person increases the score of affect together with an emotional and mentally painful stance focus itself (being dismissed and misinterpreted by society). The author seems to be highly invested in the utterance “Story of our lives” by passing the illustrated message with a powerful intention: they want the survivors to recognize the same struggles and to relate to each other.

2) Reply (A1) to the original comment

User 002:

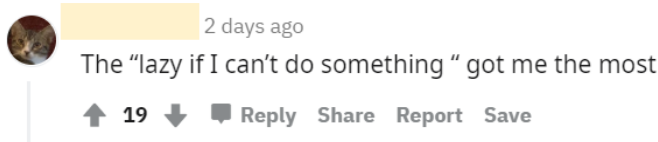


The first-person point of view shows extremely high investment, as well as the adverb “personally”: it demonstrates that the individual overtly demonstrates their position and takes the responsibility for their words. The alignment towards the original comment is clearly visible: the commenter has acknowledged the validity of the ideas expressed by the author of the thread. However, the levels of affect do not seem to be that high, as no concrete personal details or explicit feelings get mentioned.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
002.	I feel personally described	The individual (emotional) experiences of chronic pain patients	3	5	5

3) Reply (A2) to the original comment

User 003:



The comment personalizes the phrase “lazy if I can’t do something” from the meme: the commenter demonstrates clear alignment to the ideas of the meme, as well as to the thread author who posted it. The superlative form employed in the sentence “got me the most” shows high levels of affect and investment.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
003.	The “lazy if I can’t do something” got me the most	Relating to a particular part of the meme	4	4	4

4) Reply 1 to (A2)

User 004:



2 days ago

I have rheumatoid arthritis, and my mom had juvenile RA... and yet she still acts like I'm just being lazy and selfish... it boggles my mind!

↑ 7 ↓ Reply Share Report Save

It is the first commenter of the thread that does not directly answer to the meme, but to the other individual that previously commented on a concrete aspect of the meme. This commenter shows “double” stance (Du Bois, 2007): both towards the other commenter and the meme. The person agrees with the ideas about other people falsely judging chronic pain patients as the ones who pretend to suffer from pain in order to avoid doing certain tasks. However, the comment is more explicit and personalized than the one to which it replies: this Reddit user provides an example from their own life. The commenter concretizes the topic: they mention the judgmental attitude towards chronic pain patients no longer talking about the whole society but narrowing it down to the group of family members. The commenter uses first person (“I have rheumatoid arthritis”), shares personal information (diagnosis) and employs possessive determiner, as well as the informal term (“my mom”): all of these factors raise the scores of investment. The negative emotional reaction towards such perspective of the mother is constructed by adverbs “yet” and “still”: they refer to helplessness of the author, showing that they fail to change their mother’s opinion and that it is viewed as injustice committed against them. Adjectives representing a strong connotation of criticism, such as “lazy” and “selfish”, show the affective dimension of the utterance. The last sentence of the comment creates high levels of affect as well: the expression “boggles my mind” is an emotional one.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
004.	I have rheumatoid arthritis	Universal experiences of chronic pain patients	4	5	4
005.	And my mom had juvenile RA	The individual experience of the family members	2	2	3
006.	And yet she still acts like I’m just being lazy and selfish	Superficially judging chronic pain patients as selfish	5	4	5
007.	It boggles my mind	Negative emotional reaction towards superficial attitude of the others	5	4	5

5) Reply (A3) to the original comment

User 004:



1m · edited 1m

My husband often has to do things for me that I'm physically incapable of either due to pain or my wheelchair, and when I ask him he says "you do it." Hurts my feelings so much because I'd give anything to be normal and healthy and do for myself!

The pain he can't understand is the allodynia (the pain I get from him simply touching me unexpectedly.) Sometimes even the sheets in the bed hurt my skin. But then I remember how lucky I am to even have sheets and a bed, and so I try not to cry out in pain. But it's so hard sometimes to focus on that when my nerve endings are on fire.

↑ 18 ↓ [Reply](#) [Share](#) [Report](#) [Save](#)

The user replies directly to the original comment. Their personal story about the husband who fails to understand the nature of chronic pain “embodies” and concretizes the idea presented by the meme in real life, in their close environment (just as the previous commenter). Therefore, this user also shows their general stance towards the author of the thread: their positive alignment is evident. Utterance (008) is a statement that describes the usual actions of the husband without presenting personal judgment on the situation. Accordingly, the table demonstrates neutral scores for the axes of alignment and investment: the narrator keeps their distance. The possessive determiner (“my husband”) shows their relationship which does not allow to give lower scores for these two elements of stance. However, the axe of affect is rather low. Scores of affect become higher in the following utterances that start overtly presenting the user’s assessment together with the emotional dimension (Kiesling et al., 2018). Description of chronic pain sensations (e.g., utterances (012), (013) and (014)) result in high levels of affect, since they verbally express author’s suffering: physical (e.g., “the sheets in the bed hurt my skin”) and mental one, usually appearing as reactions to the unpleasant physical sensations of chronic pain (e.g., “it’s so hard sometimes to focus on that”). Physical pain may also provoke other natural physical responses: their degree of strength is expressed by various linguistic elements. For example, the negation shows the unbearable reactions that require conscious efforts to get controlled (“and so I try not to cry out in pain”). Further in the comment, the commenter starts getting actively involved in the situations described from the first person point of view. For instance, there is a dialogue between the narrator and the other character, the husband (“when I ask him he says”). It may be an allusion to the meme: the user starts projecting themselves and their family member onto the two opposite viewpoints depicted in the image: “What you see” (referring to the husband’s dismissive attitude, the use of second person) and “What I feel” (referring to the commenter’s authentic experiences, the use of first person). Automatically, the scores for alignment towards the original comment become higher. Employing first person especially raises the levels of investment, as the author shows not being indifferent and taking the responsibility for their own behavior (the use of “I” is frequent

throughout the whole comment). Investment also get heightened even by the most common adverbs that strengthen the overall effect of the utterance, such as “so”, “how” or “even” (e.g., “it’s so hard”, “even the sheets in the bed hurt my skin” or “how lucky I am to even have sheets and a bed”). The metaphor “my nerve endings are on fire” in utterance (016) received the highest scores with respect to all the three axes. It explains the burning sensations felt by the chronic pain sufferer. The fire metaphor can also be associated with the painted character of the meme: this person has different body parts set on fire, reflecting the official medical term “burning pain”. All these factors a sign of high alignment.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
008.	My husband often has to do things for me	Chronic pain patient’s need for assistance from partner	2	3	3
009.	that I’m physically incapable of either due to pain or my wheelchair	Chronic pain patient’s incapability of physical activities	3	3	4
010.	and when I ask him he says “you do it.”	Lack of understanding towards chronic pain patient’s need for assistance	3	5	3
011.	The pain he can't understand is the allodynia	Lack of understanding towards chronic pain	3	4	5
012.	(the pain I get from him simply touching me unexpectedly.) Sometimes even the sheets in the bed hurt my skin.	Description of chronic pain sensations when being touched	4	5	5
013.	But then I remember how lucky I am to even have sheets and a bed,	Chronic pain patient’s psychological coping mechanism	5	2	5
014.	and so I try not to cry out in pain.	Controlling their reactions to pain	5	4	5
015.	But it's so hard sometimes to focus on that	Concentration difficulty	4	4	4
016.	when my nerve endings are on fire.	Description of chronic pain sensations	5	5	5

6) Reply 1 to (A3)

User 005:



[Redacted] 1m

I'm so sorry. Could you keep the bed (they are good to have) and get a replacement husband?

Your pain is a documented thing. People don't need to understand it to be kind and respectful to you; they just need to know it exists and it sucks.

↑ 5 ↓ Reply Share Report Save

The commenter expresses their sympathy for the author of the comment (A3) by adding purposely chosen linguistic elements in their construction: the confident use of first person and an adverb “so” that strengthens the user’s position (“I’m so sorry”). These elements reflect high levels of all the three aspects of stance. The following utterance (018) introduces irony into the comment. The mocking attitude is presented in the form of a creative rhetorical question (“Could you <...> get a replacement husband?”). In the instructions on how to annotate stance (Kiesling et al., 2018, p. 714), sarcasm is listed as one of the hardest things to interpret using this analytical toolbox, as it is usually “intended to have the opposite effects than what is obvious”. In case of sarcasm detected, it is recommended to lower the investment since it shows how the commenter distances themselves from the claims they made (2018, p. 714): the commenter does not push the addressee to get a new partner in real life. In most cases, ironic items automatically represent emotionally dense content. It may not be evident because of the complex reverse nature of this rhetorical figure; however, the latter factor determines relatively high levels of affect. Even though the emotion of disgust is not expressed directly, it can be implied both from the structure and content of the utterance: (1) provoking question directed towards the other commenter; (2) belittling opposition between the usefulness of an object and that of a human being: “keep the bed” and “get a replacement husband”; (3) the imperative mood that signalizes the need for a quick change of the current state; (4) elements that are left unsaid, e.g., the beds are “good to have”, while there is no direct negative judgement of the husband, that would, for example, mention that he is “terrible to have”. This mechanism accentuates the confident personal attitude of the author: their position regarding the situation is expressed in an even more intense manner than if it was presented directly. It also raises the score of investment. At the same time, high levels of alignment can be inferred: all the utterances of the comment are individualized. Being adapted to the concrete story of the other user, they show empathy and deep understanding of the core of their issue. By employing the pronoun “you”, the commenter directly addresses the chronic pain sufferer (“could you”). Entering into a dialogue, they may even expect to get a reply, even though the ironic question does not necessarily require one. Afterwards, the user changes their tone by presenting a highly epistemic statement (“Your pain is a documented thing”). It involves “double” stance: not only does the commenter acknowledge their pain, but they also present it as an objective medical diagnosis, the general truth

that must be accepted by the others. Such an objective fact is lower in affect, but high in investment and alignment. The last utterance (020) demonstrates the combination of objective statements and subjective feelings of certainty regarding these facts. The subjectiveness can be seen from the modal verbs that express the approach desired from the others (“People don’t need to understand it” or “they just need to know”). On the other hand, objectiveness is visible from the choice of lexical items, such as existential verbs (e.g., “it exists” proves the undeniable existence of the other’s pain). Lastly, the affirmative form “it sucks” signalizes high investment, as the person seems to be convinced of their own subjective point of view on the matter. The lexical item itself carries negative emotional associations: it also raises the levels of affect. Additionally, being an element that represents informal speech, it shows the feelings of closeness to the previous commenter, which results in high scores of alignment. The commenter makes a clear distinction between two identities by the use of pronouns: “you” (the chronic pain patient) and “they” (the observers). The full comment makes it evident that the user aligns themselves with the community of chronic pain sufferers, even though the commenter does not use the pronoun “we” for the complete self-identification with these individuals yet. Interestingly, the same user 005 starts talking in the first-person plural (“we”) in their further replies.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
017.	I’m so sorry.	Empathy towards the previous commenter’s experiences	5	4	4
018.	Could you keep the bed (they are good to have) and get a replacement husband?	Criticism towards the partner of the previous commenter	4	4	2
019.	Your pain is a documented thing.	Acknowledgement of chronic pain	3	5	5
020.	People don’t need to understand it to be kind and respectful to you; they just need to know it exists and it sucks.	Need to raise awareness of chronic pain patients’ reality	4	4	5

7) Reply 1 to (Reply 1 to (A3))

User 006:



1m

that's pretty serious for a single reddit comment. there are a lot of situations where this isn't the awful "red flags everywhere" situation you're assuming it is- sometimes shit hits and neither party is equipped to deal with it. being forced into any type of caretaker role takes a toll on that person as well.

i learned this firsthand when i was young and the boyfriend i lived with (who i had a great relationship with) didn't know how to help me when my health issues started, and i equally didn't know how to support him and tell him what i really needed. it lead to lots of unhappiness and a slow, sad end to the relationship.

on the other hand, a friend who saw this happen through me took a different approach with therapy and an extreme activeness on his part (also he was definitely better informed than my ex) - and they are doing so much better than we did, but i can see the toll it's taking on him.

it's just not such an easy, black and white thing in real life. people express their frustrations in roundabout ways, we make the Wrong Choice, etc.

comment-OP, i would suggest letting him know clearly how badly that kind of response makes you feel, and try to figure out where it's coming from. it helps for these kinds of situations to frame it as "i feel xyz when i hear you say..." instead of "you are saying xyz to me and it's hurting my feelings" (seems like a small switch, but one is much more accusatory than the other and likely to put the recipient on the defensive) - i'm also just a stranger butting in, so, grain of salt and all.

↑ 3 ↓ Reply Share Report Save

It is the second empathic reaction in a row directed at the dramatic experiences of the author of (A3). However, this user does not place it as a direct reply to the comment (A3): instead, they provide their comment as a reply to the first comment that already expresses sympathy towards the suffering person, Reply 1 to (A3). Such sequence of the comments unfolds the complex and flexible nature of thread structure: potentially, this response could have been presented as Reply 2 to (A3), however, the user selected a different approach by replying to Reply 1 to (A3).

The first utterance (021) contains an evident evaluative expression with regard to the personal experiences presented by the commenter 004 who previously answered to the original comment of the thread ("that's pretty serious for a single reddit comment"). The combination of the adverb modifying the adjective ("pretty serious") reveals high scores of all the components constituting stance: affect (assessing the quality of the comment), alignment (appreciating the weight of the commenter's thoughts) and investment (being relatively convinced about their own judgement of the comment). Even though the author of the comment aligns themselves with the other chronic pain sufferer, they also try to empathize with the other group of affected individuals: their partners

who have to deal with chronic pain in relationships (sometimes unexpectedly, e.g., the partner “didn’t know how to help me when my health issues started”). These utterances showing both sides of the story slightly drop the scores of alignment with the two previous commenters. The first one (user 004) shared their personal disappointment in their partner’s indifferent attitude towards their illness, whereas the second commenter (user 005) exhibited an emotional reaction: they defended the rights of the individuals with chronic pain and condemned those who dismiss their suffering. Contrastingly, the author of this comment takes a balanced stance on the situation, including the struggles of the other party of the couple as well. These utterances result in high scores of affect, as they are mostly idioms with emotion-laden slang words (e.g., “this isn’t the awful red flags everywhere situation”, “it’s just not such an easy, black and white thing”, “sometimes shit hits” or “it takes a toll on that person as well”). Such universally accessible idioms allow the author to convincingly express their point of view and invite the readers to show empathy towards the partners’ stress too. The commenter trusts their own opinion, which can be seen from the use of verbs with a clear direction (e.g., to force, “being forced into any type of caretaker role”) or those lexical items that represent the instances of absoluteness or abundance (“any type of caretaker role” or “there are a lot of situations”) combined with the affirmative forms of verbs. These cases constitute high levels of the commenter’s investment. In further utterances, investment does not decrease: the narrator takes the first-person perspective and starts describing their private emotionally painful experiences of chronic pain. At this point, it becomes evident that the author of the comment is a chronic pain sufferer themselves, which distinguishes them from the previous chronic pain patients that only presented the viewpoint of the ill individuals. At the same time, the commenter also relates to the beliefs of the sufferers, which raises the scores of alignment. Therefore, this comment becomes an example of a Reddit user that tries to negotiate and explain their sense of identity to the others, in a moment-by-moment community which has the quality of versatility (Kiesling, 2015, p. 9). The atmosphere in the online community could change according to the variety of comments in which people express their identities to the others (Tovares, 2019). The way that a person has to construct and present their own identity also depends on the addressees. This process is seen when the user passes to a direct first-person narrative by giving advice to the others (“I learnt this firsthand when i was young”). Firstly, by including pronouns “I” and “you” into their utterance (039), the commenter schematically presents the model of communication in a couple where chronic pain is involved (“I feel xyz when i hear you say...”). Secondly, they also show that their identity matches the one of the other chronic pain patients, as the advice also applies to their own life. In this case, the pronoun “I” also contains the implicated pronoun “we”. Being highly invested in their suggestions, the user phrases their utterances in an affective manner: they overtly assess different ways of communication and behavior patterns (adjectives “much more accusatory” way of talking, “extreme activeness on his part”). Utterances (028) and (029) that present the personal relationship experiences of the user include nouns and adjectives with clear emotional connotation, for example, “it led to lots of unhappiness” or “a slow, sad end to the relationship”. Even though the commenter underlines that it may be a valuable advice to the community, their alignment becomes neutral (3) in some utterances: the author uses

the conditional structure (“I would suggest”). Later, the user emphasizes not having the right to regulate the others’ decisions, which lowers their investment in the utterance even more. Such attitude gets represented by an emotional metaphor, when the user modestly calls themselves a “grain of salt”. Moreover, they further use the adverb “just” that minimizes the potential influence (“I’m also just a stranger butting in”). A single lexical item “just” that was researched by Kiesling (See Theoretical background, p. 12) can fully modify the outcome of stance: depending on the context, it may minimize or maximize the speaker’s investment. Interestingly, the author also used “just” in another utterance (036) of the same comment, when talking about communication in couples in which one of the partner has an illness: “it’s just not such an easy, black and white thing in real life”. In this case, it demonstrates higher levels of investment, as it is an attempt to persuade the reader(s) about the complexity of the issue. As a comparison, the previous commenter (user 005) chose the same adjective “just” to show high undeniably high certainty of their claim in utterance (020): “they just need to know it exists and it sucks”, meaning that people must acknowledge the suffering of chronic pain patients.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
021.	that’s pretty serious for a single reddit comment.	Positive evaluation of the previous comment	4	4	4
022.	there are a lot of situations where this isn’t the awful “red flags everywhere” situation you’re assuming it is. sometimes shit hits and neither party is equipped to deal with it.	The unexpected need to deal with chronic pain in the couple	4	4	4
023.	being forced into any type of caretaker role takes a toll on that person as well.	Struggles of the unprepared chronic pain patients’ partners	4	4	4
024.	i learnt this firsthand when i was young	Introducing personal experiences	3	3	5
025.	and the boyfriend i lived with (who i had a great relationship with) didn’t know how to help me when my health issues started	Confusion of the chronic pain patient’s partner	4	4	4
026.	and i equally didn’t know how to support him	Not knowing how to support your partner who has to deal with your chronic pain	3	4	4
027.	and tell him what i really needed.	Voicing the real needs	4	4	5
028.	it led to lots of unhappiness	Unhappiness in the relationship	5	4	5
029.	and a slow, sad end to the relationship.	Devastating end of relationship due to chronic pain	5	3	5

030.	on the other hand, a friend who saw this happen through me	A friend following individual chronic pain experiences	2	3	3
031.	took a different approach with therapy	Choosing a therapeutic approach	2	3	3
032.	and an extreme activeness on his part	Proactive behavior of the chronic pain patient's partner	4	3	4
033.	(also he was definitely better informed than my ex)	Comparison of two people dealing with chronic pain in relationships	3	4	4
034.	and they are doing so much better than we did,	Successfully dealing with chronic pain in a couple	3	4	3
035.	but i can see the toll it's taking on him.	Struggles of the chronic pain patient's partner	4	3	4
036.	it's just not such an easy, black and white thing in real life. people express their frustrations in roundabout ways, we make the Wrong Choice, etc.	The complex nature of dealing with chronic pain in relationships	4	3	4
037.	comment-OP, i would suggest letting him know clearly how badly that kind of response makes you feel,	Need for clear communication about feelings between partners in a relationship where chronic pain is involved	3	4	4
038.	and try to figure out where it's coming from.	The origins of miscommunication	3	4	3
039.	it helps for these kinds of situations to frame it as "i feel xyz when i hear you say..." instead of "you are saying xyz to me and it's hurting my feelings"	Switch from accusatory way of talking to telling personal experiences without directly judging the other	4	4	4
040.	(seems like a small switch,	Small switch in communication	3	3	2
041.	but one is much more accusatory than the other	Comparison of accusatory and non-accusatory ways of communication while dealing with chronic pain in relationships	4	4	4
042.	and likely to put the recipient on the defensive).	Defensive feelings towards accusatory way of communication	3	4	4
043.	i'm also just a stranger butting in,	Acknowledging being distant from the other commenter	4	3	4
044.	so, grain of salt and all.	Feelings of modesty	4	3	4

8) Reply 1 to (Reply 1 to (Reply 1 to (A3)))

User 005:



1m

Your reply was more nuanced than mine. In a marriage or longterm relationship, though, there should be enough trust and communication where you never say to your partner, who's asked for your help, has more limited mobility, and lives in constant pain "why don't you do it yourself?"

Words can cut really deeply, especially when our disabilities can cause us to feel partially dependent on our partner, both wanting and needing their support, love, and understanding. Dismissal and small displays of contempt can make us feel like we're worth less and less to them.

I meant my tone to be light, but also to indicate "hey, that's not a nice way for your husband to treat you!"

I'm sorry the relationship you were in ended so sadly. It really is hard for all parties to know what to do when unexpected illness manifests, or serious injury occurs. I'm in my second relationship since my health problems got bad, and my partner and I are still learning how to communicate and support each other. It doesn't always go smoothly.

Practicing active listening skills and using statements like the one you described helps. But if a partner is dead-set on being ableist, what do we do then, when we can't switch bodies for a healthy model?

TL; DR: I worry about other people with chronic pain and illness being mistreated in their relationships.

↑ 2 ↓ Reply Share Report Save

Interestingly, a lively dialogue initiates between the two users who reacted to the same personal story described in (A3): the author of the first advice responds to the author of the second one. The commenter aligns with the previous user right from the beginning: appreciation for the explicit content of the second advice can be observed from the strengthening comparative construction ("Your reply was more nuanced than mine"). It even encourages the commenter to act by adding some more ideas to their previous insights as well. Further utterances demonstrate high commenter's investment: the individual confidently provides further aspects of their critical stance towards the inattentive partner mentioned in the story of (A3). The use of the negative adverb "never" found in utterance (047) signalizes strict assessment of their behavior ("where you never say to your partner"), while the metaphorical expression "Words can cut really deeply" in utterance (048) demonstrates both: (1) negative judgment of harm done by the inappropriate communication of the partner and (2) empathic perception of the chronic pain sufferer's relationship issues. Naturally, it impacts the levels of affect and alignment that become extremely high. The commenter even quotes the original question from the other user's comment "why don't you do it yourself?" to confirm their psychological involvement. It suggests that they start imagining themselves in the position of that particular person who hears this unpleasant complaint from their partner daily.

Such stancetaking tendencies reflect the process of shaping identity in the online environment: through their comments, user can display who they are and who they are not. In this case, the user socially identifies and aligns themselves with the larger community of chronic pain sufferers by the frequent and direct use of the different forms of the plural pronoun “we” (“our disabilities can cause us to feel partially dependent on our partner”). Pronouns become the main tool to express inclusivity and exclusivity. There is a clear opposition between “us” and “them”, the healthy partners: “Dismissal <...> can make us feel like we’re worthless and less to them”. This construction illustrates how the speaker aligns with the other ill people whose relationship quality gets threatened by chronic pain, but also indirectly aligns with the idea of the meme (“what you see” and “what I feel”). Yet, there is another part of the commenter’s identity visible as well. It is the one of an independent actor whose relationship is separate from the other relationships mentioned in the thread. Such stance can be decoded from the new oppositions of pronouns that appear (“I” and “you”): the use of the first and second person pronouns in the same sentence slightly lowers the score of speaker’s investment (“I’m sorry the relationship you were in ended so sadly”). In further utterances, the possessive adjective “my” accentuates the strong speaker’s sense of self also within their own relationship: “my partner and I are still learning how to communicate and support each other”. This makes the user seem to be a bit less aligned with the others, however, alignment still remains high (score of 4), as it also introduces valuable advice to the other couples. The instructions that follow later (e.g., practicing listening skills) have lower scores of affect (no personal judgement), but high scores of investment (confident tone). Finally, the user comes back to the collective identity by using the first-person pronoun in the plural form and posing a question to the community: “what do we do then” in utterances (062) and (063). Alignment rises. This diversity of stancetaking proves that online platforms may form a safe space in which the users feel close to each other, while also making their individual voices heard.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
045.	Your reply was more nuanced than mine.	Positive evaluation of the previous comment	4	5	4
046.	In a marriage or longterm relationship, though, there should be enough trust and communication	Importance of clear and trustful communication between chronic pain patient and the partner	3	5	4
047.	where you never say to your partner, who’s asked for your help, has more limited mobility, and lives in constant pain “why don’t you do it yourself?”	Partner needs to understandably accept the request of assistance from the chronic pain patient	5	5	5
048.	Words can cut really deeply,	Chronic pain patients’ sensitivity towards comments directed to them	5	5	5

049.	especially when our disabilities can cause us to feel partially dependent on our partner,	Partial dependence on the partner	5	5	5
050.	both wanting and needing their support, love, and understanding.	The need for partner's emotional support	5	5	4
051.	Dismissal and small displays of contempt	Partner's disrespectful behavior towards a chronic pain patient	4	5	4
052.	can make us feel like we're worthless and less to them.	The fragility of chronic pain patients' self-esteem and sense of importance to the partner	5	5	5
053.	I meant my tone to be light,	Clarifying the tone	4	3	4
054.	but also to indicate "hey, that's not a nice way for your husband to treat you!"	Summarizing the issue of the wrong behavior of the commenter's partner	4	4	5
055.	I'm sorry the relationship you were in ended so sadly.	Empathy towards the previous commenter's devastated relationship	5	5	4
056.	It really is hard for all parties to know what to do when unexpected illness manifests, or serious injury occurs.	Confusion of both partners in case of unexpected chronic pain	4	4	4
057.	I'm in my second relationship since my health problems got bad,	Second relationship combined with chronic pain experiences	4	5	4
058.	and my partner and I are still learning how to communicate and support each other.	The long learning process of how to properly behave in a relationship when chronic pain is involved	4	4	4
059.	It doesn't always go smoothly.	Unstable process of changing the communication patterns	4	5	4
060.	Practicing active listening skills and using statements like the one you described helps.	Commenter's advice regarding communication between partners	3	5	4
061.	But if a partner is dead-set on being ableist,	The toxic lack of balance in a relationship where chronic pain is involved	4	3	4
062.	what do we do then,	Confusion	3	5	3
063.	when we can't switch bodies for a healthy model?	Inability to reach total equality in a relationship	4	5	5
064.	TL; DR: I worry about other people with chronic pain and illness being mistreated in their relationships.	Empathy towards chronic pain sufferers mistreated in their relationships	5	5	5

9) Reply 2 to (A3)

User 006:



1 day ago

had a similar situation with an ex, where he really struggled emotionally with the touching = pain thing- especially since it happened about a year into us dating, it was a huge change to adjust to. i wish i could say we found a solution but we didn't try as hard as we should have and never really addressed it properly. i hope things go better for you both!

↑ 1 ↓ Reply Share Report Save

The user 006 who previously reacted to the relationship problems of another commenter without directly responding to their comment (A3) now chooses to change their conversational strategy. Here, the user directly (but briefly) replies to the relevant person, which may attract their attention by showing user's 006 desire for a dialogue. Once again, this speaker overtly relates to the partner's behavior described in comment (A3) by employing the adjective "similar" ("had a similar situation"): the axe of alignment is generally high throughout the comment. Since the commenter's story reveals the changing mental states and attitudes of the characters (not only the objective facts and circumstances), the dimension of affect is present as well. It is evident from the emotionally charged language: the combination of a mental state verb and an intensifier ("struggled emotionally"), the frequent use of other intensifying adverbs ("especially since it happened") and adjectives ("a huge change"). The highest scores for investment appear in the utterances where the commenter expresses their regret for the situation that happened in the past, for instance, utterance (068): "I wish I could say we found a solution". The use of second conditional indicates the desired subjective projection of the events, which increases the levels of affect. The utterance saying that the couple "never really addressed it properly" (070) is not as emotional, however it includes assessment of the actions. The last utterance (I hope things go better for you both!) was awarded the highest score of alignment as it is positive and directed solely at the other user. It also represents high investment and affect because of its subjective content (wishes) and form that shows sincere involvement (an exclamation mark at the end).

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
065.	had a similar situation with an ex, where he really struggled emotionally with the touching = pain thing-	Relating to the experiences of the previous commenter regarding the emotional struggle of the chronic pain patient's partner	5	5	5
066.	especially since it happened about a year into us dating,	Timeline of finding out about chronic pain in a relationship	3	4	4
067.	it was a huge change to adjust to.	Unexpected important changes	5	4	5

068.	i wish i could say we found a solution	The need for both partners to address issues	4	4	4
069.	but we didn't try as hard as we should have	Regret about not putting enough effort	4	5	5
070.	and never really addressed it properly.	Regret about not focusing on the problem	4	5	5
071.	i hope things go better for you both!	Wishing a successful relationship to the previous commenter	4	5	4

10) Reply (A4) to the original comment

User 007:



User 007 2 days ago

Perfect! All of these apply! Sometimes it's hard to explain that on a bad day even the bones in my feet hurt to walk on them. One thing missing here for me. When my skin hurts so bad (usually on infusion day) that I can't stand to have clothing touch me. 😞


↑ 12 ↓ [Reply](#) [Share](#) [Report](#) [Save](#)

The comment brings the discussion back to the original post instead of focusing on the replies that narrowed the topic down to the struggles of couples. User 007 starts by providing a positive assessment of all the aspects shown in the meme (authentic sensations of the patients and false beliefs of the others). Linguistic elements seen in the first utterances demonstrate maximal scores of affect, involvement and investment: the adverb “perfect” denote an absolute acceptance of the content, exclamation marks express the commenter’s excitement regarding the meme, as well as the totality presented by the pronoun “all”. The commenter agrees with the fact that it is hard to explain their issues to healthy individuals: there appears to be a clear alignment with the original title of the meme (“Invisible Illness”). Explicit descriptions of physical pain contain subjective judgement of the situations, which increases the scores of affect. For example, the user shows that they perceive their pain sensations as abnormal ones by including the adverb “even”: utterance (075) says “even the bones in my feet hurt”. Finally, the commenter provides additional information that could improve the meme (“one thing missing here for me”): this decision also reveals their alignment, while affect remains neutral. The user cares about informing both healthy individuals and other patients about the possible variations of chronic pain. The description of the hurting skin includes a sad face emoji at the end of the last utterance. It can be seen as an important non-verbal marker of emotion, just as emotion words (van Berkum, 2018). The combination of the emoji and the emotionally connotated idiom “I can’t stand” results in high affect and investment, as it reveals the patient’s irritation.

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
072.	Perfect! All of these apply!	Relating to the elements of the original meme	5	5	5
073.	Sometimes it's hard to explain	Difficulties in explaining chronic pain to the others	4	5	4
074.	that on a bad day	Days when the patient has stronger pain sensations	4	5	4
075.	even the bones in my feet hurt to walk on them.	Description of chronic pain sensations	5	5	5
076.	One thing missing here for me.	Adding additional relevant experiences	3	3	5
077.	When my skin hurts so bad (usually on infusion day) that I can't stand to have clothing touch me. 😞	Description of chronic pain sensations	5	4	5

11) Reply 1 to (A4)

User 008:

 2 days ago
 Yes. They hurt to put on the ground as I gently step out of my car on a cold winter day.
 ↑ 3 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
078.	Yes. They hurt to put on the ground as I gently step out of my car on a cold winter day.	Relating to the chronic pain sensations described by the previous commenter	3	5	5

12) Reply (A5) to the original comment

User 009:

 2 days ago
 This hit me in the damn heart 😞❤️
 ↑ 10 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
079.	This hit me in the damn heart 😞❤️	Emotionally identifying themselves with the original meme	5	5	5

13) Reply (A6) to the original comment

User 008:



2 days ago

I got subtly cursed out for parking in a handicap spot (with a placard in place in my car) by some lady one day because I apparently looked like I was totally ok.

She had no clue that it was still winter and if I didn't have the placard option, I would have probably been worse off and looked like I needed it after a longer walk than what I had there. Any exposure to cold longer than a couple minutes locks me up. Made me so mad.

↑ 9 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
080.	I got subtly cursed out for parking in a handicap spot (with a placard in place in my car) by some lady one day	Superficial negative judgment of chronic pain patients while confusing them with healthy people	4	5	4
081.	because I apparently looked like I was totally ok.	The confusing physical appearance of chronic pain patients	4	5	4
082.	She had no clue that it was still winter	People's unawareness of specific conditions negatively affecting the chronic pain patient	4	5	5
083.	and if I didn't have the placard option, I would have probably been worse off and looked like I needed it after a longer walk than what I had there.	Imagining the possible negative effects of unfavorable conditions	4	4	5
084.	Any exposure to cold longer than a couple minutes	Exposure to cold as a negative factor	4	4	4
085.	locks me up.	Description of chronic pain sensations	5	4	5
086.	Made me so mad.	Anger of the mistreated chronic pain patient	5	4	5

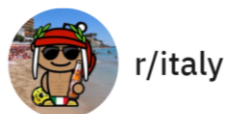
4.2 Exemplary thread (Italian)

Table 2

Overview of the Subreddit r/italy

Language	Members	Date of creation
Italian	327,130	July 25, 2008

About Community (original description on Reddit)



Reddit Italy - Italia Welcome everyone! This is a place to post and discuss anything related to Italy. We also speak English!

Exemplary comment thread (B). “*Sindrome del dolore cronico pelvico*” (Pelvic chronic pain syndrome)

1) Original comment (B)

User 022:

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
141.	Sindrome del dolore cronico pelvico,	<i>Pelvic chronic pain syndrome,</i>	Concrete diagnosis of chronic pain	2	4	4
142.	i malati invisibili.	<i>the invisible sick.</i>	Invisibility of the patients	3	5	5
143.	Riassunto di un girone infernale	<i>Summary of a circle of hell</i>	Vicious cycle of chronic pain	5	5	5
144.	(ignoto il peccato originale).	<i>(original sin unknown).</i>	Unknown reasons for getting chronic pain	4	5	4
145.	Tutto iniziò 3 anni fa	<i>It all started three years ago</i>	Start of a chronic condition	2	3	4

146.	sembrava una cistite violentissima, pollachiuria	<i>it looked like a very violent cystitis, pollakiuria</i>	Suspected diagnosis	4	3	4
147.	(minzione frequente, anzi costante), bruciore alla minzione, tenesmo vescicale, sensazione di fastidio difficile da spiegare, una sorta di intorpidimento, gonfiore.	<i>(frequent urination, constant, to be precise), painful urination, bladder tension, a feeling of discomfort that is difficult to explain, a sort of numbness, bloating.</i>	Description of unpleasant symptoms	4	4	5
148.	Ho assunto subito del Monuril, un antibiotico monodose	<i>I immediately took Monuril, a single-dose antibiotic</i>	Taking an antibiotic	3	3	4
149.	di solito risolutivo,	<i>that was usually effective,</i>	Usual level of effectiveness of the antibiotic	4	3	4
150.	ma nessun effetto.	<i>but there was no effect.</i>	No results of antibiotic therapy	3	4	4
151.	Il dolore, il fastidio, l'urgenza diventano insopportabili	<i>The pain, the discomfort, the urgency became unbearable,</i>	Unbearable sensations	5	5	5
152.	così vado dalla guardia medica,	<i>so I went to the doctor's office,</i>	Visit to the doctor	2	4	3
153.	la quale mi prescrive subito altri antibiotici abbinati a vari integratori e fermenti lattici,	<i>where I got prescribed other antibiotics combined with various supplements and lactic ferments,</i>	Prescription of a different type of antibiotics	2	4	4
154.	senza alcun miglioramento,	<i>no improvement,</i>	No results of antibiotic therapy	3	4	4
155.	anzi, peggiora la situazione,	<i>on the contrary, it worsened the situation,</i>	Negative impact on the situation	4	4	4
156.	specialmente la sera.	<i>especially in the evening</i>	Concretizing the conditions	4	4	5
157.	Esasperata e sofferente una notte vado al pronto soccorso,	<i>One night, desperate and suffering I went to the emergency room,</i>	Desperate visit to the emergency room	5	4	5
158.	mi affidano al reparto urologia,	<i>they entrusted me to the urology department,</i>	Directing the patient to appropriate department	2	3	3

159.	i medici sono increduli, spaesati, non sanno dove mettere le mani	<i>the doctors were incredulous, bewildered, they didn't know where to put their hands</i>	Doctors' confusion	5	5	5
160.	e così a occhio optano una cura di 10gg di Rocefin (antibiotico pesante) endovena.	<i>and so they hesitantly opted for a 10-day cure of Rocefin (an antibiotic from Pesaro) injections.</i>	Hesitant prescription of an antibiotic	4	4	4
161.	La situazione non cambia,	<i>The situation did not change,</i>	No results of antibiotic therapy	3	4	4
162.	continuo a star male, malissimo,	<i>I continued to feel bad, terrible,</i>	Continuation of symptoms	4	5	5
163.	mi hanno solo devastato lo stomaco.	<i>they just destroyed my stomach.</i>	Negative impact on the stomach	5	3	5
164.	L'unica cosa che cambia è la qualità della mia vita,	<i>The only thing that has changed is the quality of my life,</i>	Changes in the quality of life	4	4	5
165.	stravolta totalmente,	<i>I am totally upset,</i>	Sadness	5	5	5
166.	dal punto di vista lavorativo (posso lavorare poche ore)	<i>with regard to work (I can work only a few hours)</i>	Negative impact on career	3	4	4
167.	e da quello sociale (non esco, se non pochissimo,	<i>and the social life (I do not go out, or very little,</i>	Negative impact on social life	3	4	4
168.	in quanto sono sempre sofferente	<i>as I am always suffering</i>	Constant suffering	5	5	5
169.	e ho bisogno di urinare ogni 5 minuti, realmente ogni 5 minuti).	<i>and I need to urinate every 5 minutes, actually every 5 minutes).</i>	Discomfort of frequent urination	2	3	5
170.	Mi sento abbandonata e persa,	<i>I felt abandoned and lost,</i>	Feeling lost	5	5	5
171.	passo le mie giornate alla ricerca ossessiva, compulsiva e solitaria su internet, tra siti informativi e forum.	<i>I spent my days browsing on the internet all obsessive, compulsive and lonely, searching through information sites and forums.</i>	Frantic search for information online	5	5	5
172.	E leggendo diversi casi e testimonianze capisco che probabilmente soffro della Sindrome del	<i>And while I was reading stories of several cases and testimonies, I understood that I probably suffer from Chronic</i>	Diagnosing themselves according to the experiences of the other chronic pain sufferers	4	5	4

	dolore Cronico Pelvico.	<i>Pelvic Pain Syndrome.</i>				
173.	Ricomincia quindi l'inferno	<i>Then the hell starts again</i>	Continuation of negative experiences	5	5	5
174.	tra visite private a Roma, Bologna, Milano,	<i>between private visits to Rome, Bologna, Milan,</i>	Numerous private visits to doctors	2	4	4
175.	tutte le indagini negative, l'apparato sanissimo, nessun segno di sofferenza, nessuna anomalia.	<i>all the tests are negative, perfectly healthy apparatus, no signs of suffering, no anomalies.</i>	No abnormalities found	2	4	4
176.	A questo punto cominciano a dirmi che forse è lo stress, potrei aver somatizzato tensione, mah!	<i>At this point they begin to tell me that maybe it's the stress, I could have somatized tension, mah!</i>	Convincing the patient about the possible impact of stress	4	5	3
177.	Trovo l'indirizzo di un famoso Dottore,	<i>I found the address of a famous Doctor,</i>	Finding the contacts of a famous doctor	4	3	4
178.	descritto come un luminare dell'uroginecologia e di questa sindrome,	<i>described as a luminary of urogynecology and this syndrome,</i>	Specialization in urogynecology	5	3	4
179.	uno dei pochi in Italia che la tratta.	<i>one of the few ones in Italy that treat it.</i>	Rare specialization in Italy	3	3	4
180.	Spendo 250 euro e passa a visita,	<i>I spent 250 euros and went for a visit.</i>	Expensive and exclusive visit to the doctor	3	4	4
181.	lui non mi guarda neanche negli occhi,	<i>He did not even look me in the eye,</i>	Lack of eye contact	4	3	4
182.	mi ascolta due minuti	<i>he listened to me for two minutes</i>	Superficial verbal communication	3	4	4
183.	e mi da ancora farmaci, antidepressivi e antiepilettici,	<i>and gave me more drugs, antidepressants and antiepileptics,</i>	Repetitive prescription of medication	2	5	4
184.	sbolognandomi così,	<i>thus disgracing me like this,</i>	Psychological discomfort	5	5	5
185.	senza spiegazioni,	<i>without explanation,</i>	Lack of doctor's explanations	3	5	4
186.	dicendo che ci vuol pazienza, si vedrà, devo solo iniziare la nuova terapia e	<i>saying that it takes patience, we would see, I would have to just start the new</i>	Long waiting time to see the results	3	4	3

	aspettare, il percorso è lungo.	<i>therapy and wait, the path is long.</i>				
187.	Ma il percorso per cosa?????	<i>But the path for what ?????</i>	Patient's dissatisfaction	5	4	5
188.	Non ha funzionato,	<i>It didn't work,</i>	No results of the therapy	2	5	5
189.	ma i farmaci tengono a bada il sintomo,	<i>but the drugs keep the symptom in control,</i>	Symptoms under control	3	4	4
190.	sono farmaco dipendente,	<i>I'm addicted to medication,</i>	Addiction to medication	3	5	4
191.	ma sono più tranquilla	<i>however I'm calmer</i>	Improved psychological health	4	3	4
192.	e non mi sento più sola (non più così tanto).	<i>and I don't feel lonely anymore (not that much anymore).</i>	Feeling less lonely	5	3	4
193.	Morale della favola	<i>Moral of the story</i>	Introducing the summary of the story	5	4	5
194.	il sistema sanitario italiano è classista,	<i>is that the Italian health system is classist,</i>	Classism in the Italian health system	4	4	5
195.	se hai i soldi puoi curarti privatamente	<i>if you have the money you can treat yourself privately</i>	Expensive private healthcare	3	4	5
196.	visto che pubblicamente è un delirio,	<i>since the public sector is a delusion,</i>	Disappointment in public healthcare	4	4	5
197.	i medici ti spingono proprio verso il privato.	<i>the doctors push you towards the private sector.</i>	Directing patients towards the private sector	4	4	3
198.	Uno dei primi urologi mi disse,	<i>One of my first urologists told me,</i>	Private talk with the doctor	3	3	4
199.	qui funziona così, se vuoi che ti segua devi venire nel mio studio in via tal de tali...	<i>this is how it works here, if you want me to observe you, you have to come to my private office in such a way...</i>	Directing patients towards the private sector	4	4	4
200.	se stai male e stai soffrendo come un cane	<i>if you are sick and suffering like a dog,</i>	Dramatic suffering	5	5	5
201.	ci vai, ti vendi pure un rene pur di alleviare le sofferenze.	<i>you should go there and sell your kidney to alleviate the suffering.</i>	Ironizing the ways to get money for private healthcare	5	4	2

202.	Per tutt* coloro che hanno problemi di minzione, cistiti ricorrenti o che non passano con i normali trattamenti, ecc,	<i>For all those who have urination problems, recurrent cystitis or who are not going through normal treatment, etc.,</i>	Describing the target audience of chronic pain sufferers	3	5	4
203.	consiglio vivamente di rivolgersi ad un centro per il dolore cronico pelvico!	<i>I highly recommend that you go to a center for chronic pelvic pain!</i>	Recommendation to contact institutions related to chronic pain	5	5	5

2) Reply (B1) to the original comment

User 023:



User 023 · 2y

Lo ho da 8 mesi. I dottori Olandesi sono stati ancora più coglioni, hanno idee molto strane su cosa costituisce "curare" le persone, dubito facciano giramenti di ippocrate di qualsiasi tipo visto il loro modus operandi. Agli inizi dicevano che fosse tutto nella mia testa, era stress o che magari avevo un tumore (due opposti totali). Si rifiutavano di farmi vedere un urologo (qui devi avere il permesso di vedere uno specialista lol). Un medico italiano mi ha fatto fare il test di stamey ed eco. Nessuna traccia di cisti o tumori, ha scoperto il batterio però. Bello sapere che non era tutto nella mia testa ma è difficile sbarazzarsene e superarla. Nei primi mesi sono caduto in forte depressione e ho dovuto iniziare a vedere uno psicologo. Pian piano sto recuperando il morale ma non so se la mia vita tornerà mai come prima...

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No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
204.	Lo ho da 8 mesi.	<i>I have had it for 8 months.</i>	Duration of chronic pain experiences	2	5	4
205.	I dottori Olandesi sono stati ancora più coglioni,	<i>The Dutch doctors have been even bigger jerks,</i>	Criticism towards Dutch doctors	5	3	5
206.	hanno idee molto strane su cosa costituisce "curare" le persone,	<i>they have very strange ideas about what constitutes "cure" people,</i>	Unusual approach towards the patients' health issues	5	4	5
207.	dubito facciano giramenti di ippocrate di qualsiasi tipo visto il loro modus operandi.	<i>I doubt they respect the Hippocratic oath in any way given their modus operandi.</i>	Accusing doctors of disrespectful behavior	5	5	5

208.	Agli inizi dicevano che fosse tutto nella mia testa,	<i>At first they said it was all in my head,</i>	Convincing the patient about imagining the illness	3	5	3
209.	era stress	<i>it was stress</i>	Stress as a possible factor of chronic pain	3	5	3
210.	o che magari avevo un tumore	<i>or maybe I had a tumor</i>	Tumor as a possible factor of chronic pain	3	4	3
211.	(due opposti totali).	<i>tumor (two total opposites).</i>	Instability of doctors' judgement	5	4	5
212.	Si rifiutavano di farmi vedere un urologo	<i>They refused to let me see a urologist</i>	Refusal to direct the patient to another specialist	3	3	4
213.	(qui devi avere il permesso di vedere uno specialista lol).	<i>(here you have to be allowed to see a specialist lol).</i>	Structure of the Dutch health system	4	3	5
214.	Un medico italiano mi ha fatto fare il test di stamey ed eco.	<i>An Italian doctor gave me the stamey and echo test.</i>	Tests made by an Italian doctor	2	4	3
215.	Nessuna traccia di cisti o tumori,	<i>No traces of cysts or tumors,</i>	Absence of cysts and tumors	3	3	4
216.	ha scoperto il batterio però.	<i>he discovered the bacterium though.</i>	Bacterium found	3	3	4
217.	Bello sapere che non era tutto nella mia testa	<i>Nice to know it wasn't all in my head</i>	Partial psychological relief of the patient	4	5	4
218.	ma è difficile sbarazzarsene e superarla.	<i>but it's hard to get rid of it and get over it.</i>	Psychological difficulties of dealing with chronic pain	5	5	5
219.	Nei primi mesi sono caduto in forte depressione	<i>In the first few months I fell into severe depression</i>	Depression	5	5	5
220.	e ho dovuto iniziare a vedere uno psicologo.	<i>and had to start seeing a psychologist.</i>	Need for psychological consultations	4	4	4
221.	Pian piano sto recuperando il morale	<i>I'm slowly recovering psychologically</i>	Psychological recovery	5	3	4
222.	ma non so se la mia vita tornerà mai come prima...	<i>but I don't know if my life will ever go back to the way it was before ...</i>	Lack of belief in the return of the previous life conditions	4	5	4

3) Reply 1 to (B1)

User 024:



2y

Plutocratica Sicumera

Il sistema sanitario Olandese è la merda della merda. Il medico di base è una barriera tra il paziente e gli specialisti/esami e il suo unico compito è ridurre la spesa delle assicurazioni.

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No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
223.	Il sistema sanitario Olandese è la merda della merda.	<i>The Dutch health system is the biggest crap of crap.</i>	Negative judgment of the Dutch health system	5	5	5
224.	Il medico di base è una barriera tra il paziente e gli specialisti/esami	<i>The primary care physician is a barrier between the patient and the specialists/exams</i>	Primary care physicians' influence on patients' further visits	4	5	4
225.	e il suo unico compito è ridurre la spesa delle assicurazioni.	<i>and their only mission is to reduce the expense of insurance.</i>	Ironizing the primary care physicians' decisions regarding patients	5	4	2

4.3 Exemplary thread (French)

Table 3

Overview of the Subreddit r/france

Language	Members	Date of creation
French	639,651	March 19, 2008

About Community (original description on Reddit)



La France et les Français (France and the French)

Exemplary comment thread (C). “*Douleur Chronique*” (Chronic Pain)

1) Original comment (C)

User 027:

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
276.	Bonjour tout le monde,	<i>Hello everyone,</i>	Greeting the community	4	5	4
277.	Je ne poste pas souvent ici,	<i>I don't post here often,</i>	Low activity of the user	3	3	4
278.	mais j'avais envie de parler avec vous	<i>but I wanted to talk to you about a problem</i>	Wish to share a problem	4	5	5
279.	d'un problème qui me touche,	<i>that affects me,</i>	Personal experiences of chronic pain	4	5	5
280.	et toucherait 30% des adultes:	<i>as well as 30% of adults:</i>	Impact of chronic pain on a large part of the society	4	5	5
281.	la douleur chronique.	<i>chronic pain.</i>	Naming the problem	3	4	5
282.	Pour ma part, c'est un mal en bas du dos	<i>As for me, it is pain in the lower back</i>	Concrete type of chronic pain	3	4	5

283.	que je traîne depuis environ 7 ans	<i>that I have been dragging behind myself for about 7 years</i>	Duration of personal chronic pain experiences	3	4	5
284.	(j'ai 25 ans),	<i>(I am 25 years old)</i>	Age of the commenter	2	4	4
285.	et que je n'ai pas réussi à faire partir	<i>and that I have not managed to get rid of</i>	Unsuccessful attempts to get rid of chronic pain	4	5	5
286.	malgré plusieurs kinés.	<i>despite several physiotherapists.</i>	Help of numerous physiotherapists	3	4	4
287.	Aujourd'hui mon problème n'est pas encore parti,	<i>Today my problem is not gone yet,</i>	Persistent problem of chronic pain	3	5	4
288.	mais je pense avoir trouvé les clefs pour y arriver.	<i>but I think I have found the keys to get there.</i>	Solution to the problem	4	4	5
289.	Je voulais donc les partager ici	<i>So I wanted to share them here</i>	Sharing the knowledge	4	5	5
290.	pour celles et ceux que ça intéresseraient.	<i>with those who would be interested.</i>	Target audience	3	5	4
291.	Ce que je vais dire là, je le tire de deux sources:	<i>What I am going to say here, I take it from two sources:</i>	Knowledge based on two sources	2	5	5
292.	un kiné que vous trouverez facilement sur YouTube (et son livre),	<i>a physiotherapist that you will easily find on YouTube (and his book),</i>	YouTube videos and a book as the first source	4	5	4
293.	ainsi que ce site internet dont il parle dans sa dernière vidéo.	<i>as well as this website which he talks about in his last video.</i>	Website as the second source	3	4	4
294.	Première chose importante:	<i>First important thing:</i>	Underlining an important idea	4	4	5
295.	vous pouvez ressentir de la douleur alors que votre corps ne souffre d'aucun problème physique.	<i>you can feel pain while your body is not suffering from any physical problem.</i>	Pain unrelated to physical problems	5	5	5
296.	Et c'est pas si étonnant quand on réfléchit,	<i>And it's not so surprising when you think about it,</i>	Unsurprising fact	5	4	4
297.	car l'inverse vous l'avez sûrement déjà vécu:	<i>because the opposite you have surely experienced it:</i>	Opposite experiences	4	5	5
298.	ne pas ressentir de douleur alors que	<i>not to feel pain when you have a physical problem.</i>	Physical problems without pain sensation	4	5	5

	vous avez un problème physique.					
299.	Ça s'appelle l'inhibition descendante (~adrénaline),	<i>It's called top-down inhibition (~adrenaline),</i>	Adrenaline rush	3	4	5
300.	et c'est ce qui fait par exemple que vous arrivez à courir pour fuir un danger sans même ressentir une cheville à moitié foulée.	<i>and that's what makes you, for example, manage to run away from danger without even feeling a half-sprained ankle.</i>	Protective functions of adrenaline rush	3	4	5
301.	Déjà je trouve que c'est quand même une belle avancée pour l'espoir et le mental	<i>Already I find that it is nevertheless a great breakthrough for hope and for the mind</i>	Comforting fact	5	5	5
302.	de se dire que notre douleur n'est pas forcément liée à un problème physique,	<i>to say that our pain is not necessarily linked to a physical problem,</i>	Pain unlinked to physical problems	4	4	4
303.	donc que notre corps est en "bonne santé".	<i>therefore that our body is in "good health".</i>	New attitude towards chronic pain patients' bodies	4	4	4
304.	Sans être un expert,	<i>Without being an expert,</i>	Acknowledging lack of professionalism	4	4	4
305.	ce que j'ai compris des deux sources citées plus haut,	<i>what I understood from the two sources cited above,</i>	Subjective understanding	4	4	5
306.	c'est que le cerveau peut déconner sur son interprétation des signaux envoyés par les cellules nerveuses liées à la douleur.	<i>is that the brain can mess around on its interpretation of signals sent by nerve cells related to pain.</i>	Signals misinterpreted by the brain	3	4	5
307.	Et il faut donc réapprendre au cerveau	<i>And it is therefore necessary to reteach the brain</i>	Reteaching the brain	5	5	5
308.	qu'il peut faire certains mouvements sans avoir mal.	<i>that it can do certain movements without pain.</i>	Ability of moving without pain	3	4	5
309.	L'avantage c'est que même si le dos travaille un peu moins que sur des exos ciblés, cela permet de faire des exercices, de bouger	<i>The advantage is that even if the back works a little less than on targeted exercises, it allows you to do exercises, to move!</i>	Advantage of the exercises	5	5	5

310.	Voilà en tout cas où j'en suis aujourd'hui,	<i>In any case, this is where I am today,</i>	Personal progress	4	4	5
311.	depuis 3 mois je fais 3 séances de 15 minutes par semaine d'exercices simples et complets.	<i>for 3 months I have been doing 3 sessions of 15 minutes per week of simple and complete exercises.</i>	Exercise routine	4	4	5
312.	Et même si le problème n'est pas encore parti,	<i>And even if the problem is not gone yet,</i>	Persistent problem	4	4	4
313.	je suis déjà très content de pouvoir faire un peu sport léger sans avoir mal.	<i>I am already very happy to be able to do a little light sport without hurting.</i>	Satisfaction with exercising	5	4	5
314.	J'ai le sentiment que je me porte mieux qu'il y a un an,	<i>I have the feeling that I am doing better than a year ago,</i>	Positive progress	5	4	4
315.	et j'ai bon espoir que ça va encore s'améliorer.	<i>and I am hopeful that it will get even better.</i>	Hope for future health improvements	5	4	4
316.	N'hésitez pas à partager ici vos expériences avec la douleur chronique.	<i>Feel free to share your experiences with chronic pain here.</i>	Encouragement to share experiences	4	5	5
317.	Si vous l'avez surmontée et comment,	<i>If you overcame it and how,</i>	Overcoming chronic pain	4	5	4
318.	ou si vous avez du mal à en voir le bout,	<i>or if you have trouble seeing the end of it,</i>	Endless chronic pain	4	5	4
319.	auquel cas j'espère que ce poteau pourra vous aider un peu.	<i>in any case, I hope this post can help you a bit.</i>	Potential usefulness of the comment	4	5	4

2) Reply (C1) to the original comment

User 028:



· 6m

Euh tu dis rien de concret. Quels exercices précisément?

Sérieux j'ai juste l'impression que tu veux juste faire de la pub pour le site que tu cites.

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No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
320.	Euh tu dis rien de concret.	<i>Uh, you are not saying anything concrete.</i>	Accusation of a vague comment	5	2	5
321.	Quels exercices précisément?	<i>What exercises precisely?</i>	Request to concretize the exercises	3	3	4
322.	Sérieux j'ai juste l'impression que tu veux juste faire de la pub pour le site que tu cites.	<i>Seriously I just feel like you just want to advertise the site you are citing.</i>	Suspicious about the commenter's real intentions	4	1	5

3) Reply 1 to (C1)

User 027. Author of the original comment:



6m

Je vais prendre sur moi le fait que j'ai mal écrit mon post.

Dans le fond, mon objectif c'est d'essayer de donner des pistes pour ceux qui souffrent de douleur chronique, et les deux sources que je cite m'ont vraiment aidées à y voir plus clair, et à me redonner espoir, c'est pourquoi je voulais les partager.

Je ne suis pas kiné ni spécialiste du cerveau/douleur, donc plutôt que de paraphraser tout ce qu'ils disent je préfère laisser les gens aller voir d'eux-même.

L'idée justement c'est qu'il n'y a pas vraiment des exos spécifiques pour aller mieux, simplement il faut bouger autant que possible, et de façon contrôlée pour ne pas que ça fasse mal. Pour mon cas, si ça t'intéresse, des exercices comme le bird dog, le tape épaule, l'allongé debout (tu t'allonges puis tu te relèves), le mountain climber ou même simplement le squat/deadlift sont des exercices que j'arrive à faire modérément sans me faire mal.

↑ 1 ↓ Share Report Save

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
323.	Je vais prendre sur moi le fait que j'ai mal écrit mon post.	<i>I'll take it upon myself that I wrote my post incorrectly.</i>	Taking personal responsibility for the post	5	5	5
324.	Dans le fond, mon objectif c'est d'essayer de donner des pistes pour ceux qui souffrent de douleur chronique,	<i>Basically, my goal is to try to provide leads for those who suffer from chronic pain,</i>	Wish to help the other chronic pain patients	5	5	5

325.	et les deux sources que je cite	<i>and the two sources I am quoting</i>	Quoting information sources	3	4	4
326.	m'ont vraiment aidées à y voir plus clair, et à me redonner espoir,	<i>have really helped me to see it all more clearly and to give me back hope,</i>	Usefulness of the sources	5	5	5
327.	c'est pourquoi je voulais les partager.	<i>that is why I wanted to share them.</i>	Reason for sharing the knowledge	4	5	4
328.	Je ne suis pas kiné ni spécialiste du cerveau/douleur	<i>I'm not a physiotherapist or brain / pain specialist</i>	Acknowledging the fact of not being a specialist	4	5	5
329.	donc plutôt que de paraphraser tout ce qu'ils disent je préfère laisser les gens aller voir d'eux-même.	<i>so rather than paraphrasing everything they say I'd rather let people see for themselves.</i>	Leaving the authentic text for interpretation	5	5	4
330.	L'idée justement c'est qu'il n'y a pas vraiment des exos spécifiques pour aller mieux,	<i>The idea is precisely that there really aren't specific exercises to get better,</i>	Non-specific exercises	4	5	5
331.	simplement il faut bouger autant que possible,	<i>you simply have to move as much as possible,</i>	The need to move	4	5	5
332.	et de façon contrôlée	<i>and in a controlled way</i>	Controlled movements	3	4	4
333.	pour ne pas que ça fasse mal.	<i>so that it doesn't hurt.</i>	Avoiding pain	4	5	4
334.	Pour mon cas,	<i>In my case,</i>	Personal experiences	3	2	4
335.	si ça t'intéresse,	<i>if you're interested,</i>	Potential interest	4	4	4
336.	des exercices comme le bird dog, le tape épaule, l'allongé debout (tu t'allonges puis tu te relèves), le mountain climber ou même simplement le squat/deadlift	<i>exercises like the bird dog, the shoulder pat, the lying upright (you lie down then you get up), the mountain climber or even simply the squat / deadlift</i>	Diversity of exercises	3	5	4
337.	sont des exercices que j'arrive à faire modérément	<i>are exercises that I manage to do moderately</i>	Successful exercise	4	5	4
338.	sans me faire mal.	<i>without hurting myself.</i>	No physical harm	4	4	4

5. Quantitative results. Stancetaking patterns

This chapter provides the quantitative results of stance annotation. *Table 4* summarizes averages and percentages of scores with respect to the three dimensions of stance (affect, alignment and investment) in all the threads (12) that were analyzed. The category that received the highest scores is the axe of *investment* (an average score of 4.38, reaching the percentage of 87.6%). Scores of *alignment* can also be perceived as high (an average score of 4.29, the percentage of 85.8%), but they are slightly lower than the ones of *investment*. The dimension of *affect* received the lowest scores (an average of 3.89, the percentage of 77.8%). There is an evident difference between the results of the categories with the lowest and highest scores (proportionally, they differ by 11.85%). Consistent patterns can be visible across threads: in 10 of 12 threads, *affect* is the category that has the lowest average results. *Investment* and *alignment* are equally distributed across threads: each of these two categories represents the highest annotation scores in 6 of 12 threads (50%). None of the investigated threads include *affect* as the category that received the highest scores.

Table 4

Quantitative results. All 12 threads

TOTAL	Affect	Alignment	Investment
Average	3.89	4.29	4.38
Percentages	77.8%	85.8%	87.6%

Table 5

Quantitative results. Thread (A) “Story of our lives” (English)

Thread (A)	Affect	Alignment	Investment
Average	3.98	4.36	4.37
Percentages	79.6%	87.2%	87.4%

Table 6

Quantitative results. Thread (B) “Pelvic chronic pain syndrome” (Italian)

Thread (B)	Affect	Alignment	Investment
Average	3.7	4.19	4.07
Percentages	74%	83.8%	81.4%

Table 7

Quantitative results. Thread (C) “Chronic Pain” (French)

Thread (C)	Affect	Alignment	Investment
Average	3.91	4.35	4.5
Percentages	78.2%	87%	90%

Table 8*Quantitative results. Thread (D) “When you are young and go see a pain doctor” (English)*

Thread (D)	Affect	Alignment	Investment
Average	3.8	4.38	4.33
Percentages	76%	87.6%	86.6%

Table 9*Quantitative results. Thread (E) “Any other men with chronic pain feel like the experience is humiliating in front of women?” (English)*

Thread (E)	Affect	Alignment	Investment
Average	4.16	3.89	4.44
Percentages	83.2%	77.8%	88.8%

Table 10*Quantitative results. Thread (F) “Wanna hear a joke? Sleep.” (English)*

Thread (F)	Affect	Alignment	Investment
Average	4.1	4.9	4.52
Percentages	82%	98%	90.4%

Table 11*Quantitative results. Thread (G) “Do you believe there will be cures for chronic pain in our lifetime?” (English)*

Thread (G)	Affect	Alignment	Investment
Average	3.5	3.35	4.12
Percentages	70%	67%	82.4%

Table 12*Quantitative results. Thread (H) “Days like today I feel like I am not even a person” (English)*

Thread (H)	Affect	Alignment	Investment
Average	4.27	4.7	4.67
Percentages	85.4%	94%	93.4%

Table 13*Quantitative results. Thread (I) “I feel so seen” (English)*

Thread (I)	Affect	Alignment	Investment
Average	3.73	4.29	4.24
Percentages	74.6%	85.8%	84.8%

Table 14*Quantitative results. Thread (J) “UGHH re: toxic positivity” (English)*

Thread (J)	Affect	Alignment	Investment
Average	3.89	4.24	4.25
Percentages	77.8%	84.8%	85%

Table 15*Quantitative results. Thread (K) “and then we figured that it could be maybe this...” (English)*

Thread (K)	Affect	Alignment	Investment
Average	3.96	4.52	4.48
Percentages	79.2%	90.4%	89.6%

Table 16*Quantitative results. Thread (L) "It's impossible to have so many illnesses" (English)*

Thread (L)	Affect	Alignment	Investment
Average	3.64	4.41	4.56
Percentages	72.8%	88.2%	91.2%

6. Discussion

6.1 Stancetaking pattern interpretation

In the previous chapter, I summarized the characteristics of the annotated data set. I will further interpret the reasons behind these stancetaking patterns according to the theoretical notions, methodological and practical insights.

As the analysis of quantitative data revealed, the members of Reddit online communities of chronic pain show extremely high investment and alignment in their comments. These stancetaking tendencies reflect the nature and purpose of such virtual communities: chronic pain patients gather online to support each other. Support groups in real life are not be accessible to everyone (Phillips & Rees, 2017), while it may also be challenging to find people with similar experiences offline. Sociologists report that we have become the “platform society” (van Dijck, Poel, & De Waal, 2018). Accordingly, personal stories regarding illnesses have also shifted from a private to an increasingly public affair discussed online (Conrad et al., 2016; Phillips & Rees, 2017). This has allowed chronic patients to connect virtually: social platforms “create togetherness” and help them to “overcome fear and discover hope” (Castells, 2012, p. 225). Studies reveal that various online fora encourage “biomedicine's “invisible others” to struggle for alternative forms of recognition beyond the clinical gaze” (Phillips & Rees, 2017, p. 214).

The present case study therefore claims that the analyzed Reddit online communities exhibit a therapeutic function to its members. It is an anonymous virtual space that invites users to detach themselves from the harsh judgement in the offline world and the feelings of being misunderstood (e.g., the description of the subreddit r/ChronicPain: “For the broken, malfunctioning, pained people of the world and their friends/family. Got pain? This is the place to be. Bitching, complaining, whining, and otherwise venting about your condition is encouraged”). Paradoxically, the anonymity and atmosphere of mutual understanding between the users (“subjects”; Du Bois,

2007) with respect to the topic of chronic pain (“stance object”, Du Bois, 2007) creates an online environment in which chronic pain sufferers reveal their “true” identities that they tend to hide offline. Stancetaking becomes a tool to analyze the targeted online conversations in order to prove these claims. High levels of alignment show that the users often actively respond to each other’s opinions, which contrasts with the indifference that chronic pain patients often encounter in their real life. The high scores of alignment also signalize a high number of experiences that they exchange. Since these online communities are specifically designed for chronic pain patients and people that empathize with their suffering (e.g., family members), all the users come from similar contexts. Therefore, it becomes easier for them to relate to each other. I hypothesize that Reddit users who are unrelated to chronic pain would find some of the experiences described in these particular threads unfamiliar and harder to connect to: consequently, it would result in their alignment being much lower than the one of the members of chronic pain communities.

This factor may also explain the relatively low average levels of affect, if compared to the other two dimensions of stance. The commenters do not need to be (extremely) affective, since there is a lot of common ground (similar experiences regarding their relationships with the others, use of medicaments, daily life struggles at work, etc.). Since it clearly is a community of practice (Eckert & McConnell-Ginet, 1992), a group of people that get connected around a particular practice, the members are aware of the potential readers of their comments (“subjects”, Du Bois, 2007). They do not always have to add too much of background information, as the other chronic pain patients are already aware of it. This practical approach can also be explained using the notion of shared intentionality (Tomasello, Carpenter, Call, Behne, & Moll, 2005): commenters feel that there is no reason to take an evaluative stance and use additional resources, as their addressees already have enough evidence to understand the intended message. As a consequence, some comments do not present any specific emotional assessment: they may include concise practical instructions or advice on, e.g., helpful medication, therapy methods, relevant websites. Such comments reflect epistemic (rather than affective) stance. For instance, the lowest average levels of affect (3.5) among all threads is seen in Thread (G): “Do you believe there will be cures for chronic pain in our lifetime?”, as it involves numerous answers that contain scientifically-based facts on this matter to base the opinion (e.g., no improvement in the future “if it’s a genetic condition or a degenerative condition”). Contrastingly, Thread (H) “Days like today I feel like I am not even a person” demonstrates the highest average score of affect with respect to the other threads. The original comment of the thread creates conditions for a further discussion on feelings containing subjective evaluative stance on the emotional states described in the original comment: e.g., “Very much relate and commiserate”. These instances (clear replies to the other comment) show alignment towards a particular user or the stance focus found in their comment. Kiesling et al. (2018, p. 714) notes that alignment may be “created prospectively or to a more general audience, especially in the case of Reddit”. The study offers to evaluate alignment based on alignment to the author of the comment to which the current comment replies by not imagining “all of the audiences on the Internet”. However, I argue that commenters sometimes align to the general topic of the thread (not only by directly answering to the original comment) or even to the inferred readers,

potential “subjects”. Reddit communities on chronic pain are clearly described in the quoted section “About Us”, which targets a very specific group of people. Linguistic elements, such as pronouns “you” or “we”, accordingly show a certain dialogue and self-identification with the entire online community, as well as its potential future members: “My heart goes out to y'all troopers” or “We’ve all been there”. It represents the phenomenon of indexing, the theoretical framework that belongs to the field of conversation analysis. E.g., the pronoun “we” illustrates individual’s personal choice to see themselves as a part of the chronic pain community, which the pronoun indexes: the association is clear (Jaffe, 2009). To conclude, stancetaking tendencies seen in the annotated data of this study prove that chronic pain communities on Reddit allow people to receive a certain form of “therapy”. They highly invest themselves into the talk about their offline lives online: the limit between “offline” and “online” dissolves (van Dijck, Poel, & De Waal, 2018).

6.2 Thread structure

In this case study, I investigated not only the content of comments itself, but also the undeniable connection between content and thread structure, also observed by Kiesling et al. (2018). My analysis shows that the structure of the thread (mainly the sequence of comments) depends on its main function: to allow people to freely interact. Thread structure is unique all for each thread: it is impossible to predict further users’ reactions. Just as in face-to-face conversations, they follow the logic of turn-taking (Earnshaw, 2017), the central notion of conversation analysis. However, some aspects of turn-taking in asynchronous online conversations significantly differ from interactions in real life. The users can deliberately choose when to introduce themselves into the conversation, or they may follow the thread without commenting and not making the others directly aware of their involvement. This could not apply to live conversations: our conversation partners are aware of our presence, even if we may not actively talk. In offline interactions, it also allows to clearly design the addressee all the time, which is not the case in the online environment (where users have to make presuppositions about the community, other “subjects”).

The factor of the online environment affects the ways that the users take a certain stance. They may either respond to: (1) interlocutor(s), (2) the topic (of a certain comment) or (3) the comment itself (linguistic details). I noticed certain patterns applicable to online stancetaking in my data. Firstly, the original comment of the thread always determines the general topic of the thread. However, just as in face-to-face conversations, speakers may naturally change the topic if they notice an intriguing reply that introduces a closely related, but not completely the same stance focus. Often, threads contain replies mostly to the author of the original comment. In this case, the original comment may either be a specific question to the community or a meme (e.g. meme of Thread (A), “Story of our lives” showing how invisible illness is perceived by the others). People usually apply the meme to their individual lives and then respond to the original comment, which influences the thread structures. However, patterns may differ. Some commenters may start separate dialogues responding to each other’s comments, which may not receive any responses from the others that see the interaction. Just as in natural conversations, a certain group of users

dominate: in my data, some users appear across various comment threads of the subreddit (with the same username to follow their conversational actions). Others may show less initiative: sometimes, the author of the original comment only poses the first question and then does not participate in the discussion. Interestingly, some of the noted tendencies are highly unnatural with respect to live conversations. For example, some comments that included questions to a specific user never received a response. They were “ghosted”, which indicates extremely low investment (Kiesling et al., 2018). The notion from the field of conversation analysis, “noticeable silence” (Kurzon, 2007), may also be interesting to research: elements that have not been said or did not get a response to could also signalize new information about stancetaking. Moreover, the commenters can respond by quoting the exact expressions used by the previous commenter, which is not the case in live synchronous talks. As it is noticeable, the thread structure depends on the context of stances that users take online.

6.3 Stance in context

Importantly, it is a two-way process. Not only stancetaking influences the conversations online, but also the online context influences stance. Conversation analysis (Sacks, 1995; Sidnell, 2011) accentuates the context of sequence: not only one comment influences another, but also one utterance may be influenced by the previous within the same comment (Kiesling et al., 2018). Each utterance can get “precontextualized” by the previous one, and “recontextualized” to represent a different action than suspected; this feature of stance is called “stickiness” (Kiesling et al., 2018, p. 690). E.g., the high scores of alignment in the first utterance of the comment may have an effect on alignment scores of the following utterance.

Therefore, every utterance must be contextualized to detect its stance (Du Bois, 2007; Kiesling et al., 2018; Englebretson, 2007). In order to “place stance in context”, I annotated utterances by giving scores for affect, alignment and affect. In my analysis, I have encountered some challenging aspects when applying the analytical toolbox of Kiesling et al. (2018). The process of separating each comment into utterances can sometimes push the coder to take a highly subjective decision. A single comment usually contains numerous forms of stancetaking. As a result, it may get unclear which utterance of the comment with a particular stance focus ends, and where a new stance focus (as well as a new utterance) gets introduced. Such a wide variety of stancetaking even within a single comment constitute the essence of the Reddit community (community of practice). At the same time, it also opens many opportunities for the others to agree or disagree with certain stances.

6.4 Annotating stance: challenges

It is necessary to choose a consistent approach when annotating such complex relationships. There can arise a discussion on how to interpret and annotate certain elements. For example, irony or sarcasm is one of the hardest obstacles: if it gets detected, Kiesling et al. (2018) recommends to lower the investment as the commenter distances themselves from their claims. In this study, I followed the latter instruction. However, I could argue that irony can, in contrast, be decoded as a

marker of high investment. Weisgerber (1973) describes irony as an element that urges the addressee to a search for an unknown truth: designing such a powerful message requires author's involvement and certainty of their wish to invite the reader to look for the truly intended opposite meaning (e.g., "I guess I'm just faking these debilitating symptoms for <...> giggles!!" or "<...> you should go there and sell your kidney to alleviate the suffering"). Moreover, irony may be left misunderstood by the other commenters (e.g., commenter acknowledges being misunderstood by the others: "Edit: it's funny that no one caught the irony"). Other elements of indirect meaning are metaphors: they are also harder to provide scores to. E.g., if the commenter replies to the question regarding future prospects of treating chronic pain by a comment "Star 🖖Trek", even if the meaning of impossibility is inferred, annotating may become unclear. Even though visual cues, such as emoji, have become an inseparable part of the virtual world, I excluded comments that did not contain any lexical items for more consistency. Nevertheless, I analyzed emoji as a valid part of an utterance. According to van Berkum (2018), emoji transfer emotions and show stance, just as popular informal abbreviations "lol" or "brb". I also had to choose a particular attitude towards the quotes of other people that the commenters inserted in their comments: I checked alignment of the commenter and the topic of thread towards the quoted utterances. Finally, ethical issues arised. Some of the comments were deleted, however, the answers to those comments were still visible. I still included the responses to keep the natural sequence of the thread. As discussed previously, comments may also contain sensitive medical topics (Groenvelt, 2021), extremely negative opinions and instances of offensive use of language. However, all these elements help users to "give shape" to their identity, which is one of the answers to the research question of the present study:

How are identities shaped and negotiated through stancetaking in an online environment?

6.5 (In)visible identities

The analytical tool of stancetaking has allowed to reveal the chronic pain patients' multi-layered identities that they present in online conversations. Even though they keep their individuality, they also tend to take stances in such ways that would overtly demonstrate how much they have in common with the other members of the community (Englebretson, 2007). Most of the data showed that stancetaking patterns in these patients' comments depends on two main aspects: (1) the fact of self-identifying themselves as chronic pain patients and (2) the anonymous and dynamic online environment. It allows to claim that general stancetaking patterns are universal and may apply across languages. One of the clearest unifying parts of the chronic pain patients' identity is invisibility: the commenters reported feeling "invisible", "unseen" and "unheard", whereas meme with the title "Invisible Illness" in Thread (A) has resonated with numerous users. Commenters even overtly identify themselves as invisible people: some commenters created such usernames which included negative words like "deleted" or "error". Some of them even claim that pain "strips your personhood/personality from you". Many of patients take a stance of hopelessness and high

investment to show that they do not expect to get their “real” identity back: “You want to dissociate from the pain, but you can't without removing yourself”.

Such stancetaking that constructs the invisible identity online is related to the umbrella term of “invisible illness” that connects all types of illnesses (including chronic pain) that get based as “subjective”, since the condition is medically unobservable (Phillips & Rees, 2017). These patients cannot be assigned the “sick role,” which would permit them to increase the quality of their life by getting exemption from work, sympathy from friends and family or to be granted financial compensation (Phillips & Rees, 2017; Parsons, 1951; Tarber et al., 2016). Often, they also get skeptically judged by health professionals who treat this as abnormal sickness (Phillips & Rees, 2017). Therefore, the chronic pain sufferers can only become “visible” among themselves, especially in an anonymous online community.

I they form an alternative community in which they switch their identity and suddenly become seen. They acknowledge each other's suffering by demonstrating high investment (certainty) where they would usually encounter doubt from the others: “Your pain is a documented thing. People don't need to understand it to be kind and respectful to you; they just need to know it exists and it sucks”. Kiesling et al. (2018) proposes to describe stances by adjectives, therefore one of the most common stance types seen in these chronic pain online communities is the “suffering” stance. Patients employ metaphorical expressions to describe their inability to escape pain, saying that they are “doomed to live in an old man's body” or that they need to get a “key” that would make them “exit” this state. Commenters engage in a connective action towards each other (Bennett & Segerberg, 2012) by denying the stereotypes on chronic pain sufferers: “none of us are a burden”. They take “friendly” and informal stances, calling each other “troopers” or “buddies”, and they also reflect on the fields of their lives affected by chronic pain (struggles to get education, find a permanent job, explain their pain to their closest family members, partners or even doctors).

Crucially, the commenters also use the online community as an alternative space, to negotiate alternative identities. In these Reddit conversations, they reverse the usual social patterns where they are misunderstood and invisible by the society (their social identity of “invisibility”). Instead, they disclose their authentic personal identity that can no longer exist in the social context (Englebretson, 2007), among people offline who judge them or even try to convince them that they are not ill. Accordingly, commenters also reverse the identities of those that mistreat them in real life: now they get perceived as the ones who do not realize the truth, “blind” to the “invisible illness”. Some sufferers express the wish to “transfer” their pain to the others to make them believe in it. To shape these reversed identities, most of commenters apply ironic stances: e.g., claiming that the doctors are “so happy” about their test results which (once again) deny their illness. Stance of appreciation of each advice from another member becomes a norm of this community: “Brb sending this to my doctor”. They also exhibit a strong sense of unity when identifying health workers and themselves as two opposing communities: a contrastive stance is often taken by using the opposing pronouns “we” and “them” as indexical markers of both their social and personal

identities (Jaffe, 2009). It is evident that digital patient alliances (Phillips & Rees, 2017) demonstrate naturally high alignment and investment, as the case study confirms.

6.6 Limitations

The present case study aimed to investigate stancetaking in the online environment. However, the amount of selected data (12 threads) represents only a small portion of discussions on chronic pain. According to Kiesling et al. (2018), analysis of small corpora is one of the main disadvantages of the studies on stancetaking online. Reddit includes many more of chronic pain communities than I presented: they offer support to chronic pain sufferers who talk in different languages, as showed in my data collection. The limited amount of data therefore resulted in biased data selection: this factor was impossible to eliminate. There are ways in which the case study could be improved. Firstly, I would suggest repeating the coding procedure with a second coder for accuracy: it would be possible to see if coders can achieve a sufficiently high intercoder reliability score. Secondly, the study claimed that stancetaking is a mechanism to construct identities in discourse: it universally exists across languages. I did not provide sufficient evidence from the cross-linguistic or cross-cultural perspective, as it was not the goal of my analysis. In my data analysis of Italian and French data, I noticed some metaphors that I did not find among the comments in English (e.g. looking for help from various doctors was described as *girone infernale*, “circle of hell” in Italian). These were just separate instances that cannot show any tendencies. There are some studies done on specific linguistic phenomena shown as stancetaking markers in particular languages (e.g. reported thought as a stancetaking device in Korean; Kim, 2014). It would be possible to include the cross-linguistic aspect for a more detailed and generalized overview of stance, which could show whether it is reasonable to “talk about different language communities or cultures as having different stance repertoires or expectations”, a question posed by Kiesling (2015, p. 11).

6.7 Future research

One of the main general insights of this case study is that communication and stance are interrelated: communication cannot exist without stance, and stance cannot exist without communication. The universality of stance naturally opens wide horizons to apply this theoretical notion to investigate various types of interactions (offline and online). In this study, I focused on stance as an analytical model to disclose how identities are shaped online. As an analyst, I now see social platforms as a dynamic and inexhaustible source of data for this type of research. The slogan of the online platform Reddit states: “Dive into anything”.

Such naturalistic data could allow to apply the Stance Triangle by Du Bois (2007) and the three dimensions of stance (Kiesling, 2011a; Kiesling et al., 2018) to conduct a study on stancetaking in any online community (not necessarily on Reddit). This analytical framework could be further used to research targeted identities in a systematic way. For example, Tovaes (2009) proposed the theory on the construction of “thick” (authentic) identities online (in a “light” environment). The study analyzes metalinguistic YouTube comments about language varieties in Ukraine as way to shape identities with regard to an ideological context. It finds that taking up epistemic stances and

overtly asserting epistemic statuses in comments online can be seen as a part of identity construction work. The case study of Tovaes could be replicated or extended by applying the analytical framework of three stance axes (Kiesling et al., 2018). There could appear more of such societally relevant studies on “thick” and “light” identities online seen through the prism of stancetaking. For instance, it may even help to get a deeper understanding on the psychological issues that some people may openly share in online forums, e.g., depression, anxiety. Social platforms have become the dominant space for communication throughout the pandemic. This research could also reflect the emotional aspect of language, which is often missing (van Berkum, 2018). Stance is a valuable tool that can not only deconstruct the stable identity, but also the temporary emotions, reactions to the stimuli (2018). This case study demonstrated that both phenomena can be revealed by researching online comments. Finally, a possible combination of the analytical toolbox for stance (Kiesling et al., 2018) and computational methods could help to investigate many more communities online for a consistent approach. E.g., it would allow to calculate the “stickiness” scores of the three stance dimensions in the context of any online community, just as it was done by Kiesling et al. (2018).

Additionally, this study on chronic pain also focused on a topic within health communication. Similar research on stancetaking in online support communities for chronic pain (or any other) patients could bring valuable insights that would improve, e.g., therapy, medical treatment or doctor-patient communication. As relevant projects show (“Defeating Chronic Pain”), there is a large gap in the research on chronic pain. Online discussions can be viewed as a valuable educational material encompassing those topics which do not always reach the medical workers: some of them may only be openly discussed only among patients, e.g., descriptions of chronic pain sensations. Further studies on online support communities could also help to educate society about the phenomenon of invisible illness whose patients often suffer from a lack of tolerance from the others. Moreover, chronic pain is also very difficult to measure (“Defeating Chronic Pain”). Patients need to give pain scores (usually from 1 to 10), however, their pain is a much more complex sensation than just a score. Sometimes, even words are not enough to explain it. There is an acute need for a more detailed and systematic description of the chronic pain sufferers’ experiences. Further research may concentrate on the following questions: (1) How can insight into stance assist doctors in understanding what pain means to a patient? (2) Can questionnaires or pain score measurements be adjusted according to the results of the linguistic analysis on stancetaking (online) presented in this case study? Further interdisciplinary studies (conducted by teams of doctors, nurses, pain patients, linguists, sociologists and psychologists) should set a common goal to improve the life quality of chronic pain patients.

7. Conclusion

This thesis is a case study that was specifically designed to reveal how individuals are “negotiating relationships and roles in a moment-by-moment community” (Kiesling, 2015, p. 9). I selected to explore the (online) identities of chronic pain patients through the investigation of their stancetaking patterns. To conduct my interactional conversation analysis, data were collected from 12 Reddit comment threads focusing on chronic pain. I have applied a unique analytical framework described by Kiesling et al. (2018) which allows to explore the three dimensions of stance (affect, alignment and investment) in any type of online comments. I then provide both the qualitative and quantitative analysis of selected data, as well as the interpretation of stancetaking patterns. The results were described with respect to the linguistic theories of the Stance Triangle of Du Bois (2007), indexicality and identity described in the chapter of Theoretical background. This case study newly proved that the analytical toolbox of stance annotation by Kiesling et al. (2018) can be universally applied to any online community in order to investigate the complex process of identity construction in virtual conversations. This method allows to concretize the abstract topic of stance, however, further improvements are needed for even more systematicity. The analytical toolbox still needs to be extended by adding a unified list of adjectives to describe stance, an explicit list of linguistic elements signaling different types of stances, and, finally, a list of specific verbs to name the actions of the stancetakers (Kiesling et al., 2018). This linguistic case study has come to a conclusion that confirms the views of sociologists and psychologists: online communities of chronic pain patients present a powerful means for the “invisible others” to find “alternative forms of recognition beyond the clinical gaze” (Phillips & Rees, 2017, p. 214). Stancetaking patterns have revealed that patients self-identify as the members of the “invisible” community: they collectively construct a safe alternative space within the virtual environment, in which their authentic identities become visible to each other. High investment and alignment scores signalize how significant these online communities are for chronic pain patients’ self-identity: they feel that they belong to these groups together with other members that they have never seen. The methodology and insights of the study can be used for further multidisciplinary research with the goal to improve chronic pain patients’ lives in our future societies.

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Appendix

English data. Continuation of Thread (A)

14) Reply 1 to (A6)

User 004:



2 days ago

Omigod been there. People always think I'm in a wheelchair because I'm fat and lazy. They have no idea I got ran over by a semi truck and that I'm fat because I can't exercise and am cursed with a slow metabolism. I get so many dirty looks.while using the motorized scooters in grocery stores that I have developed anxiety about doing my shopping.

Once I was parked in handicapped outside of a restaurant and forgot to hang my placard. This man with a cane tapped my window and pointed to the handicapped sign. I hung the placard and he motioned for me.to roll down the window and he was like "well what are.you doing just sitting there?" He tried to bully me out of the spot but I wasn't having it. I just rolled up the window and told him to leave me alone or I'd call the cops.

People are very entitled sometimes.

↑ 4 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
087.	Omigod been there.	Relating to the experiences of the previous commenter	5	5	5
088.	People always think I'm in a wheelchair because I'm fat and lazy.	Superficial negative judgment of people in a wheelchair	3	5	5
089.	They have no idea I got ran over by a semi truck and that I'm fat because I can't exercise	Being unaware of the pre-history of the chronic pain patient	5	5	5
090.	and am cursed with a slow metabolism.	Being unaware of the genetic predisposition of the chronic pain patient	5	4	5
091.	I get so many dirty looks while using the motorized scooters in grocery stores	Superficial negative judgment of people in a motorized scooter	4	5	5
092.	that I have developed anxiety about doing my shopping.	Disabled person's anxiety in public places	4	5	5
093.	Once I was parked in handicapped outside of a restaurant	Using facilities for disabled people	2	5	3

094.	and forgot to hang my placard.	Forgetting to show the proof of medical conditions	3	5	4
095.	This man with a cane tapped my window and pointed to the handicapped sign.	Strangers feeling entitled to judge whether the person is disabled or not	3	4	4
096.	I hung the placard	Showing the proof of medical conditions	2	5	4
097.	and he motioned for me to roll down the window and he was like “well what are you doing just sitting there?” He tried to bully me out of the spot	Mental harassment of people with chronic pain	4	5	5
098.	but I wasn't having it. I just rolled up the window and told him to leave me alone	Refusing to accept mental harassment	5	4	5
099.	or I'd call the cops.	Possible legal consequences for mental harassment	3	3	4
100.	People are very entitled sometimes.	Strangers feeling entitled to judge the others	4	5	4

15) Reply 2 to (A6)

User 010:



2 days ago


It's so stupid, too. Like, the whole point is that it makes it so you *don't* struggle as much, but apparently the less you struggle with accommodations, the less disabled you are.

↑ 2 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
101.	It's so stupid, too.	Pointing out the absurd reality of disabled people mentioned in the previous comment	5	5	5
102.	Like, the whole point is that it makes it so you <i>don't</i> struggle as much,	Measures to help disabled people to struggle less	4	4	5
103.	but apparently the less you struggle with accommodations, the less disabled you are.	Ironizing people's superficial judgment of those who use accommodations while not having evident health issues	4	5	2

16) Reply 1 to (Reply 2 to (A6))

User 008:

 1 day ago


Looking bad to look good for the "privilege". Lady, I'd rather not feel like a broken 80 year old, but I guess I don't get to choose thst as you don't get to choose to snap to judgement.

↑ 1 ↓ [Reply](#) [Share](#) [Report](#) [Save](#)

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
104.	Looking bad to look good for the "privilege".	Ironizing the ideas of people who feel entitled to judge whether the person is disabled or not	3	5	4
105.	Lady, I'd rather not feel like a broken 80 year old, but I guess I don't get to choose that	No choice to refuse disability	4	5	5
106.	as you don't get to choose to snap to judgement.	Ironizing people who judge the chronic pain patients	4	5	5

17) Reply (A7) to the original comment

User 011:

 1m


Sometimes I wish I could just transfer my pain to the people who doubt me just for a quick moment

↑ 8 ↓ [Reply](#) [Share](#) [Report](#) [Save](#)




No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
107.	Sometimes I wish I could just transfer my pain to the people who doubt me just for a quick moment.	The wish for the others to understand the sensations of chronic pain	4	5	5

18) Reply (A8) to the original comment

User 012:

 1m


The burning hands, dear God in heaven the burning hands....

 6   Reply [Share](#) [Report](#) [Save](#)




No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
108.	The burning hands, dear God in heaven the burning hands....	Description of chronic pain sensations	5	5	5

19) Reply 1 to (A8)

User 012:

 1m


My neck and head burn so much. Why??? There is no fire! Stop burning!

 9   Reply [Share](#) [Report](#) [Save](#)

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
109.	My neck and head burn so much.	Description of chronic pain sensations	5	5	5
110.	Why??? There is no fire! Stop burning!	No explainable reason for chronic pain	5	5	5




20) Reply (A9) to the original comment

User 013:

 1m

Dude this is 100% my experience right now. I'm in a psychiatric hospital for the first time since my diagnosis and it doesn't matter what I do unless a nurse sees me sobbing from the pain and barely able to move I swear they don't believe me. I had one guy ask me if I was planning on going to group right after I told him I was in a flare and I wanted to throat punch him.

People really can't comprehend how someone can look fine and still be in total agony.

 6   Reply [Share](#) [Report](#) [Save](#)

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
111.	Dude this is 100% my experience right now.	Relating to the experiences of the previous commenter	3	5	5
112.	I'm in a psychiatric hospital for the first time since my diagnosis	Mental treatment for chronic pain	3	4	4
113.	and it doesn't matter what I do unless a nurse sees me	Trying to attract professional nurses' attention to chronic pain	4	4	5
114.	sobbing from the pain and barely able to move	Description of chronic pain sensations	5	5	5
115.	I swear they don't believe me.	Professional nurses not being able to understand chronic pain	5	5	5
116.	I had one guy ask me if I was planning on going to group right after I told him I was in a flare	Indifferent reaction to the chronic pain patients' comments about their condition	4	4	4
117.	and I wanted to throat punch him.	Chronic pain patient's anger towards the ones that misunderstand their suffering	5	4	5
118.	People really can't comprehend	People's inability to understand chronic pain	5	5	4
119.	how someone can look fine and still be in total agony.	The inner suffering of chronic pain patients	5	5	5

21) Reply 1 to (A9)

User 005:



1m

That's awful. Is there any way to have your doctor contact them and explain your care needs?

↑ 5 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
120.	That's awful.	Acknowledging the negative experiences of the previous commenter	5	5	5
121.	Is there any way to have your doctor contact them and explain your care needs?	Connecting the previous doctor with the newly met medical workers	3	5	4

22) Reply 1 to (Reply 1 to (A9))

User 013:



1m

I have that's the most frustrating part. My doctor knows, it's on my chart, I tell every new nurse I meet about my condition and what's going on and yet they look at me and see a normal looking person and I swear they just can't comprehend it. It's almost like it's just cognitive dissonance for them seeing what looks like a healthy person their brains can't compute that I'm in the amount of pain I say I am. Idk honestly I would've thought nurses would be more used to this but apparently not.

↑ 6 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
122.	I have that's the most frustrating part.	Frustration caused by the situation	5	5	5
123.	My doctor knows, it's on my chart, I tell every new nurse I meet about my condition and what's going on	Medical workers' awareness of the patient's condition	3	5	5
124.	and yet they look at me and see a normal looking person and I swear they just can't comprehend it. It's almost like it's just cognitive dissonance for them seeing what looks like a healthy person their brains can't compute that I'm in the amount of pain I say I am.	Medical workers failing to realize the inner suffering of the chronic pain patient	5	5	5
125.	Idk honestly I would've thought nurses would be more used to this but apparently not.	Delusion towards medical workers regarding their lack of empathy	4	4	4

23) Reply 1 to (Reply 1 to (Reply 1 to (A9)))

User 005:



ter · 1m

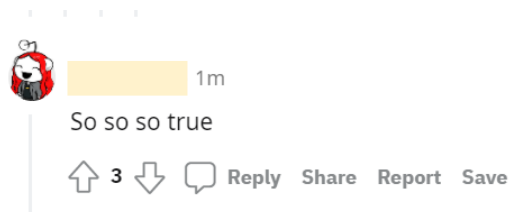
I'm sorry. That shouldn't be happening.

↑ 3 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
126.	I'm sorry.	Empathy towards the previous commenter's situation	4	4	4
127.	That shouldn't be happening.	Acknowledging the injustice experienced by the previous commenter	4	5	5

24) Reply (A10) to the original comment

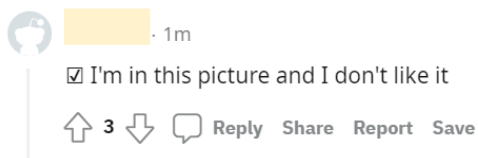
User 014:



No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
128.	So so so true	Identifying themselves with the original meme	4	5	5

25) Reply (A.11) to the original comment

User 015:



No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
129.	<input checked="" type="checkbox"/> I'm in this picture and I don't like it	Identifying themselves with the original meme	4	5	5

26) Reply (A.12) to the original comment

User 016:



1m

This is so the story of chronic pain. I got a call then other day from my work saying that I have been let go as they can't supported my time off due to chronic pain.

They have been so helpful to me and worked with me to help reduce flare ups and any irritation but it has all come to a head now 😞

↑ 3 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
130.	This is so the story of chronic pain.	Acknowledging the accuracy of the original meme	4	5	5
131.	I got a call the other day from my work saying that I have been let go as they can't support my time off due to chronic pain.	Chronic pain as an obstacle for the career	3	3	3
132.	They have been so helpful to me and worked with me to help reduce flare ups and any irritation	Employers being understanding towards chronic pain	4	3	4
133.	but it has all come to a head now 😞	Chronic pain patients unwanted even by the most understanding employers	4	4	5

27) Reply (A.13) to the original comment

User 017:











1m

Sad but true, thank you for sharing this ♥

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
134.	Sad but true,	Acknowledging the accuracy and sadness of the original meme	4	5	4
135.	thank you for sharing this ♥	Gratitude for sharing empathetic materials	5	5	5

28) Reply (A.14) to the original comment







User 018:

  1m
Still smiling though
 2   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
136.	Still smiling though	Emotional fight against chronic pain	4	4	4

29) Reply (A.15) to the original comment









User 019:

  1m
This. Literally all of it.
 2   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
137.	This. Literally all of it.	Acknowledging the accuracy of the original meme	3	5	5

30) Reply (A.16) to the original comment

User 020:

  1m
"On a scale of 1-10 how do you feel today"
"17,000"
 2   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
138.	“On a scale of 1-10 how do you feel today” “17,000”	Ironizing non-standard sensations of chronic pain that cannot be assessed by a medical scale	4	4	2

31) Reply (A.17) to the original comment

User 021:



User 021 1m

brb sending this to my doctor

2

 Reply
 Share
 Report
 Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
139.	brb sending this to my doctor	Wish to share the meme with their doctor	4	5	5

32) Reply (A.18) to the original comment



rickEDScricket · 3m

[r/invisible](#)

1

 Reply
 Share
 Report
 Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
140.	r/invisible	Link to another relevant subreddit of chronic illnesses	3	5	4

Italian data. Continuation of Thread (B)

4) Reply 1 to (Reply 1 to (B1))

User 023:



[Redacted] · 2y

Si infatti, un'amica della mia collega è quasi morta di polmonite perché il medico di famiglia le diceva che non era niente e di prendere un paracetamolo. È andata in Germania disperata col treno e ha scoperto che era da ricovero.

↑ 7 ↓ Share Report Save

Translation:

Yes, in fact, a friend of my colleague almost died of pneumonia because the family doctor told her it was nothing and to take a paracetamol. She went to Germany in desperation by train and finished up in hospital.

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
226.	Si infatti,	<i>Yes, in fact,</i>	Relating to the previous commenter's experiences	4	5	5
227.	un'amica della mia collega è quasi morta di polmonite	<i>a friend of my colleague almost died of pneumonia</i>	Dangerous complications of pneumonia	4	4	5
228.	perché il medico di famiglia le diceva che non era niente	<i>because the family doctor told her it was nothing</i>	Family doctor's inattentiveness towards illness	3	5	5
229.	e di prendere un paracetamolo.	<i>and recommended taking a paracetamol.</i>	Recommendation to take weak medication	3	5	4
230.	È andata in Germania disperata col treno	<i>She went to Germany in desperation by train</i>	Desperate travel to Germany	5	5	5
231.	e ha scoperto che era da ricovero.	<i>and finished up in hospital.</i>	Hospitalization	3	4	5

5) Reply 2 to (B1)

User 022. Author of the original comment:



User 022 · 2y

Mi dispiace tanto, sono sicura invece che col tempo tornerai a star bene. Ho omesso tanti particolari, anche a me avevano detto che forse era tutto nella mia testa, stress e poi l'uretrocistoscopia per assicurarsi non fosse un tumore. Che batterio? E che cura stai facendo prendi dei farmaci? Spesso in questi casi è importante associare un supporto psicologico, ci sono psicologi specializzati nell'affrontare questo tipo di sofferenza.

↑ 9 ↓ Share Report Save

Translation:

I'm so sorry, I'm sure you'll feel good over time. I skipped many details, to me they had also said that maybe it was all in my head, stress and then they did the urethrocytostocopy to make sure it wasn't a tumor. What bacterium? And what treatment are you doing, are you taking drugs? Often in these cases it is important to combine psychological support, there are psychologists specialized in dealing with this type of suffering.

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
232.	Mi dispiace tanto,	<i>I'm so sorry,</i>	Sympathy for the commenter	5	5	5
233.	sono sicura invece che col tempo tornerai a star bene.	<i>I'm sure you'll feel good over time.</i>	Encouragement regarding further treatment	4	5	5
234.	Ho omesso tanti particolari,	<i>I skipped many details,</i>	Skipping details	3	3	4
235.	anche a me avevano detto che forse era tutto nella mia testa, stress	<i>to me they had also said that maybe it was all in my head,</i>	Convincing the patient about imagining the illness	4	5	4
236.	e poi l'uretrocistoscopia per assicurarsi non fosse un tumore.	<i>and then they did the urethrocytostocopy to make sure it wasn't a tumor.</i>	Check for tumors	3	4	4
237.	Che batterio?	<i>What bacterium?</i>	Inquiry regarding the bacterium	2	5	3
238.	E che cura stai facendo,	<i>And what treatment are you doing,</i>	Inquiry regarding the chosen treatment	2	5	3
239.	prendi dei farmaci?	<i>are you taking drugs?</i>	Inquiry regarding the use of medication	2	5	3
240.	Spesso in questi casi è importante associare un	<i>Often in these cases it is important to combine</i>	The importance of combining other methods with	5	4	5

	supporto psicologico,	<i>psychological support,</i>	psychological support			
241.	ci sono psicologi specializzati nell'affrontare questo tipo di sofferenza.	<i>there are psychologists specialized in dealing with this type of suffering.</i>	Psychologists specializing in chronic pain	3	4	5

6) Reply 1 to (Reply 2 to (B1))

User 023:



User 023 · 2y

Ho preso un sacco di antibiotici, ho finito un ciclo di bactrim di recente. Dovrò rifare il test per vedere come va, ma i sintomi continuano. Ho scoperto però che buscopan funziona bene contro l'infiammazione, oki e ibuprofene non facevano niente. Ho fatto anche un esame delle feci perché il medico italiano ha detto che se continua potrebbe anche essere che il problema ha origine intestinale.

↑ 6 ↓ Share Report Save

Translation:

I took a lot of antibiotics, finished a course of bactrim recently. I'll have to retest to see how it goes, but the symptoms persist. I found however that buscopan works well against inflammation, oki and ibuprofen did nothing. I also did a stool test because the Italian doctor said that if it continues it could also be that the problem has an intestinal origin.

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
242.	Ho preso un sacco di antibiotici,	<i>I took a lot of antibiotics,</i>	High antibiotic consumption	4	5	5
243.	ho finito un ciclo di bactrim di recente.	<i>finished a course of Bactrim recently.</i>	Completing a full course of a certain brand of antibiotics	3	3	4
244.	Dovrò rifare il test per vedere come va,	<i>I'll have to retest to see how it goes,</i>	The need to get retested	3	4	4
245.	ma i sintomi continuano.	<i>but the symptoms persist.</i>	Persisting symptoms	4	5	4
246.	Ho scoperto però che buscopan funziona bene contro l'infiammazione,	<i>I found however that Buscopan works well against inflammation,</i>	A certain brand of antibiotics against inflammation	3	3	4
247.	oki e ibuprofene non facevano niente.	<i>Oki and Ibuprofen did nothing.</i>	No effect of other brands of antibiotics	4	3	4

248.	Ho fatto anche un esame delle feci	<i>I also did a stool test</i>	Additional medical test	3	4	4
249.	perché il medico italiano ha detto che se continua potrebbe anche essere che il problema ha origine intestinale.	<i>because the Italian doctor said that if it continues it could also be that the problem has an intestinal origin.</i>	Italian doctor's assumptions about the potential origin of chronic pain	3	3	4

7) Reply 1 to (Reply 1 to (Reply 2 to (B1)))

User 022. Author of the original comment:



2y

Non so se può esserti di aiuto, ma sul sito che ho linkato ci sono anche contatti internazionali... A me gli antinfiammatori non facevano nulla, l'unica salvezza è stata il Laroxyll

↑ 5 ↓ Share Report Save

Translation:

I don't know if it can help you, but on the site I linked there are also international contacts ... To me the anti-inflammatory drugs did nothing, the only salvation was Laroxyll

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
250.	Non so se può esserti di aiuto,	<i>I don't know if it can help you,</i>	Potential usefulness of the comment	4	5	3
251.	ma sul sito che ho linkato ci sono anche contatti internazionali...	<i>but on the site I linked there are also international contacts ...</i>	Sharing international contacts	3	4	4
252.	A me gli antinfiammatori non facevano nulla,	<i>To me the anti-inflammatory drugs did nothing,</i>	No effect of anti-inflammatory drugs	4	4	5
253.	l'unica salvezza è stata il Laroxyll	<i>the only salvation was Laroxyll</i>	The positive effects of a certain brand of antidepressants	5	4	5

8) Reply 2 to (Reply 1 to (Reply 2 to (B1)))

User 025:



Il buscopan non è un antiinfiammatorio, è un antimuscarinico che nella vescica riduce l'attività del detrusore (un muscolo che spinge la pipì fuori diciamo). Hai per caso urgenza di fare pipì in continuazione che si riduce con il buscopan?

↑ 3 ↓ Share Report Save

Translation:

Buscopan is not an anti-inflammatory, it is an antimuscarinic that in the bladder reduces the activity of the detrusor (a muscle that pushes urine out, let's say). Do you have an urgent need to urinate continuously, which is reduced with buscopan?

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
254.	Il buscopan non è un antiinfiammatorio,	<i>Buscopan is not an anti-inflammatory,</i>	Drugs with no effect on inflammation	3	4	5
255.	è un antimuscarinico	<i>it is an antimuscarinic</i>	Clarifying the type of a drug	3	4	5
256.	che nella vescica riduce l'attività del detrusore	<i>that in the bladder reduces the activity of the detrusor</i>	Functions of the drug	2	3	5
257.	(un muscolo che spinge la pipì fuori diciamo).	<i>(a muscle that pushes urine out, let's say).</i>	Functions of the detrusor muscle	3	3	4
258.	Hai per caso urgenza di fare pipì in continuazione che si riduce con il buscopan?	<i>Do you have an urgent need to urinate continuously, which is reduced with buscopan?</i>	Inquiry about the possible effects of the drug	3	5	4

9) Reply 1 to (Reply 2 to (Reply 1 to (Reply 2 to (B1))))

User 023:



. 2y

Non ho proprio urgenza, vado un po' più spesso ma non è così grave da svegliarmi la notte. Riduce spasmi e bruciori però.

↑ 2 ↓ Share Report Save



Translation:

I don't feel the urge, I go to urinate a little more often but it's not bad enough to wake me up at night. It does reduce spasms and burning though.



No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
259.	Non ho proprio urgenza,	<i>I don't feel the urge,</i>	No urge to urinate	5	5	4
260.	vado un po' più spesso	<i>I go to urinate a little more often</i>	Slightly increased frequency of urination	4	4	4
261.	ma non è così grave da svegliarmi la notte.	<i>but it's not bad enough to wake me up at night.</i>	Low intensity of symptoms	4	4	4
262.	Riduce spasmi e bruciori però.	<i>It does reduce spasms and the burning sensations though.</i>	Positive effects of the drug	3	5	5

10) Reply 3 to (B1)

User 026:

Agli inizi dicevano che fosse tutto nella mia testa, era stress o che magari avevo un tumore Coprono tutte le basi, non si sa mai. "Lei probabilmente non ha niente. Oppure ha già un piede nella fossa, non voglio sbilanciarmi. Giusto in caso, ci dorma sopra e faccia testamento, che passa tutto. Al limite non sopravvive la notte, ma probabilmente sì. Forse però no. Addio e arrivederci."

 9  [Share](#) [Report](#) [Save](#)

Translation:

They cover all the bases, you never know. "You probably don't have anything. Or else you already have one foot in the pit, I don't want to give too much away. Just in case, sleep on it and make your will, so that everything passes. At worst you won't survive the night, but probably yes. But maybe not. Farewell and goodbye."

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
263.	Coprono tutte le basi,	<i>They cover all the reasons,</i>	Wide range of potential diagnoses suggested by the doctors	4	5	5
264.	non si sa mai.	<i>you never know.</i>	Mistrust in doctors' judgement	5	5	5

265.	"Lei probabilmente non ha niente.	<i>"You probably don't have anything.</i>	Doctors' guesses about patient being healthy	4	5	2
266.	Oppure ha già un piede nella fossa,	<i>Or else you already have one foot in the pit,</i>	Doctors' guesses about patient's serious condition	4	5	2
267.	non voglio sbilanciarmi.	<i>I don't want to give too much away.</i>	Doctors' uncertainty	4	3	3
268.	Giusto in caso,	<i>Just in case,</i>	Possibility of negative outcome	4	4	3
269.	ci dorma sopra	<i>sleep on it</i>	Ironizing doctors' suggestions to wait and take no actions	3	4	1
270.	e faccia testamento,	<i>and make your will,</i>	Ironizing the doctors' invitation to prepare for the worst outcome	5	5	1
271.	che passa tutto.	<i>so that everything passes.</i>	Ironizing doctors' suggestions to wait and take no actions	4	4	1
272.	Al limite non sopravvive la notte,	<i>At worst won't survive the night,</i>	Ironizing doctors' invitation to prepare for the worst outcome	3	5	1
273.	ma probabilmente si.	<i>but probably yes.</i>	Doctors leaving hope for a positive outcome	4	4	2
274.	Forse però no.	<i>But maybe not.</i>	Ironizing doctors' doubts about their own judgement	4	4	2
275.	Addio e arrivederci."	<i>Farewell and goodbye."</i>	Ironizing limited help from the doctors	4	5	1

French data. Continuation of Thread (C)

4) Reply 2 to (C1)

User 029:



6m · edited 6m

Fais tes recherches, à bon entendeur ;)

Edit : c'est marrant que personne n'ait capté l'ironie

↑ -3 ↓ Share Report Save

Translation:

Do your own research, a word to the wise ;) Edit: it's funny that no one caught the irony

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
339.	Fais tes recherches,	Do your own research,	Independent search for information	4	4	4
340.	à bon entendeur ;)	a word to the wise ;)	No need for explanation	4	4	2
341.	Edit : c'est marrant que personne n'ait capté l'ironie	Edit: it's funny that no one caught the irony	Uninterpreted irony	5	2	5

5) Reply (C2) to the original comment

User 030:



kornx · 6m · edited 27d

J'ai une spondylarthrite. Ma vie était nul, de 18 à 25 ans je pensais que j'allais être condamné à vivre dans le corps d'un vieux toute ma vie. Mal au dos (d'ailleurs la SPA commence par une douleur aiguë dans le bas du dos), mal aux épaules, aux genoux et j'en passe...

De l'avis de ma rhumatologue, spécialiste de cette maladie : 90% des kiné sont des charlatans. Et en effet, j'ai essayé pas mal de kiné avant d'en trouver un bon qui m'a mis au sport.

Au début, faire du sport était dur. 7 ans de douleurs où je pensais qu'il ne fallait pas bouger pour éviter les douleurs avaient réduit mon corps à une quantité impressionnante de 0 muscle. Je soulevait 10 fois des poids et j'étais mort...

Aujourd'hui on est 1 an et demi plus tard. Environ 90% de mes douleurs ont disparues. Jamais tout ne disparaîtra puisque je suis malade mais je suis dans une forme qui m'a fait retrouver le plaisir de vivre ! Je ne vois plus mon kiné. Un jour je lui ai dit que je pouvais faire mes exercices seul. Il m'a dit oui. Je ne vois plus non plus de rhumatologue, je ne prends plus de médicaments.

Je fais 3 séances de sport par semaine. J'ai récupéré des poids et un vélo d'appartement chez des gens qui n'en voulaient plus. J'ai acheté des élastiques et des poids qui s'accrochent aux poignets/chevilles. J'alterne entre 45 min de vélo et 30/35 min de renforcement musculaire. Je me suis pas mal musclé, je me sens mieux dans mon corps et mon esprit.

Pour finir, nous avons récupéré un chien à la maison il y a un an. Je le sors 2 fois par jour (et ma copine 2 autres fois pour ceux qui s'inquiètent du bien être du chien) ce qui rajoute 40 minutes de marche quotidienne à mon programme.

Moralité : gardez espoir quand vous avez des douleurs. La vie est nul, les autres ne vous comprennent pas mais certaines douleurs peuvent être combattu !

↑ 3 ↓ Share Report Save

Translation:

I have spondylitis. My life sucked, from 18 to 25 I thought I was going to be doomed to live in an old man's body all my life. Back pain (besides the SPA begins with a sharp pain in the lower back), shoulder pain, knees and so on ...

In the opinion of my rheumatologist, specialist in this illness: 90% of physiotherapists are charlatans. And indeed, I tried a lot of physiotherapists before finding a good one that put me in the sport.

In the beginning, playing sports was hard. 7 years of pain where I thought I shouldn't move to avoid pain had reduced my body to an impressive amount of 0 muscle. I lifted weights 10 times and was dead ...

Today we are a year and a half later. About 90% of my pain is gone. It will never disappear totally

since I am sick but I am in a shape that made me rediscover the pleasure of living! I no longer see my physiotherapist. One day I told him that I could do my exercises on my own. He told me yes. I also no longer see any rheumatologist, I no longer take medication.

I do 3 sports sessions per week. I took weights and an exercise bike from people who no longer wanted them. I bought rubber bands and weights that grab onto the wrists / ankles. I alternate between 45 min of cycling and 30/35 min of muscle building. I got toned quite a bit, I feel better in my body and in my mind.

Finally, we picked up a dog at home a year ago. I take it out twice a day (and my girlfriend twice a day for those who are worried about the dog's well-being) which adds 40 minutes of daily walking to my schedule.

Moral: be hopeful when in pain. Life sucks, others don't understand you but some pains can be fought!

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
342.	J'ai une spondylarthrite.	<i>I have spondylitis.</i>	Concrete diagnosis of chronic pain	3	4	5
343.	Ma vie était nul,	<i>My life sucked,</i>	Unsuccessful life	5	5	5
344.	de 18 à 25 ans je pensais que j'allais être condamné à vivre dans le corps	<i>from 18 to 25 I thought I was going to be doomed to live in</i>	Lack of hope for health	5	5	5

	d'un vieux toute ma vie.	<i>an old man's body all my life.</i>	improvements in the future			
345.	Mal au dos (d'ailleurs la SPA commence par une douleur aiguë dans le bas du dos), mal aux épaules, aux genoux et j'en passe...	<i>Back pain (besides the SPA begins with a sharp pain in the lower back), shoulder pain, knees and so on ...</i>	Body parts affected by chronic pain	4	5	5
346.	De l'avis de ma rhumatologue, spécialiste de cette maladie:	<i>In the opinion of my rheumatologist, specialist in this illness:</i>	Expert opinion on the illness	4	4	5
347.	90% des kiné sont des charlatans.	<i>90% of physiotherapists are charlatans.</i>	Unprofessional physiotherapists	5	5	5
348.	Et en effet,	<i>And indeed,</i>	Agreeing with the expert opinion	4	5	5
349.	j'ai essayé pas mal de kiné	<i>I tried a lot of physiotherapists</i>	Numerous previous experiences with physiotherapists	3	5	5
350.	avant d'en trouver un bon	<i>before finding a good one</i>	Finding a professional physiotherapist	4	5	4
351.	qui m'a mis au sport.	<i>that put me in the sport.</i>	Physiotherapist's strategy of doing sports	3	5	4
352.	Au début, faire du sport était dur.	<i>In the beginning, playing sports was hard.</i>	Primary difficulties regarding sport	5	4	5
353.	7 ans de douleurs	<i>7 years of pain</i>	Duration of chronic pain experiences	3	5	5
354.	où je pensais qu'il ne fallait pas bouger pour éviter les douleurs	<i>where I thought I shouldn't move to avoid pain</i>	Attempts to avoid pain by not moving	4	4	5
355.	avaient réduit mon corps à une quantité impressionnante de 0 muscle.	<i>had reduced my body to an impressive amount of 0 muscle.</i>	Loss of muscles	5	4	5
356.	Je soulevais 10 fois des poids et j'étais mort...	<i>I lifted weights 10 times and was dead ...</i>	Low energy levels	5	4	5
357.	Aujourd'hui on est 1 an et demi plus tard.	<i>Today we are a year and a half later.</i>	Progress of time	3	3	4

358.	Environ 90% de mes douleurs ont disparues.	<i>About 90% of my pain is gone.</i>	Partial disappearance of pain	3	4	4
359.	Jamais tout ne disparaîtra	<i>It will never disappear totally</i>	No hope for a complete recovery	4	5	5
360.	puisque je suis malade	<i>since I am sick</i>	Accepting the illness	4	5	5
361.	mais je suis dans une forme qui m'a fait retrouver le plaisir de vivre!	<i>but I am in a shape that made me rediscover the pleasure of living!</i>	Appreciating the current shape	5	4	5
362.	Je ne vois plus mon kiné.	<i>I no longer see my physiotherapist.</i>	End of physiotherapy services	3	4	4
363.	Un jour je lui ai dit que je pouvais faire mes exercices seul.	<i>One day I told him that I could do my exercises on my own.</i>	Announcing the wish to exercise independently	4	4	5
364.	Il m'a dit oui.	<i>He told me yes.</i>	Physiotherapist's consent	3	4	4
365.	Je ne vois plus non plus de rhumatologue,	<i>I also no longer see any rheumatologist,</i>	Stopping visits to rheumatologists	4	4	4
366.	je ne prends plus de médicaments.	<i>I no longer take medication.</i>	Stopping medication	4	4	4
367.	Je fais 3 séances de sport par semaine.	<i>I do 3 sports sessions per week.</i>	Exercise routine	3	4	4
368.	J'ai récupéré des poids et un vélo d'appartement chez des gens qui n'en voulaient plus.	<i>I took weights and an exercise bike from people who no longer wanted them.</i>	Acquiring second-hand sporting equipment	3	4	4
369.	J'ai acheté des élastiques et des poids qui s'accrochent aux poignets/chevilles.	<i>I bought rubber bands and weights that grab onto the wrists / ankles.</i>	Buying new sporting equipment	3	4	4
370.	J'alterne entre 45 min de vélo et 30/35 min de renforcement musculaire.	<i>I alternate between 45 min of cycling and 30/35 min of muscle building.</i>	Exercise routine	3	4	4
371.	Je me suis pas mal musclé,	<i>I got toned quite a bit,</i>	Toned body	4	4	5
372.	je me sens mieux dans mon corps et mon esprit.	<i>I feel better in my body and in my mind.</i>	Improved well-being	5	4	5

373.	Pour finir, nous avons récupéré un chien à la maison il y a un an.	<i>Finally, we picked up a dog at home a year ago.</i>	Adopting a dog	3	3	5
374.	Je le sors 2 fois par jour	<i>I take it out twice a day</i>	Dog walking routine of the chronic pain patient	3	3	4
375.	(et ma copine 2 autres fois	<i>(and my girlfriend twice a day</i>	Sharing the task with the girlfriend	3	3	3
376.	pour ceux qui s'inquiètent du bien être du chien)	<i>for those who are worried about the dog's well-being)</i>	Reassuring about the dog's well-being	4	5	4
377.	ce qui rajoute 40 minutes de marche quotidienne à mon programme.	<i>which adds 40 minutes of daily walking to my schedule.</i>	Daily walking routine	3	4	4
378.	Moralité: gardez espoir lorsque vous souffrez.	<i>Moral: be hopeful when in pain.</i>	Recommendation to stay hopeful	5	5	5
379.	La vie est nul,	<i>Life sucks,</i>	Disappointment in life	5	5	5
380.	les autres ne vous comprennent pas	<i>others don't understand you</i>	Lack of understanding from the others	4	5	5
381.	mais certaines douleurs peuvent être combattues!	<i>but some types of pain can be fought against!</i>	Hope to defeat some types of chronic pain	4	5	5

6) Reply 1 to (C2)

User 031:



[Redacted] 27d

Ton post redonne espoir, merci d'avoir partagé ton expérience.

Peut-être que je vais me prendre un vélo d'appartement finalement...

↑ 2 ↓ Share Report Save

Translation:

Your post brings hope back, thank you for sharing your experience.

Maybe I'll take a stationary bike after all...

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
382.	Ton post redonne espoir,	<i>Your post brings hope back,</i>	Uplifting post	5	5	5
383.	merci d'avoir partagé ton expérience.	<i>thank you for sharing your experience.</i>	Gratefulness for the comment	5	5	5
384.	Peut-être que je vais me prendre un vélo d'appartement finalement...	<i>Maybe I'll take a stationary bike after all...</i>	Inspiration to start doing sports	4	4	4

7) Reply 2 to (C2)

User 027. Author of the original comment:



User 027 6m

Ton témoignage est super encourageant merci ! Sauf le "d'ailleurs la SPA commence par une douleur aiguë dans le bas du dos" :p

En effet la plupart des kinés ont encore une approche douleur => on évite de bouger, contrairement à l'approche plus moderne qui recommande de bouger modérément.

Pour le chien c'est marrant, je viens d'en adopter un récemment et je sens déjà que ça fait du bien de jouer avec lui et de le sortir.

↑ 1 ↓ Share Report Save

Translation:

Your testimony is very encouraging, thank you! Except the "besides the SPA begins with a sharp pain in the lower back": p

Indeed, most physiotherapists still have a pain approach => we avoid moving, unlike the more modern approach which recommends moving moderately.

As for the dog it's funny, I have just adopted one recently and I already feel that it does good to me to play with him and take him out.

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
385.	Ton témoignage est super encourageant merci !	<i>Your testimony is very encouraging, thank you!</i>	Appreciation of the personal story	5	5	5
386.	Sauf le "d'ailleurs la SPA commence par une douleur	<i>Apart from "besides the SPA begins with a sharp pain in the lower back": p</i>	Spondyloarthritis as a painful experience	4	4	4

	aiguë dans le bas du dos" :p					
387.	En effet	<i>Indeed,</i>	Agreeing with the other commenter	4	5	5
388.	la plupart des kinés ont encore une approche douleur => on évite de bouger,	<i>most physiotherapists still have a pain approach => we avoid moving,</i>	Physiotherapists' preferences to avoid movement	4	5	4
389.	contrairement à l'approche plus moderne qui recommande de bouger modérément.	<i>unlike the more modern approach which recommends moving moderately.</i>	The modern approach encouraging to move	5	5	5
390.	Pour le chien c'est marrant,	<i>As for the dog it's funny,</i>	Positive reaction to the story of the commenter	5	5	4
391.	je viens d'en adopter un récemment	<i>I have just adopted one recently</i>	Personal dog adoption experience	3	5	4
392.	et je sens déjà que ça fait du bien	<i>and I already feel that it does me good</i>	Positive impact of having a pet dog	5	5	5
393.	de jouer avec lui et de le sortir.	<i>to play with him and take him out.</i>	Physical activities with the dog	3	5	4

8) Reply 3 to (C2)

User 032:



6m

Hey, j'ai la même maladie que toi ! elle m'attaque différemment par contre : elle me touche principalement les articulations périphériques.

↑ 1 ↓ Share Report Save

Translation:

Hey, I have the same illness as you! it attacks me differently on the other hand: it mainly affects my peripheral joints.

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
394.	Hey, j'ai la même maladie que toi !	<i>Hey, I have the same illness as you!</i>	Relating to the illness of the previous commenter	5	5	5
395.	elle m'attaque différemment par contre:	<i>it attacks me differently on the other hand:</i>	Different symptoms	5	4	5
396.	elle me touche principalement les articulations périphériques.	<i>it mainly affects my peripheral joints.</i>	Chronic pain harming peripheral joints	3	4	4

9) Reply 1 to (Reply 3 to (C2))

User 030:



6m

Malheureusement le sport ne peut pas tout guérir :/ les douleurs au dos/épaules/genoux/bassins sont atténuées car les muscles prennent le relais sur les os mais si tu as mal aux poignets ou aux chevilles je ne sais pas si le sport peut aider :/

↑ 2 ↓ Share Report Save

Translation:

Unfortunately sport cannot cure everything: back pain /shoulder pain / knee pain / pelvis pain get reduced as the muscles take control of the bones, but if you have pain in your wrists or ankles I do not know whether sport can help : /

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
397.	Malheureusement le sport ne peut pas tout guérir :/	<i>Unfortunately sport cannot cure everything: /</i>	Limited positive impact of sport	5	5	5
398.	les douleurs au dos/épaules/genoux /bassins sont atténuées	<i>back pain /shoulder pain / knee pain / pelvis pain get reduced</i>	Positive effects of sport on some types of pain	3	4	4
399.	car les muscles prennent le relais sur les os	<i>as the muscles take control of the bones</i>	Connection between bones and muscles	3	4	4
400.	mais si tu as mal aux poignets ou aux chevilles je ne sais pas si le sport peut aider :/	<i>but if you have pain in your wrists or ankles I do not know whether sport can help : /</i>	Sport unable to relieve symptoms of some types of chronic pain	5	5	4

10) Reply 1 to (Reply 1 to (Reply 3 to (C2)))

User 032:



6m

Ho mais pas que, j'ai aussi une névralgie pudendal et une algie vasculaire de la face =)

Je fais des étirements, puis de la marche, pour pas taper trop fort.
Le sport dans la SPA, c'est pour éviter des futurs dégradations, d'après ce que j'ai compris.

↑ 1 ↓ Share Report Save

Translation:

Ho but not only that, I also have pudendal neuralgia and cluster headache =)

I stretch, then walk, so that I don't hit it too hard. The sport with regard to the SPA is to avoid future degradation, as far as I understand.

No.	Utterance(s)	Translation	Stance focus	Affect	Alignment	Investment
401.	Ho mais pas que,	<i>Ho but not only that,</i>	Adding information	3	4	4
402.	j'ai aussi une névralgie pudendal et une algie vasculaire de la face =)	<i>I also have pudendal neuralgia and cluster headache =)</i>	Additional illnesses	4	4	5
403.	Je fais des étirements, puis de la marche,	<i>I stretch, then walk,</i>	Light physical activity	2	4	4
404.	pour pas taper trop fort.	<i>so that I don't hit it too hard.</i>	Careful behavior	4	5	4
405.	Le sport dans la SPA, c'est pour éviter des futurs dégradations,	<i>With regard to the SPA, sport allows to avoid future degradation,</i>	Sport preventing potential negative effects of spondyloarthritis	3	4	4
406.	d'après ce que j'ai compris.	<i>as far as I understand.</i>	Subjective understanding	4	4	4

English data

Subreddit r/ChronicPain

Thread (D). “When you are young and go see a pain doctor”

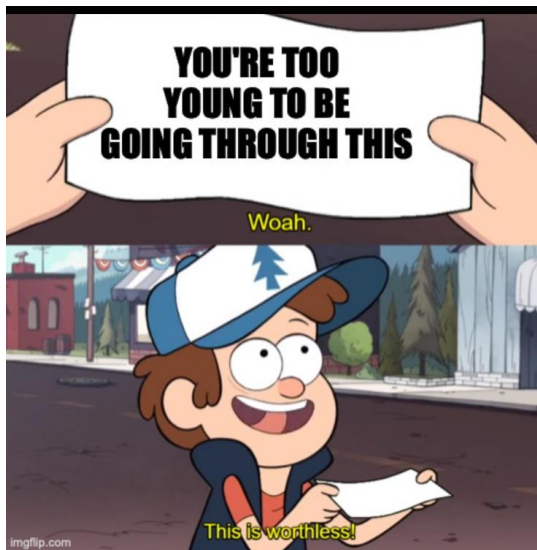
1) Original comment (D).

User 033:

“When you are young and go see a pain doctor”

Figure 3

Meme attached to the original comment of the Thread (D)



No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
407.	When you are young and go see a pain doctor	Young chronic pain patients visiting doctors	3	4	4
408.	“You’re too young to be going through this”	Doctors’ emotional reaction towards young chronic pain patients	5	2	5
409.	Woah. This is worthless!	Young chronic patients’ shock towards doctors’ unprofessionalism	5	5	5

2) Reply (D1) to the original comment

User 034:



10 hours ago

Just had this said to me by a doctor. It was so insulting. Ok, well if I'm too young to be going through this, why don't you treat my pain so I can spend the rest of my LIFE with some relief?!?! Why is it so hard to understand, the younger we are the longer we have to live like this. Which leads me to the next part, lack of pain control Made me fall into a deep dark depression and was suicidal. Let's punish everyone because of the "opioid crisis". I was told to do aqua therapy,,, I actually laughed. I've been injured for six years, multiple surgeries and am now disabled

↑ 48 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
410.	Just had this said to me by a doctor.	Relating to the universal experience demonstrated in the meme	3	5	4
411.	It was so insulting.	Negative reaction towards unprofessional doctors' comments	5	5	5
412.	Ok, well if I'm too young to be going through this,	Repetition of the insulting doctors' comments	3	4	3
413.	why don't you treat my pain	Insisting on doctors taking actions to cure young chronic pain patients	2	5	4
414.	so I can spend the rest of my LIFE with some relief?!?!	Future life without pain	5	5	5
415.	Why is it so hard to understand,	Doctors' inability to comprehend the situation	4	5	4
416.	the younger we are the longer we have to live like this.	The prospects of long years of life with chronic pain	5	5	5
417.	Which leads me to the next part,	Impossibility of controlling chronic pain	2	3	3
418.	lack of pain control.	Impossibility of controlling chronic pain	2	4	3
419.	Made me fall into a deep dark depression	Chronic pain leading to depression	5	4	5
420.	and was suicidal.	Chronic pain increasing chances of suicide	3	3	5
421.	Let's punish everyone because of the "opioid crisis".	Strict regulations for opioid use	3	5	4
422.	I was told to do aqua therapy,,,	Doctors choosing non-effective treatment for chronic pain patients	3	4	4

423.	I actually laughed.	Chronic pain patient ironically judging the proposed methods	4	5	2
424.	I've been injured for six years, multiple surgeries	Previous experiences that led to chronic pain	3	4	5
425.	and am now disabled	Disability as a result of chronic pain	3	5	5

3) Reply 1 to (D1)

User 010:



9 hours ago

And remember, you're a liar and a drug seeker if you tell them why their shitty suggestions won't work.

↑ 31 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
426.	And remember, you're a liar and a drug seeker	Doctors judging certain chronic pain patients	5	5	5
427.	if you tell them why their shitty suggestions won't work.	Chronic pain patients criticizing treatment selected by doctors	5	5	5

4) Reply 1 to (Reply 1 to (D1))

User 034:



8 hours ago

👊 can't even tell them what works for you, automatically a drug seeker. I've been on both sides as a registered nurse and now the patient. I've been treated terribly by nurses and doctors, I've also seen first hand as a nurse how people in pain are perceived and treated. Before my injury, I always advocated for my patients when the Provider would give Tylenol after open heart surgery because "we don't want to make them a drug addict". Unmmmm so we withhold treatment to prevent something that 1) more than likely won't happen 2) if they are an addict they will be an addict anyway 3) there's something called rehab. Bunch of sadists

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
428.	👊	Relating to the experiences of the previous commenter	4	5	4
429.	can't even tell them what works for you,	Chronic pain patients feeling restricted in their	4	5	5

		communication with doctors regarding treatment			
430.	automatically a drug seeker.	Doctors' judgment of chronic pain patients who ask for stronger pain-relieving drugs	4	5	5
431.	I've been on both sides as a registered nurse and now the patient.	Commenter's experience being both a medical worker and a chronic pain patient	3	4	5
432.	I've been treated terribly by nurses and doctors,	Negative personal experience regarding medical workers	4	4	5
433.	I've also seen first hand as a nurse how people in pain are perceived and treated.	Observations from a double perspective: nurse and chronic pain patient	3	4	5
434.	Before my injury, I always advocated for my patients	Necessity to defend chronic patient needs in front of the medical workers	4	4	5
435.	when the Provider would give Tylenol after open heart surgery	Doctors attentive to prescribe not too strong drugs	2	4	4
436.	because "we don't want to make them a drug addict".	Doctors' negative judgment of pain-relieving drugs that may cause addiction	3	5	4
437.	Unmmmm so we withhold treatment	Doctors not allowing to use stronger medication	4	4	4
438.	to prevent something that	Preventing the dangers	2	4	3
439.	1) more than likely won't happen	Low probability to get addicted to medication	4	4	4
440.	2) if they are an addict they will be an addict anyway	The stable condition of people addicted to drugs	4	2	4
441.	3) there's something called rehab.	Possibility to get treatment for drug addiction	2	2	3
442.	Bunch of sadists	Condemning doctors who refused to use stronger pain-relieving drugs	5	4	5

5) Reply 2 to (Reply 1 to (D1))

User 010:



1m

I actually got told to *walk out and drive* to a store to *buy my own Tylenol* immediately (not even 30 minutes) after I woke up from my abdominal surgery. It resulted in my being insanely high on THC to the point I was twitching and unable to understand what was happening for 4 days afterward and then moderately high for about another week or two. It was extremely unpleasant but it was the only way to deal with the pain. I'm lucky I didn't have to perform any drug tests for anything otherwise I would have just been in agony.

3

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
443.	I actually got told to <i>walk out</i> and <i>drive</i> to a store	Doctors telling the patient to leave	3	3	4
444.	to <i>buy my own Tylenol</i>	Doctors' incomprehension of the need for stronger pain-relieving drugs	3	4	4
445.	immediately (not even 30 minutes) after I woke up from my abdominal surgery.	Doctors not giving neither enough time to recover nor medication after the surgery	3	5	5
446.	It resulted in my being insanely high on THC to the point I was twitching and unable to understand what was happening for 4 days afterward and then moderately high for about another week or two.	Negative effects of cannabis used by patients suffering from pain	3	4	5
447.	It was extremely unpleasant	Highly unpleasant sensations	5	5	5
448.	but it was the only way to deal with the pain.	Inescapable use of cannabis by some patients suffering from pain	5	4	5
449.	the younger we are the longer we have to live like this.	The worrying future prospects of young chronic pain patients	3	5	5
450.	I'm lucky I didn't have to perform any drug tests for anything	Anxiety of young chronic pain patients that take drugs for their pain	5	4	5
451.	otherwise I would have just been in agony.	Alternative negative scenarios of being accused of using drugs	5	5	5

6) Reply 1 to (Reply 2 to (Reply 1 to (D1)))

User 034:



[Redacted] 1m

I'm so sorry, no medication after an abdominal surgery is inhumane! Wtf is going on. This is out of control. I also use medical marijuana now because it's becoming my only option. Ya know, I'm not sure where everyone is from but it wouldn't Hurt to start writing letters to our senators (if you're in the states) to tell them how thier draconian measures are impacting this community!!!

3


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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
452.	I'm so sorry, no medication after an abdominal surgery is	Acknowledging the injustice experienced by the previous commenter	5	5	5

	inhumane! Wtf is going on. This is out of control.				
453.	I also use medical marijuana now	Relating to the previous commenter's experiences with medical marijuana	3	4	4
454.	because it's becoming my only option.	Medical marijuana as the only option for young chronic pain patients	4	5	5
455.	Ya know, I'm not sure where everyone is from	Wondering about the origins of the other users	2	4	2
456.	but it wouldn't hurt to start writing letters to our senators	Offering the American users to inform the government	4	5	4
457.	(if you're in the states)	Inquiry about the users' location	2	4	3
458.	to tell them how their draconian measures	Strict measures	5	5	5
459.	are impacting this community!!!	Impact on the suffering community	3	5	4

7) Reply 2 to (D1)

User 035:

 9 hours ago

Too young to have finished school to establish yourself

Too young for disability

Too young to be in pain

Too young to get pain relief

It's like the worst cycle of how tf are you going to pay bills for the rest of your life in a deteriorating body. Seriously being in severe pain is enough to deserve 100% of your attention but there is so many more worries when you're young that piles onto that.

Thank God Im better than I was a few years ago but I do not look forward to 50 years from now.

↑ 18 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
460.	Too young to have finished school to establish yourself	Young age	4	4	4
461.	Too young to be in pain	The discrepancy between chronic pain and the usual life of a young person	4	5	4
462.	Too young for disability	The discrepancy between disability and the usual life of a young person	4	5	4

463.	Too young to get pain relief	The discrepancy between the young age and the need for pain relief	4	5	4
464.	It's like the worst cycle	Vicious cycle	5	5	5
465.	of how tf are you going to pay bills for the rest of your life	Overwhelming financial responsibilities in life	5	4	5
466.	in a deteriorating body.	Deterioration of physical health	5	5	5
467.	Seriously being in severe pain is enough to deserve 100% of your attention	The need to take chronic pain seriously	4	5	4
468.	but there is so many more worries when you're young that piles onto that.	The complexity of chronic pain in young patients	4	4	4
469.	Thank God Im better than I was a few years ago	Positive changes regarding the young chronic pain patient's condition	5	5	5
470.	but I do not look forward to 50 years from now.	Young chronic pain patient's anxiety about future prospects	3	4	4

8) Reply 3 to (D1)

User 036:



8 hours ago

Have you tried yoga? 😏😏😏 I spent over a decade using only natural remedies and I just got worse... im pretty sure I have more natural medicine knowledge than they do... yeah! Including fucking yoga. Now namaste the fuck away from your ass...

↑ 11 ↓ 🗨 Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
471.	Have you tried yoga? 😏😏😏	Ironizing yoga for treating chronic pain	4	4	2
472.	I spent over a decade using only natural remedies and I just got worse...	The negative impact of natural remedies on chronic pain control	4	4	5
473.	im pretty sure I have more natural medicine knowledge than they do... yeah! Including fucking yoga.	Chronic pain patient's inevitable knowledgeable on natural medicine	5	4	5
474.	Now namaste the fuck away from your ass...	Chronic pain patient's irritation towards natural methods	5	4	5

9) Reply 1 to (Reply 3 to (D1))

User 034:



[Redacted] 1m

Yoga Imfao 😊 Ya!! Oh do accupuncture, Aqua therapy, essential oils, blah blah blah. Nothing has hurt me as bad as physical therapy. It's torture so I won't do it. I have permanent nerve damage so the less I'm touched the better. It's also not fixable Bunch of quacks

↑ 13 ↓ 🗨 Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
475.	Yoga Imfao 😊 Ya!!	Relating to experiences with yoga mentioned in the previous comment	5	5	5
476.	Oh do accupuncture, Aqua therapy, essential oils, blah blah blah.	Ironizing specialists recommendations of natural methods for chronic pain control	4	5	2
477.	Nothing has hurt me as bad as physical therapy. It's torture	Negative chronic pain patient's attitude towards physical therapy	5	5	5
478.	so I won't do it.	Refusal to do physical therapy	4	5	5
479.	I have permanent nerve damage	Medical condition of nerve damage	2	4	5
480.	so the less I'm touched the better.	The discomfort of being touched	4	4	5
481.	It's also not fixable	Irreversible chronic pain condition	3	4	4
482.	Bunch of quacks	Chronic pain patient's negative judgment of specialists offering natural methods	5	5	5

10) Reply (D2) to the original comment

User 037:



[Redacted] 1m

And they refuse to give you pain relief and patronise you by asking "have you tried paracetamol?" 😊

↑ 22 ↓ 🗨 Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
483.	And they refuse to give you pain relief	Doctors' refusal to provide pain relief	3	5	4
484.	and patronise you	Doctors' authoritative behavior towards chronic pain patients	4	4	5
485.	by asking "have you tried paracetamol?"	Ironizing primitive doctor's advice on pain relief	3	5	2

Thread (E). "Any other men with chronic pain feel like the experience is humiliating in front of women?"

1) Original comment (E).

User 038:

"Any other men with chronic pain feel like the experience is humiliating in front of women?"

Honestly, I can get over the pain when I'm working. It's just when the perception of my female coworkers come into the equation that is absolutely destroys me.

I'm not too bad around women now, assuming my pain doesn't basically paralyze me and turn me into a stuttering mess. I fucking hate it. Because of my past this brings back a lot of memories, too.

Also, confessing that you're in pain is in itself recognizing your deficiency and lack of virility, or whatever. So I'm in this purgatory where I'm incapable of forming complete sentences, cannot form coherent thoughts, unable to do my job, in front of a girl whose opinion of me might mean quite a lot.

With one girl at my work I happened to be quite fond of her, naturally barely capable of communicating. So I basically forced myself to put on a charade in order to redeem myself, I guess. It's a never-ending nightmare for me. I experienced this humiliation throughout my adolescence dealing with this pain, I never want to experience it again. But it's this insidious plague that never disappears.

This actually ruins me. The job being borderline unsustainable is grueling, but the visceral feeling of humiliation that I'm subjected to around women, especially female coworkers, well, I can't describe what this does to me. But it isn't good."

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
486.	Any other men with chronic pain feel like	Looking for common experiences in other men with chronic pain	4	4	4
487.	the experience is humiliating in front of women?	Humiliation in front of women	5	4	5
488.	Honestly, I can get over the pain when I'm working.	Getting over pain at work	3	3	5
489.	It's just when the perception of my female coworkers come into the equation	Female colleagues' perception of male	3	3	4

		colleague with chronic pain			
490.	that absolutely destroys me.	Despair	5	4	5
491.	I'm not too bad around women now,	Neutral behavior around women	4	3	4
492.	assuming my pain doesn't basically paralyze me and turn me into a stuttering mess.	Physical effects of chronic pain	5	4	3
493.	I fucking hate it.	Feelings of hate	5	4	5
494.	Because of my past this brings back a lot of memories, too.	Negative memories	3	3	4
495.	Also, confessing that you're in pain	Confessing about chronic pain	4	4	4
496.	is in itself recognizing your deficiency and lack of virility, or whatever.	Recognizing your own deficiency	4	5	4
497.	So I'm in this purgatory	Feeling stuck	5	4	5
498.	where I'm incapable of forming complete sentences, cannot form coherent thoughts, unable to do my job,	Concentration struggles	4	4	5
499.	in front of a girl whose opinion of me might mean quite a lot.	Opinion of female individuals	4	4	4
500.	With one girl at my work I happened to be quite fond of her,	Crush on a female coworker	4	3	4
501.	naturally barely capable of communicating.	Loss of communication skills	3	3	4
502.	So I basically forced myself to put on a charade	Chronic pain patient acting in front of the others	5	4	5
503.	in order to redeem myself, I guess.	Compensating weakness	4	4	4
504.	It's a never-ending nightmare for me.	Continuous dramatic circumstances	5	5	5
505.	I experienced this humiliation throughout my adolescence dealing with this pain,	Humiliation during teenage years	5	4	5
506.	I never want to experience it again.	Wish to escape this experience in the future	5	4	5
507.	But it's this insidious plague that never disappears.	Chronic pain lasting the whole life	4	5	5

2) Reply (E1) to the original comment

User 039:



[Redacted] 1d

Yes. Pain took a lot from me and I don't even feel like a man now.

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
508.	Yes.	Relating to the original comment	3	4	4
509.	Pain took a lot from me	Loss due to chronic pain	4	4	4
510.	and I don't even feel like a man now.	Not feeling masculine enough	4	5	2

3) Reply 1 to (E1)

User 038. Author of the original comment:



[Redacted] 1d

that's pretty fucked up

i used to feel like that... you can get better.. i might find myself humiliated sometimes but most of the time I'm quite confident around women now. it's often about how you react to these things

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
511.	that's pretty fucked up	Chaos	4	4	4
512.	i used to feel like that...	Experiences of the past	3	4	4
513.	you can get better..	Reassuring about the future	4	4	4
514.	I might find myself humiliated sometimes	Sporadic humiliation	5	4	4
515.	but most of the time I'm quite confident around women now.	Confidence around women	4	3	4
516.	it's often about how you react to these things	Reaction towards the situation	3	4	4

4) Reply 1 to (Reply 1 to (E1))

User 040:



[Redacted] 1d

Confidence won't make up for all the things you can no longer do and no matter how confident I could be, no amount of it will stop my condition from being a burden for those around me.

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
517.	Confidence won't make up for all the things you can no longer do	Confidence not enough to compensate the loss	4	4	5
518.	and no matter how confident I could be, no amount of it will stop my condition from being a burden for those around me.	Chronic pain patient feeling like a burden despite confidence	5	5	5

5) Reply (E2) to the original comment

User 041:



[Redacted] 1m


Need to stop worrying what these ladies think.. and stop trying to shit where you eat (imho)







↑ 13 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
519.	Need to stop worrying what these ladies think..	Not worrying about others' opinions	4	4	5
520.	and stop trying to shit where you eat (imho)	Respecting your own life	4	4	5

6) Reply 1 to (E2)

User 038. Author of the original comment:

 1m
probably good advice, thank you!


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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
521.	probably good advice,	Positive evaluation of the advice	4	4	4
522.	thank you!	Gratefulness	4	4	4

7) Reply 1 to (Reply 1 to (E2))

Note: (Reply 1 to (E2)) was deleted by the author and is not included in data analysis.

User 038. Author of the original comment:







 1m

Chronic pain is crappy for dating all round.

ya you really don't see this talked about much, do you?

this might be the most malignant affects of chronic pain for me... is how it effected (or defined) my dating life. being perceived as "unavailable" or "off-limits" is kind of dehumanizing. it also provokes a lot of maladaptive coping mechanisms.

i'm not familiar with the woman's side of this issue. but it sounds just as terrible for sure

 2   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
523.	ya	Relating to the original comment	3	5	4
524.	you really don't see this talked about much, do you?	Too little attention regarding the topic of dating while having chronic pain	4	5	5
525.	this might be the most malignant effects of chronic pain for me... is how it affected (or defined) my dating life.	Negative chronic pain effects on dating life	5	5	5
526.	being perceived as "unavailable" or "off-limits"	Exclusion from the dating life	5	5	5

527.	is kind of dehumanizing.	Feeling degraded	5	5	5
528.	it also provokes a lot of maladaptive coping mechanisms.	Toxic coping mechanisms	4	5	5
529.	i'm not familiar with the woman's side of this issue.	Unfamiliarity with the experiences of female chronic pain patients	3	2	2
530.	but it sounds just as terrible for sure	Recognizing the dramatic experiences of female chronic pain patients	4	5	4

8) Reply (E3) to the original comment

User 042:



1m

Yes. I used to be a boxer, Rugby player, football player. I was a jock thought I was a stud, very cocky complete douche though. Now I feel like a complete dud. It's humiliating and depressing but I just find it funny how tables have turned. It's for the better in my case I guess

23

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
531.	Yes.	Relating to the original comment	3	5	4
532.	I used to be a boxer, Rugby player, football player.	Physical activities of the previous stages of life	2	3	5
533.	I was a jock thought I was a stud, very cocky complete douche though.	Overconfidence	5	4	5
534.	Now I feel like a complete dud.	Sense of defectiveness	5	5	5
535.	It's humiliating and depressing	Depressing feelings	5	5	5
536.	but I just find it funny how tables have turned.	Paradoxical situation	5	3	5
537.	It's for the better in my case I guess	Positive changes	4	3	4

9) Reply 1 to (E3)

User 041:



1m

Naw.. you might say that but I don't think you believe it for a second. I'd rather be a cocky douchy jock than aa chronic pain patient any day of the week . And you could have grown out that organically... but we don't really outgrow the pain

It's tough letting go of that former identity.. it's something we grieve.

↑ 5 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
538.	Naw..	Disagreeing with the previous commenter	4	1	5
539.	you might say that but I don't think you believe it for a second.	Neglecting true feelings	5	1	5
540.	I'd rather be a cocky douchy jock than aa chronic pain patient any day of the week.	Wish to escape chronic pain	5	1	5
541.	And you could have grown out that organically...	Getting used to the reality of chronic pain	3	4	4
542.	but we don't really outgrow the pain	Impossibility to escape chronic pain	4	2	4
543.	It's tough letting go of that former identity.. it's something we grieve.	Grieving the former identity	5	4	5

10) Reply 1 to (Reply 1 to (E3))

User 042:



2m

True. Just trying to make best of a shit situation I guess , life fucking sucks dawg

↑ 7 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
544.	True.	Agreeing with the previous commenter	4	5	5
545.	Just trying to make best of a shit situation	Positivity in negative situations	5	4	5
546.	I guess,	Personal belief	4	3	4

547.	life fucking sucks dawg	Relating to the previous commenter's negative attitude	5	5	5
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Thread (F). "Wanna hear a joke? Sleep."

1) Original comment (F)

User 043:

"Wanna hear a joke? Sleep.

Yeah, I don't get it either.

snort, guffaw

Not my joke. Just a good repeat I heard somewhere."

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
548.	Wanna hear a joke? Sleep.	Ironizing lack of sleep	4	5	1
549.	Yeah, I don't get it either. <i>snort, guffaw</i>	Reaction to the joke	4	5	5
550.	Not my joke. Just a good repeat I heard somewhere.	Origins of the joke	4	4	4

2) Reply (F1) to the original comment

User 044:



[User Name] 1m

You got a smirk out of me, take my upvote. (I'm going to shamelessly steal this)


22

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
551.	You got a smirk out of me, take my upvote.	Appreciation of the joke	5	5	4
552.	(I'm going to shamelessly steal this)	Reusing the joke	4	5	5

3) Reply 1 to (F1)

User 043. Author of the original comment:

 [Redacted] 1m


Please do! We need to smirk more. 😏

↑ 10 ↓  Reply  Share  Report  Save





No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
553.	Please do!	Allowing to reuse the joke	4	5	5
554.	We need to smirk more. 😏	Need for positivity	5	5	5

4) Reply (F2) to the original comment

User 045:

 [Redacted] . edited 1d


What's sleep? That word isn't in my dictionary. I do rest but that's it

↑ 17 ↓  Reply  Share  Report  Save





No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
555.	What's sleep? that word isn't in my dictionary. I do rest but that's it	Poor sleep quality	4	5	5

5) Reply 1 to (F2)

User 046:

 [Redacted] 1d


I call them naps because that's literally what it's like, a series of naps.

↑ 12 ↓  Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
556.	I call them naps because that's literally what it's like, a series of naps	Poor sleep quality	4	5	5

6) Reply 1 to (Reply 1 to (F2))


User 047:

 [Redacted] · 1d
 Me too 😊
 ↑ 5 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
557.	Me too	Relating to the previous comment	3	5	4

7) Reply 1 to (Reply 1 to (F2))


User 048:

 [Redacted] 1d
 Me 3
 ↑ 4 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
558.	Me 3	Relating to the comment it responds to	3	5	4

8) Reply (F3) to the original comment



User 049:

 [Redacted] 1m
 Haha. Yup!
 Got a GREAT two hours in /s
 ↑ 11 ↓ 🗨️ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
559.	Haha. Yup!	Relating to the comment it responds to	4	5	4
560.	Got a GREAT two hours in /s	Short sleep hours	4	5	4

9) Reply (F4) to the original comment

User 050:

  1d

FFS, me last night, once the sun had risen I feel like I was giving up. Spent about an hour, crying out of frustration. Pillows kept getting away from me, in pain, wake up, adjust, just the same thing all night long. Yeah, last night was a bad one.



You're right, OP, sleep IS a fucking joke. 😞😞😞

👍 9 🗳️ 💬 Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
561.	FFS, Me last night once the sun had risen	Losing sleep until the dawn	3	5	5
562.	I feel like I was giving up. spent about an hour crying out of frustration.	Feelings of frustration	5	5	5
563.	Pillows kept getting away from me, in pain, wake up, adjust, just the same thing all night long.	Repetitive patterns	4	4	5
564.	yeah last night was a bad one.	Negative experience of the night	4	5	5
565.	You're right, OP,	Relating to the comment it responds to	4	5	5
566.	sleep IS a fucking joke. 😞😞😞	Absurd of losing sleep	5	5	5

10) Reply 1 to (F4)

User 051:

  1d

I feel you..this was me last night too. It's enough to drive a person mad. 😞😞😞

👍 6 🗳️ 💬 Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
567.	I feel you... this was me last night too	Relating to the previous comment	4	5	5
568.	It's enough to drive a person mad. 😞😞😞	Lack of sleep leading to tense state of mind	5	5	5

Thread (G). “Do you believe there will be cures for chronic pain in our lifetime?”

1) Original comment (G)

User 052:

“Do you believe there will be cures for chronic pain in our lifetime?
Are you optimistic about it? Do you think we will have pain-free days sooner or later?”

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
569.	Do you believe there will be cures for chronic pain in our lifetime?	Believing in cures for chronic pain	3	5	3
570.	Are you optimistic about it?	Optimism	4	5	3
571.	Do you think we will have pain-free days sooner or later?	Believing in living without chronic pain in the future	3	5	3

2) Reply (G1) to the original comment

User 043:



1d



I have no faith that will happen in my lifetime. Before there can be cures, we need to see major paradigmatic shifts in how we think about pain and how we treat people who live with chronic pain ('treat' as in do we gaslight them, minimize or invalidate their experience, etc.?). Only when we change our thinking can we change what's possible.

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
572.	I have no faith that will happen in my lifetime.	Lack of hope	5	1	5
573.	Before there can be cures, we need to see major paradigmatic shifts in how we think about pain and how we treat people who live with chronic pain	Need for changes in the way that chronic pain is perceived	4	2	5
574.	('treat' as in do we gaslight them, minimize or invalidate their experience, etc.?).	Various types of negative behavior towards chronic pain patients	5	3	5
575.	Only when we change our thinking can we change what's possible.	Changes of thinking leading to further changes	4	4	5

3) Reply (G2) to the original comment

User 053:

  · 1d


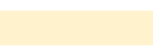
treating pain makes a lot more money then curing it so probably not

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
576.	treating pain makes a lot more money than curing it	Chronic pain treatment bringing money to the industry	3	3	4
577.	so probably not	Lack of conviction	3	2	4

4) Reply (G3) to the original comment

User 054:

  1d

I truly hope so. If not for me close to 40 then the kids if today I hope none of them have to suffer.

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
578.	I truly hope so.	Hope for improvements regarding chronic pain treatment	4	5	5
579.	If not for me close to 40	Personal hopes	3	4	5
580.	then the kids of today I hope none of them have to suffer.	Hope for the future generations of chronic pain patients	4	5	5

5) Reply (G4) to the original comment

User 055:



1m

No. I think it's possible for some sources of pain maybe but all chronic pain? Nope

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
581.	No.	Negative answer to the original comment	3	1	4
582.	I think it's possible for some sources of pain maybe	Probability to cure some sources of pain	3	4	4
583.	but all chronic pain? Nope	Lack of belief in completely curing chronic pain in the future	4	2	5

6) Reply (G5) to the original comment

User 056:



I think it depends on the nature of the pain. If pain is due to like phantom limb pain, fibromyalgia where there isn't actual nerve damage (just pain), or maybe even failed back surgery syndrome, i think there's a good chance that medical advances can get us to something close to a cure or to get us to where these conditions arising can be minimized. If it's a genetic condition or a degenerative condition though, i have less hope.

↑ 2 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
584.	I think it depends on the nature of the pain.	Different types of chronic pain affecting the chances to get cured	3	4	4
585.	If pain is due to like phantom limb pain, fibromyalgia where there isn't actual nerve damage (just pain), or maybe even failed back surgery syndrome,	Treatable factors causing chronic pain	3	3	3
586.	i think there's a good chance that medical advances can get us to something close to a cure	Hope for improvements regarding chronic pain treatment	4	4	4

587.	or to get us to where these conditions arising can be minimized.	Hope for improvements in minimizing chronic pain	3	4	4
588.	If it's a genetic condition or a degenerative condition though,	Serious conditions causing chronic pain	3	2	3
589.	i have less hope.	Lack of hope	4	2	4

7) Reply (G6) to the original comment

User 057:



1m

It depends on your age, I think in maybe 80-100 years there may be a way to hijack the nervous system and stop unwanted pain. But not anytime soon.

↑ 2 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
590.	It depends on your age,	Age factor	2	3	4
591.	I think in maybe 80-100 years there may be a way to hijack the nervous system and stop unwanted pain.	Hope for stopping chronic pain in the far future	3	4	4
592.	But not anytime soon.	Lack of hope for stopping chronic pain in the close future	2	2	5

8) Reply (G7) to the original comment

User 058:



1m

Star 🇵🇸Trek

↑ 2 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
593.	Star 🇵🇸Trek	Futuristic mood and lack of belief in improvements	3	2	4

9) Reply (G8) to the original comment

User 059:



1m



No. Because they are hardly even researching what can be used to replace the narcotics they are taking away from us because of the made up opioid crisis. They really don't care about the increase in the suicide rates among those of us who suffer severe chronic pain. They don't even know how to deal with things like Fibromyalgia. And there are so many diseases and disorders like that.

↑ 2 ↓ Reply Share Report Save







No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
594.	No.	Negative answer to the original comment	3	1	4
595.	Because they are hardly even researching what can be used to replace the narcotics	Lack of research on medicaments against chronic pain	4	2	4
596.	they are taking away from us because of the made up opioid crisis.	Negative researchers' opinion on opioids	4	5	5
597.	They really don't care	Lack of empathy for chronic pain patients	4	4	5
598.	about the increase in the suicide rates among those of us who suffer severe chronic pain.	Increasing suicide rates in chronic pain patients	4	5	5
599.	They don't even know how to deal with things like Fibromyalgia.	Lack of researchers' awareness of dealing with various types of chronic pain	4	4	5
600.	And there are so many diseases and disorders like that.	High diversity of illnesses	4	4	5

10) Reply (G9) to the original comment

User 060:

  57m

Well, we already have ibuprofen, yoga, and essential oils...so I don't where anything else could be needed!

 1   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
601.	Well, we already have ibuprofen, yoga, and essential oils...	Ironizing basic medicaments and natural methods	3	4	2
602.	so I don't (know) where anything else could be needed!	Ironizing the lack of different methods	4	4	1

Thread (H). “Days like today I feel like I am not even a person”

1) Original comment (H)

User 061:

“Days like today I feel like I am not even a person.

I'm just a collection of symptoms, poor choices and a cell phone. Just a bad day. I know that. But wow do I hate the bad days.”

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
603.	Days like today	Temporality of tough days	4	4	4
604.	I feel like I am not even a person. I'm just a collection of symptoms, poor choices and a cell phone.	Dehumanizing feelings during the tough days	5	5	5
605.	Just a bad day.	Temporality of tough days	4	4	4
606.	I know that.	Conviction	4	5	5
607.	But wow do I hate the bad days.	Negative emotions	5	5	5

2) Reply (H1) to the original comment

User 062:



4d

As I keep telling my wife.

I don't have good days only good moments.

↑ 31 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
608.	As I keep telling my wife.	Talks with wife	2	5	5
609.	I don't have good days only good moments.	Temporality of moments without chronic pain	5	5	5

3) Reply to (H1)

User 063:



4d

That's a good way of putting it. Good days are a myth, but good moments are what I live for.

↑ 8 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
610.	That's a good way of putting it.	Appreciation of the previous comment	5	5	4
611.	Good days are a myth,	Impossibility to feel no pain for a longer time	5	5	5
612.	but good moments	Possibility to feel no pain for a short time	4	5	4
613.	are what I live for.	High value of moments without pain	5	5	5

4) Reply 1 to (Reply to (H1))

User 064:



1m

Me too

↑ 4 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
614.	Me too	Relating to the previous comment	3	5	4

5) Reply (H2) to the original comment

User 065:



13d

Very much relate and commiserate. Hoping for a better day soon.

↑ 29 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
615.	Very much relate and commiserate.	Relating to the original comment	5	5	5
616.	Hoping for a better day soon.	Hope for less pain in the near future	4	5	5

6) Reply (H3) to the original comment

User 066:




I'm sorry you are having a bad day, treat yourself and try playing a good escapist game like Skyrim or something like that that will take you to another world. (Skyrim has beautiful scenery that's why I suggested that.)

↑ 14 ↓ Reply Share Report Save





No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
617.	I'm sorry	Sympathy for the previous commenter	4	5	4
618.	you are having a bad day,	Time period of feeling weak	4	5	4
619.	treat yourself	Suggestion to pamper oneself	4	5	4
620.	and try playing a good escapist game like Skyrim or something like that	Escapist games as a psychological remedy	4	4	5

621.	that will take you to another world.	Escaping reality	3	4	4
622.	(Skyrim has beautiful scenery	Aesthetics of the game	5	4	4
623.	that's why I suggested that.)	Reason behind the suggestion	2	4	5

7) Reply (H4) to the original comment

 **Catzrule743** · 4d


Omg me today 😭 you said it so well

↑ 9 ↓  Reply  Share  Report  Save





No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
624.	Omg me today 😭	Personal experiences	5	5	5
625.	you said it so well	Appreciation of the previous comment	5	5	5

8) Reply (H5) to the original comment

User 068:

 **User 068** · 1m

I very much relate to this. I hope tomorrow is a better day.

↑ 7 ↓  Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
626.	I very much relate to this.	Relating to the original comment	5	5	5
627.	I hope tomorrow is a better day.	Hope for the close future	4	5	5

9) Reply (H6) to the original comment

User 069:



13d

Add to that the frustration of people not believing me and you have my day.

↑ 5 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
628.	Add to that the frustration of people not believing me	People refusing to believe in chronic pain	5	4	5
629.	and you have my day.	Personal experiences of daily struggles of chronic pain	4	5	5

10) Reply (H7) to the original comment

User 070:



4d

fr so dehumanizing. and others will never truly understand what its like, for pain to strip your personhood/personality from you.

↑ 8 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
630.	fr so dehumanizing.	Dehumanizing nature of chronic pain	5	5	5
631.	and others will never truly understand what it's like,	People unable to understand the phenomenon of chronic pain	4	4	5
632.	for pain to strip your personhood/personality from you.	Loss of personality due to chronic pain	5	4	5

Subreddit r/ChronicIllness

Table 17

Overview of the Subreddit r/ChronicIllness

Language	Members	Date of creation
English	29,248	November 4, 2012

About Community (original description on Reddit)



r/ChronicIllness

This is a subreddit to discuss the everyday life with chronic illness. Please read the rules before posting. This an advice and resource forum, we do not allow surveys or fundraising posts.

Thread (I). "I feel so seen"

1) Original comment (I)

User 071:

"I feel so seen"

Figure 4

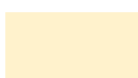
Meme attached to the original comment of the Thread (I)



No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
633.	"I feel so seen"	Chronic pain patients ironizing the feelings of being invisible	4	4	1
634.	"Your lab results are normal!"	Ironizing the doctors who treat positive lab results as the sign of good health of the chronic pain patient	4	3	2

2) Reply (I1) to the original comment

User 072:



They're always so happy too. "Your labs are clear! Woo-hoo" ...no

21

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
635.	They're always so happy too. "Your labs are clear! Woo-hoo"	Doctors' positivity regarding clear lab results	4	5	4
636.	...no	Ironizing the discrepancy between the doctors' and chronic pain patients' reactions towards the lab results	4	4	1

3) Reply 1 to (I1)

User 073:



· 1m

Oh my god I hate this so much. My recent bloods showed my liver was struggling and my doctor was just like "hmm that's odd!" and moved on. I've asked about it again and she's always like "yes how strange!" and that's all.

Also years and years and years ago before my AI diagnosis, I was at the ER because of a suspected kidney stone. They did a CT and found a tumour/mass instead. The docs there were just like "no kidney stones... oh yeah but we did find a tumour! It's probably just a lipoma though no big deal". I brought it up with a doctor not long after who just shrugged it off even though I was still having intense pains, peeing blood, throwing up blood, etc. I remembered it recently and brought it up with my current GP who is normally great save for these random instances, but she just brushed it off and said that fatty tumours on kidneys is normal and I don't have to worry about it. Like?? I Google angiomyolipoma and every source specifically says it should be monitored for growth. But no doctor has ever seemed concerned. It's definitely weird to be told you have a tumour and then never hear anything else about it!!

11

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
637.	Oh my god I hate this so much.	Hate	5	5	5
638.	My recent bloods showed my liver was struggling	Alerting blood test results	4	4	5
639.	and my doctor was just like “hmm that’s odd!” and moved on.	Judging doctor’s indifference regarding alerting test results	4	5	4
640.	I’ve asked about it again	Repeating the inquiry	3	4	5
641.	and she’s always like “yes how strange!” and that’s all.	Judging doctors’ persistent indifference regarding alerting test results	4	5	5
642.	Also years and years and years ago before my AI diagnosis, I was at the ER because of a suspected kidney stone.	Previous history of health problems	3	3	4
643.	They did a CT and found a tumour/mass instead.	Tumour found after tests	3	3	4
644.	The docs there were just like “no kidney stones... oh yeah but we did find a tumour! It’s probably just a lipoma though no big deal”.	Doctors’ indifference regarding alerting test results	4	5	4
645.	I brought it up with a doctor not long after	Inquiring the doctor about alerting test results	3	4	4
646.	who just shrugged it off	Continuous indifference regarding alerting test results	4	5	5
647.	even though I was still having intense pains, peeing blood, throwing up blood, etc.	Evident symptoms	4	5	5
648.	I remembered it recently	Remembering an older episode	2	3	4
649.	and brought it up with my current GP	Informing the GP	3	4	4
650.	who is normally great save for these random instances,	High expectations for the empathic GP	4	2	4
651.	but she just brushed it off and said that fatty tumours on kidneys is normal and I don’t have to worry about it.	GP’s indifference regarding patient’s worries	4	5	5
652.	Like??	Astonishment	5	5	5
653.	I Google angiomyolipoma	Search for information	2	4	4
654.	and every source specifically says it should be monitored for growth.	Condition necessary to be monitored	3	4	5
655.	But no doctor has ever seemed concerned.	Doctor’s indifference regarding patient’s condition	4	5	5

656.	It's definitely weird to be told you have a tumour and then never hear anything else about it!!	Paradoxical doctors' behavior	5	5	5
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4) Reply (I2) to the original comment

User 074:



Wow! Just wow!

My last infectious disease doctor saying to me as I am falling apart and in tears of pain "according to your lab results, you are normal, what do you expect me to do if there is nothing wrong with you?"



Yes, that happened. Lucky for me, he wasn't the first one (or last) to say that to me so I am getting numb to this none sense. Sometimes you have to persist until someone hears you and cares for your well being.

↑ 10 ↓ Reply Share Report Save







No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
657.	Wow! Just wow!	Astonishment	5	5	5
658.	My last infectious disease doctor saying to me	Previous doctor's opinion	3	4	4
659.	as I am falling apart and in tears of pain.	Desperation	5	5	5
660.	"according to your lab results, you are normal,	Normal lab results	3	5	3
661.	what do you expect me to do if there is nothing wrong with you?"	Ironizing doctor's lack of understanding of patient's needs	4	5	2
662.	Yes, that happened.	Astonishment	4	5	5
663.	Lucky for me,	Ironic evaluation of the situation	5	4	2
664.	he wasn't the first one (or last) to say that to me	Repetitive doctors' behavior	3	5	5
665.	so I am getting numb to this nonsense.	Getting less sensitive to injustice	5	4	5
666.	Sometimes you have to persist until someone hears you and cares for your well being.	Persistence to be understood	4	4	5

5) Reply 1 to (I2)

User 075:

  · 5d


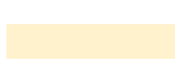
Oh my god, i am so sorry they said something like that to you! Where is the empathy? I hope you're with providers who have a little more compassion now

 1   Reply  Share  Report  Save







No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
667.	Oh my god, i am so sorry they said something like that to you!	Pitying the previous commenter	5	5	5
668.	Where is the empathy?	Astonishment regarding doctors' lack of empathy	4	4	5
669.	I hope you're with providers who have a little more compassion now	Hope for an improved situation regarding medical workers	5	5	5

6) Reply (I3) to the original comment

User 076:

  · 1m

Yup. Like I don't feel normal at all but 🤪 I guess I'm just faking these debilitating symptoms for shits and giggles!!

 28   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
670.	Yup.	Relating to the original comment	3	5	4
671.	Like I don't feel normal at all but 🤪	Approving their own symptoms	5	4	5
672.	I guess I'm just faking these debilitating symptoms	Ironizing people's opinions about faking chronic pain	4	5	1
673.	for shits and giggles!!	Faking chronic pain for fun	5	4	1

7) Reply 1 to (I3)

User 077:



1m

Right? Like, idgaf if my liver function is good- I can't think straight and literally can't stay standing for more than 10 minutes.

↑ 11 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
674.	Right?	Relating to the previous comment	3	5	4
675.	Like, idgaf if my liver function is good-	Doubts about healthy liver functioning	5	5	5
676.	I can't think straight	Negative mental effects	4	5	5
677.	and literally can't stay standing for more than 10 minutes.	Negative physical effects	3	5	5

8) Reply (I4) to the original comment

User 078:



5d

Me when I have a fever every other month on the same exact day for a whole week and no one knows why

↑ 5 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
678.	Me	Relating to the original comment	3	5	5
679.	when I have a fever every other month on the same exact day for a whole week	Regular fever	3	5	5
680.	and no one knows why	Impossibility to explain the fever	4	5	5

9) Reply (I5) to the original comment

User 079:



5d

And they're all like "this is good news! It means nothing's wrong!" Buddy something **is** wrong why do you think I'm here?

↑ 5 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
681.	And they're all like "this is good news! It means nothing's wrong!"	Presenting doctors' positivity about good test results	5	4	4
682.	Buddy something is wrong	Patient's conviction of having health problems	4	4	5
683.	why do you think I'm here?	Patient's reasons for coming to medical workers	4	4	5

10) Reply (I6) to the original comment

User 080:



edited 1m


I felt like this all the time until I found a Doctor Of Functional Medicine, who checked several things that aren't often checked otherwise. Discovered I had a mutated MTHFR gene 🧬, which affected so much of my body from sleep, to mood, to weight, etc.

Also, I'm learning about Mast Cell Activation Syndrome/Disease. Newly identified over the past 6 or 7 years. Really interesting.

We often have to be our own best advocate to keep from drowning. Chronic illness is much like a puzzle, and we must piece it together, because there are of several aspects of the body which need support. Keep searching for answers, and you'll find some help along the way.

Everybody's body is different, and you know your body better than anyone. You are not alone!

↑ 15 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
684.	I felt like this all the time	Continuity of the situation in the past	4	5	5
685.	until I found a Doctor Of Functional Medicine,	New doctor	3	3	4
686.	who checked several things that aren't often checked otherwise.	Innovative view on health testing	3	4	4
687.	Discovered I had a mutated MTHFR gene  ,	Discovering a mutated gene	1	3	3
688.	which affected so much of my body from sleep, to mood, to weight, etc.	Physical and psychological effects of the mutated gene	2	4	4
689.	Also, I'm learning about Mast Cell Activation Syndrome/Disease.	Learning about another rare disease	2	3	4
690.	Newly identified over the past 6 or 7 years.	Newly identified disease	2	3	4
691.	Really interesting.	Curiosity	5	4	5
692.	We often have to be our own best advocate to keep from drowning.	Saving oneself	5	5	5
693.	Chronic illness is much like a puzzle, and we must piece it together, because there are of several aspects of the body which need support.	Different aspects of chronic pain	4	4	5
694.	Keep searching for answers,	Persistence	3	4	4
695.	and you'll find some help along the way.	Hope for finding help	3	4	5
696.	Everybody's body is different,	Individuality of our bodies	3	3	4
697.	and you know your body better than anyone.	Knowing your own body	3	4	5
698.	You are not alone!	Collective support	4	4	5

Thread (J). “UGHH re: toxic positivity”

1) Original comment (J)

User 081:

“UGHH re: toxic positivity.

Me: Hello, sorry I haven’t called in a while. Thought I’d get in touch.

Her: Hi. How’re you feeling today? Any better yet?

Me, feeling frustrated because I had to cancel plans because I’m having a very symptomatic day and chose to waste spoons on calling this person: Nope. Still sick.

Her: Have you tried changing your mind?

Me: Ok, bye. *hangs up*



I could try writing an email and explaining but I don’t think I have the energy to care enough to.”

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
699.	UGHH re: toxic positivity.	Toxic positivity	4	4	4
700.	Me: Hello,	Greeting the other	3	3	3
701.	sorry I haven’t called in a while.	Apologizing for losing contact	4	4	4
702.	Thought I’d get in touch.	Previous hopes to keep in touch	3	4	4
703.	Her: Hi.	Greeting the other	3	3	3
704.	How’re you feeling today?	General inquiry about health	4	4	3
705.	Any better yet?	Inquiry about health improvements	4	4	4
706.	Me, feeling frustrated	Frustration	5	4	5
707.	because I had to cancel plans	Cancellation of plans	3	3	4
708.	because I’m having a very symptomatic day	Time period of feeling weak	4	5	5
709.	and chose to waste spoons on calling this person:	Useless call	5	4	5
710.	Nope. Still sick.	No health improvements	2	4	5
711.	Her: Have you tried changing your mind?	Radical suggestions to rethink chronic pain	3	4	5

712.	Me: Ok, bye. <i>hangs up</i> ☹️	Ironically finishing the conversation	4	4	2
713.	I could try writing an email and explaining	Attempt to explain the situation	3	4	3
714.	but I don't think I have the energy to care enough to	Exhaustion to continue	4	4	4

2) Reply (J1) to the original comment

User 082:



User 082 5d

"Have you tried changing you mind" Seriously?

That's so gross. I don't think an email is going to do anything for her so it would be a complete waste of energy. This person doesn't care about your health. They only care about it getting in their way/making them feel bad for you. They also apparently don't know the definitely of chronic. Sorry you had this complete waste of spoons. It's rough when people don't realize a chronic illness doesn't just get better.

↑ 60 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
715.	"Have you tried changing you mind"	Quotation from the previous comment: people suggesting chronic pain patients to rethink their pain	-	-	-
716.	Seriously?	Astonishment	4	5	5
717.	That's so gross.	Feelings of loathing	5	5	5
718.	I don't think an email is going to do anything for her	Doubting the effect of an email	4	2	4
719.	so it would be a complete waste of energy.	Waste of energy	5	5	5
720.	This person doesn't care about your health.	Indifference regarding health of the chronic pain patient	4	5	5
721.	They only care about it getting in their way/	Egoistic behavior	4	4	5
722.	making them feel bad for you.	Unneeded pity for chronic pain patients	4	4	4

723.	They also apparently don't know the definition of chronic.	People's unawareness of chronic pain	3	4	5
724.	Sorry you had this complete waste of spoons.	Empathy for the wasted time	5	5	5
725.	It's rough	Mental struggles	5	5	5
726.	when people don't realize a chronic illness doesn't just get better.	People unaware of the continuous nature of chronic pain	5	5	5

3) Reply 1 to (J1)

User 081. Author of the original comment:



5d

Thanks, yeah. That's definitely what it feels like.

↑ 13 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
727.	Thanks,	Gratitude	4	5	4
728.	yeah. That's definitely what it feels like.	Personal experiences relevant to the commenter	4	5	5

4) Reply (J2) to the original comment

User 083:



[Redacted] d

So, I have PCOS, RA, hypothyroidism, EDS and degenerative disc disease. Before 30, my C spine completely collapsed in on itself, flattening my spinal cord and causing right-side paralysis, not to mention unbearable pain. I was getting steroid epidurals and intense PT leading up to my 4 level ACDF and C6 corpectomy in 2013. I have severe nerve damage, and my ortho actually thought I would lose my ability to walk at 30.

Not long after my surgery, I posted an update and said I wanted to get back to lifting weights as soon as possible to build my strength up, but that the pain and nerve damage was so bad I didnt know if I could. Almost right away, a friend shared a meme of this incredible 80 yr old bodybuilder with a caption about how if she has no excuses, neither do you. She tagged me in this!!! I commented that this was rude and insulting, that maybe this woman doesn't have the same health problems as I, and that I would be following the guidance of my doctor. She kept telling me how ridiculous I was to be 30 and immobile, it's all in the attitude. I said, "Forgive my attitude, my spinal cord is completely flat in my neck and the pain is unbearable." Her reply was, "Well, I'm sure my patients at the spinal center would be thrilled to have a spinal cord that's flattened and not SEVERED. 😊😊😊 You can do it."

It's been 8 years and that still cuts so deep. And from someone I thought of as a friend.

↑ 31 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
729.	So, I have PCOS, RA, hypothyroidism, EDS and degenerative disc disease.	List of chronic illnesses	2	3	4
730.	Before 30, my C spine completely collapsed in on itself, flattening my spinal cord	Collapsed spine	3	3	4
731.	and causing right-side paralysis,	Partial paralysis as a negative effect of the trauma	2	3	4
732.	not to mention unbearable pain.	Strong pain	5	4	5
733.	I was getting steroid epidurals and intense PT	Therapy for pain	3	4	4
734.	leading up to my 4 level ACDF and C6 corpectomy in 2013.	Surgical interventions	3	3	4
735.	I have severe nerve damage,	Nerve damage	3	4	4
736.	and my ortho actually thought I would lose	Negative future prospects regarding ability to walk	3	4	4

	my ability to walk at 30.				
737.	Not long after my surgery, I posted an update	Posting a post-surgery update	2	3	4
738.	and said I wanted to get back to lifting weights as soon as possible to build my strength up,	Wish to get physically stronger	4	4	4
739.	but that the pain and nerve damage was so bad I didn't know if I could.	Nerve damage and pain as an obstacle for future plans	4	4	4
740.	Almost right away, a friend shared a meme	Friend sharing a meme	2	5	3
741.	of this incredible 80 yr old bodybuilder	Elderly bodybuilder	4	5	4
742.	with a caption about how if she has no excuses, neither do you.	No excuses to be physically active		5	
743.	She tagged me in this!!!	Personalizing the meme	4	5	5
744.	I commented that this was rude and insulting,	Pointing out unacceptable behavior	5	5	5
745.	that maybe this woman doesn't have the same health problems as I,	Impossibility of comparing people with different health problems	2	5	3
746.	and that I would be following the guidance of my doctor.	Following personalized doctor's guidance	3	4	4
747.	She kept telling me	Repeating the same ideas	4	4	4
748.	how ridiculous I was to be 30 and immobile,	Judging the commenter for immobility at a young age	5	5	4
749.	it's all in the attitude.	Insisting on changing attitude	4	5	4
750.	I said, "Forgive my attitude,	Ironizing the request to change attitude	4	5	2
751.	my spinal cord is completely flat in my neck and the pain is unbearable."	Physical obstacles for mobility	5	4	5
752.	Her reply was, "Well, I'm sure my patients at the spinal center would be thrilled to have a spinal cord that's flattened and not SEVERED. 😊 😊 😊"	Belittling comparison between the commenter and other patients	5	4	5

753.	You can do it.”	Insisting on	4	5	5
754.	It's been 8 years and that still cuts so deep.	Persisting emotional pain	5	5	5
755.	And from someone I thought of as a friend.	Fake friend	4	5	5

5) Reply 1 to (J2)

User 084:



4d

My blood pressure spiked just reading that story. What an utterly clueless person.

↑ 23 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
756.	My blood pressure spiked just reading that story.	Agitation regarding the previous comment	5	5	5
757.	What an utterly clueless person.	People's lack of understanding about chronic pain	5	5	5

6) Reply 1 to (Reply 1 to (J2))

User 083:



4d

The really sad thing is that I genuinely think she thought she was giving me some kind of positive motivation in some way? She has no clue how insulting it was.

↑ 10 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
758.	The really sad thing is	Sadness	5	4	5
759.	that I genuinely think she thought she was giving me some kind of positive motivation in some way?	People's unawareness of ways to communicate with chronic pain patients	4	4	4
760.	She has no clue how insulting it was.	Unintendedly insulting comments	5	5	5

7) Reply 1 to (Reply 1 to (Reply 1 to (J2)))

User 081. Author of the original comment:



User 081 edited 4d

You were sharing your grief in not being able to do something with your body that used to improve your strength, because it wasn't the same (more grief), and this person just steamrolled your feelings to call you a wimp basically and compared you to an exceptionally healthy, lucky elderly person without nerve damage and pain management challenges. Smh

11

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
761.	You were sharing your grief	Sharing grief	3	4	4
762.	in not being able to do something with your body that used to improve your strength,	Changes in physical capabilities due to chronic pain	3	4	3
763.	because it wasn't the same	Changes in body	3	4	4
764.	(more grief),	Grief	4	4	4
765.	and this person just steamrolled your feelings	Provoking negative feelings in a chronic pain patient	5	5	4
766.	to call you a wimp basically	Insults towards a chronic pain patient	4	5	4
767.	and compared you to an exceptionally healthy, lucky elderly person without nerve damage and pain management challenges.	Injustice of comparing chronic pain patients and healthy people	4	4	4
768.	Smh	Loss of words (SMH – 'shaking my head')	5	5	5

8) Reply 2 to (J2)

User 085:



4d

"Well, I'm sure my patients at the spinal center would be thrilled to have a spinal cord that's flattened and not SEVERED. 😊😊😊 You can do it."

Apparently she hasn't learned a goddamn thing about spinal injuries despite literally working at a spinal center! Absolutely incredible how someone who should understand the severity of your condition better than most people could be so breathtakingly ignorant and tactless. I'd hate to hear how she talks to her patients.

↑ 11 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
769.	Apparently she hasn't learned a goddamn thing about spinal injuries	Lack of understanding about spinal injuries	5	5	4
770.	despite literally working at a spinal center!	Medical work	4	5	4
771.	Absolutely incredible	Astonishment	5	5	5
772.	how someone who should understand the severity of your condition better than most people	Expectations for a medical worker	4	4	4
773.	could be so breathtakingly ignorant and tactless.	Lack of understanding from a medical worker	5	5	5
774.	I'd hate to hear how she talks to her patients.	Unempathetic talks with the patients	5	5	5

9) Reply (J3) to the original comment

User 086:



4d

What? Have you ever tried changing your mind? WTF? Ok today I won't have a chronic illness 🤔

🤔🤔🤔🤔🤔🤔

That's crazy 😞 are they stupid or something. Sorry that was insensitive. I've never actually heard that before. It threw me. How does a person change their mind on being sick while living with a chronic disease?

I'm sorry you have family like that. I'm really sorry.

↑ 18 ↓ 🗨 Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
775.	What? Have you ever tried changing your mind? WTF?	Astonishment	5	5	5
776.	Ok today I won't have a chronic illness 🤔🤔🤔🤔🤔🤔 🤔	Mocking the non-understanding people	4	4	5
777.	That's crazy 😞 are they stupid or something.	Judging the unaware people	5	5	5
778.	Sorry that was insensitive.	Apologizing for an insensitive comment	5	4	4
779.	I've never actually heard that before.	New information	3	3	4
780.	It threw me.	Astonishment	5	4	5
781.	How does a person change their mind on being sick while living with a chronic disease?	Impossibility to escape chronic pain	3	4	4
782.	I'm sorry you have family like that. I'm really sorry.	Sympathy for the commenter's family	5	5	5

10) Reply (J4) to the original comment

User 087:



User 087 4d

Lol WOW. Every week I call my parents and they ask me if I'm better yet. Every time. They don't understand what chronic means. They don't understand that I have to take medication for life. That I don't take pills for a few weeks, get cured, and move on.

They mean well but I just really prefer no one ask about my health. I don't wanna talk about it unless I wanna bring it up. It ends up being a convo with me defending myself. Messed up since I'm the one struggling daily

↑ 14 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
783.	Lol WOW.	Astonishment	5	5	5
784.	Every week I call my parents	Calling parents	2	4	4
785.	and they ask me if I'm better yet.	Inquiring about chronic pain patient's health improvements	3	4	3
786.	Every time.	Repetition	4	3	4
787.	They don't understand what chronic means. They don't understand that I have to take medication for life.	People failing to understand the continuous nature of chronic pain	3	5	5
788.	That I don't take pills for a few weeks, get cured, and move on.	Impossibility to get cured from chronic pain	3	5	5
789.	They mean well	Good intentions of the parents	4	3	4
790.	but I just really prefer no one ask about my health. I don't wanna talk about it	Avoiding discussions about health	4	4	5
791.	unless I wanna bring it up.	Sporadic wish to talk about health	4	4	5
792.	It ends up being a convo with me defending myself.	Chronic pain patients' need to defend themselves in the discussions	5	4	5
793.	Messed up	Chaos	5	5	5
794.	since I'm the one struggling daily	Individual daily experiences	5	4	5

Thread (K). “and then we figured that it could be maybe this...”

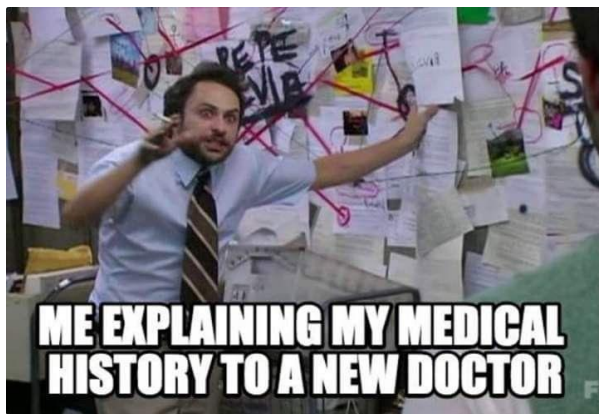
1) Original comment (K)

User 088:

“and then we figured that it could be maybe this...”

Figure 5

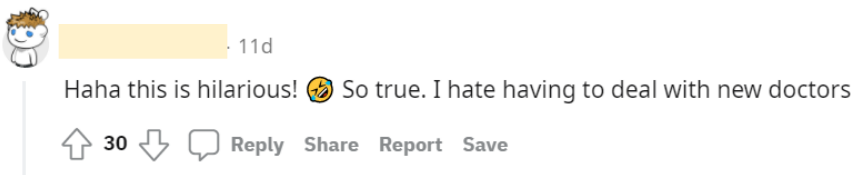
Meme attached to the original comment of the Thread (K)




No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
795.	and then we figured that it could be maybe this...	Complex decisions regarding diagnosis	3	4	3
796.	Me explaining my medical history to a new doctor	Difficulties in explaining medical history to a new doctor	3	4	5

2) Reply (K1) to the original comment

User 089:



No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
797.	Haha this is hilarious! 	Appreciation of the meme	5	5	5
798.	So true.	Relating to the meme by personal experiences	4	5	5
799.	I hate having to deal with new doctors.	Challenging communication with new doctors	5	5	5



3) Reply (K2) to the original comment

User 090:



1d

One of the best uses I've seen for that image to be honest.

 23
 
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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
800.	One of the best uses I've seen for that image to be honest.	Appreciation of the meme	4	5	5


4) Reply (K3) to the original comment

User 091:



1d

AND they don't even read your lengthy paperwork thoroughly so you not only have to repeat it to the PA, or nurse, but the doctor too.

 24
 
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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
801.	AND they don't even read your lengthy paperwork thoroughly	Medical workers' inattentiveness	4	4	5
802.	so you not only have to repeat it to the PA, or nurse, but the doctor too.	Repeating medical history to different medical workers	4	4	5

5) **Reply 1 to (K3)**

User 092:



[Redacted] 1d

Omg this!! I hate writing my stuff over and over for no one to read. It's like banging my head on the wall.

↑ 3 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
803.	Omg this!!	Relating to the previous commenter	5	5	5
804.	I hate writing my stuff over and over	Repetition of medical history	5	5	5
805.	for no one to read.	Medical workers' inattentiveness	3	5	4
806.	It's like banging my head on the wall.	Feelings of uselessness	5	5	5

6) **Reply 1 to (Reply 1 to (K3))**

User 091:



[Redacted]

What even is the point of sending in the PA or whoever to ask you the SAME things you're just about to tell your doctor

↑ 1 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
807.	What even is the point of sending in the PA or whoever	Not understanding the functions of a physician assistant	4	4	4
808.	to ask you the SAME things you're just about to tell your doctor	Repetitive inquiries of the physician assistant and doctor	4	4	4

7) **Reply 1 to (Reply 1 to (Reply 1 to (K3)))**

User 092:



1m

Yeah. To some degree, I understand because they will brief the provider right before they come in. On the other hand if it's been written in my chart a million times they should be able to answer most of the questions from that information and not ask every freaking time.

↑ 2 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
809.	Yeah.	Agreeing with the previous comment	3	5	4
810.	To some degree, I understand	Partial understanding	3	3	3
811.	because they will brief the provider right before they come in.	Informing the provider beforehand	3	3	3
812.	On the other hand if it's been written in my chart a million times	Repetition of medical history	4	4	4
813.	they should be able to answer most of the questions from that information and not ask every freaking time.	Expecting doctors to be familiar with the patient's medical history	4	5	4

8) **Reply (K4) to the original comment**

User 093:



1d

This is so accurate. My doctor left and it's been so hard to catch my new doctor up, especially during COVID where I can see her face to face

↑ 11 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
814.	This is so accurate	Identifying themselves with the original meme	5	5	5
815.	My doctor left and it's been so hard to catch my new doctor up,	The difficulty of explaining the new doctor the story of chronic pain	5	5	5

816.	especially during COVID where I can't see her face to face	Online communication difficulties with new doctors during COVID	4	4	5
------	--	---	---	---	---

9) Reply (K5) to the original comment

User 094:



1d

This is so true. Book appointment with new doctor: they schedule 20 minutes... Yeah that's not going to be enough. I hope you don't have a patient waiting.

8

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
817.	This is so true.	Identifying themselves with the original meme	4	5	5
818.	Book appointment with new doctor: they schedule 20 minutes...	New doctor's unawareness of the patient's condition	3	5	4
819.	Yeah that's not going to be enough. I hope you don't have a patient waiting.	Long appointments needed for chronic pain patients	3	5	5

10) Reply (K6) to the original comment

User 095:



11d

ah sheesh. this is about to be me. 😞

6

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
820.	ah sheesh.	Uncomfortable feelings	4	4	4
821.	this is about to be me. 😞	Identifying themselves with the original meme	4	5	5

Thread (L). "It's impossible to have so many illnesses."

1) Original comment (L)

User 096:

"It's impossible to have so many illnesses. So says near everyone around me, including my doctors. I tried to ask my doc about POTS because I've had trademark symptoms of it for most of my life (severe fatigue, high heart rate/dizziness/[rare]fainting (with and without standing), dizziness after eating, inability to exercise). They didn't even listen, just looked at me, said "You're fine." and never slowed down. They told me it was impossible to have so many issues, and that I was being an attention seeker. Now I feel guilty, like maybe I've been faking this all along, or maybe I'm just weak and overreactive. I don't know what to do, because now my mother is even saying it (yes, I'm 19 and live at home, I feel bad about not being independent). I feel bad about continuing to find out if I have POTS, but I really want to know. I need to know, but I don't want to be anymore of a burden or expense."

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
822.	It's impossible to have so many illnesses.	Inability to believe in the number of serious conditions in chronic pain patients	4	4	5
823.	So says near everyone around me,	Common opinion	3	4	5
824.	including my doctors.	Doctors' opinion	3	4	5
825.	I tried to ask my doc about POTS	Inquiry regarding POTS	2	3	4
826.	because I've had trademark symptoms of it for most of my life	Suffering from relevant symptoms	3	4	4
827.	(severe fatigue, high heart rate/dizziness/[rare]fainting (with and without standing), dizziness after eating, inability to exercise).	List of the symptoms of POTS (Postural tachycardia syndrome)	2	4	5
828.	They didn't even listen,	Doctors ignoring the patient's questions	3	4	4
829.	just looked at me, said "You're fine."	Doctors claiming that the patient is not sick	3	5	4
830.	and never slowed down.	Doctors continuing their talk that disregards the patients	4	4	4
831.	They told me it was impossible to have so many issues,	Doctors refusing to believe in patient's problems	3	4	4

832.	and that I was being an attention seeker.	Accusing the patient of seeking attention	3	4	4
833.	Now I feel guilty,	Feelings of guilt	5	4	5
834.	like maybe I've been faking this all along,	Patient's doubt about the authenticity of their symptoms	4	3	4
835.	or maybe I'm just weak and overreactive.	Possibility of overreacting	4	4	4
836.	I don't know what to do,	Confusion	3	4	4
837.	because now my mother is even saying it	Patient's mother accusing them of faking symptoms	3	4	4
838.	(yes, I'm 19 and live at home,	Living with parents after 18	2	3	4
839.	I feel bad about not being independent).	Negative feelings for the lack of independence	5	3	4
840.	I feel bad about continuing to find out if I have POTS,	Negative feelings for the wish to figure out the diagnosis	4	4	4
841.	but I really want to know.	The wish to find out the diagnosis	4	5	5
842.	I need to know,	The need to find out the diagnosis	4	5	5
843.	but I don't want to be anymore of a burden or expense.	Feeling like a burden to the others	5	5	5

2) Reply (L1) to the original comment

User 097:



1m


I mean, if you do the maths on all the chronic illnesses out there, some poor sod has dozens of them.







↑ 52 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
844.	I mean, if you do the maths on all the chronic illnesses out there,	Counting the total number of illnesses	3	4	4
845.	some poor sod has dozens of them.	Patients with numerous conditions	5	5	5

3) Reply 1 to (L1)

User 098:

 1m
Hello, I am poor sod number one lol.

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No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
846.	Hello, I am poor sod number one lol.	Identifying themselves as a patient with complex chronic pain mentioned in the previous comment	5	5	5

4) Reply 1 to (Reply 1 to (L1))

User 097:


 1m
Oh you poor sod.







 17   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
847.	Oh you poor sod.	Pity regarding the other commenter	4	5	4

5) Reply 1 to (Reply 1 to (Reply 1 to (L1)))

User 099:

 1m
Hiya, I'm poor sod number two with a good handful of rare conditions :)

 13   Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
848.	Hiya, I'm poor sod number two	Identifying themselves as a patient with complex chronic pain mentioned in the previous comment	4	5	4
849.	with a good handful of rare conditions :)	Numerous rare conditions	3	5	5

6) Reply 1 to (Reply 1 to (Reply 1 to (Reply 1 to (L1))))

User 100:



1m

Ooh if I need a new username for anything I'm going with "PoorSod4"

↑ 12 ↓ Reply Share Report Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
850.	Ooh if I need a new username for anything I'm going with "PoorSod4"	Inspiration for a nickname	4	5	5

7) Reply 1 to (Reply 1 to (Reply 1 to (Reply 1 to (Reply 1 to (L1))))))

User 101:




1m

Um... My list is longer than I am tall. 95% of my illnesses are verified by labs/testing too so def not able to fake them. And I actually think I have other undiagnosed issues too lol





No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
851.	Um... My list is longer than I am tall.	Numerous conditions	3	5	5
852.	95% of my illnesses are verified by labs/testing too	Verified illnesses	2	5	5
853.	so def not able to fake them.	Inability to fake illnesses	4	5	5
854.	And I actually think I have other undiagnosed issues too lol	Undiagnosed conditions	4	5	5

8) Reply 1 to (Reply 1 to (Reply 1 to (Reply 1 to (Reply 1 to (Reply 1 to (L1))))))

User 102:

 1m


Me 6th on the list!

↑ 6 ↓  Reply  Share  Report  Save





No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
855.	Me 6th on the list!	Identifying themselves as a patient with complex chronic pain mentioned in the previous comment	3	5	5

9) Reply 2 to (Reply 1 to (Reply 1 to (Reply 1 to (L1))))

User 103:

 1m


Sadly sod three here. My list of conditions is running over 20 now :')

↑ 5 ↓  Reply  Share  Report  Save





No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
856.	Sadly sod three here.	Identifying themselves as a patient with complex chronic pain mentioned in the previous comment	4	5	5
857.	My list of conditions is running over 20 now :')	Numerous conditions	4	5	5

10) Reply 1 to (Reply 2 to (Reply 1 to (Reply 1 to (Reply 1 to (L1))))))

User 099:

 1m

My heart goes out to y'all troopers and OP, too. We've all been there <3 but none of us are a burden

↑ 2 ↓  Reply  Share  Report  Save

No.	Utterance(s)	Stance focus	Affect	Alignment	Investment
858.	My heart goes out to y'all troopers and OP, too.	Empathy towards chronic pain survivors	5	5	5
859.	We've all been there <3	Sharing similar experiences	5	5	5
860.	but none of us are a burden	Not feeling like a burden	4	5	5