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Duvet Woman versus Action Man: Chronic Fatigue Syndrome as Modern Day Hysteria

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The media is a potent source of information and meanings where the unfamiliar and uncertain is concerned, this includes medical professionals. So portrayals of conditions such as Chronic Fatigue Syndrome or Myalgic Encephalomyelitis (CFS/ME) are worthy of exploration in that they inform public and professional understandings. In the study reported here, we explore representations of CFS/ME within UK print media (1998-2015) using thematic analysis informed by a constructionist feminist perspective. We found that portrayals of CFS/ME differs meaningfully, depending on whether the sufferer is identified as a man or a woman. More specifically, the psychological and emotional tended to be foregrounded where women were concerned and the scepticism surrounding CFS/ME as a 'non disease' was much more evident. On some occasions this was dealt with directly, whilst on others it was 'leaked in' or hinted at. This serves to delegitimise the illness in women. In contrast, the physical was usually foregrounded in the case of men suffering from the condition and their experiences were accredited greater legitimacy. We problematize these representations and discuss the potential impact upon public and professional sympathy, treatment options and long-standing, gendered constructions of illness.

Key words: CFS/ME, print media, stigmatisation, gendering of illness, hysteria

Introduction

The mass media is one of the most relied upon sources of information on health amongst the general public (Clarke, 2004). As a result, the content of health journalism and journalism about health bears scrutiny. Clarke (2004) contends that constructions of disease and illness in contemporary Western media are often profoundly gendered, focusing on men and women's prescribed social roles and/or 'stereotypical' aspects of femininity and masculinity and as such, do a disservice to women and so invite feminist deconstruction. Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME) (other previous names include 'Yuppie Flu' and 'Florence Nightingale Disease') is a particularly contentious condition which has received media scrutiny throughout the iterations of the illness. There is no known cause for CFS/ME and perhaps because of this its aetiology lies in psychiatric and psychosocial explanations. Medical practitioners and the general public alike engage in speculation that it is 'all in the head' of the sufferer (Conrad & Barker, 2010). Most of those diagnosed with the illness are women and it is widely regarded as a 'woman's illness' (Richman, Flaherty, & Rospenda, 1994). It is therefore surprising that to date, constructions of CFS/ME have largely escaped critical and feminist scrutiny, especially given arguments that a sustained critique of contemporary medical and psychiatric discourse and practices are an important part of emancipatory political projects (Johnson Thornton, 2010).

The 'Hysteric': Social Constructions of Femininity and Illness

There is a long and dispiriting history of constructions of women's illness which position sufferers as 'hysterics' (Kohon 1984; Showalter, 1997; Ussher, 2013; Wright & Owen, 2001). 'Hysteria' (the conversion of psychological stress into physical symptoms) was the most commonly diagnosed malady of the 18th century and has become associated with femininity (Ussher, 2013). Marecek (1997) argues that this, along with other feminised conditions such

as Neurasthenia, Nymphomania and Masochism served largely to enforce conformity to norms of female domesticity, subordination and subservience to men's sexual needs. The concomitant treatments were often punitive or served to victimise women further (Marecek & Hare-Mustin, 2009). The dismissal of women's complaints as hysteria is clear in the histories of a number of medical conditions. For example, Kempner (2014) discusses medics' dismissal of women reporting migraines as hysterical, attention seekers until neurological evidence was established. This is mirrored in the history of Multiple Sclerosis (MS) with which more women are diagnosed than men. Initially there was an absence of biomarkers and the illness was perceived as a female psychiatric condition (Skegg et al., 1988) and not a genuine illness. Kempner (2014) maintains that the word of the female sufferer is insufficient to establish such conditions as legitimate medical ones.

Women often receive a psychiatric diagnosis when they actually have a physical problem (Klonoff & Landrine, 1997). Brannon (2005) points out that physicians are more likely to dismiss the physical complaints of women and favour emotional explanations of physical symptoms than they are for men. This is not a recent phenomenon, feminists such as Phyllis Chesler argue that women are more likely than men to be diagnosed with a psychological disorder (e.g. Chesler, 1972). Recent evidence from the World Health Organisation shows that women are more likely than men to be diagnosed with conditions such as depression and anxiety (WHO, 2013). Many studies have found that clinicians evaluating identical case materials make different diagnostic judgements in response to information about gender (as well as social class, racial identity and sexual orientation) (e.g. Becker & Lamb, 1994; Robertson & Fitzgerald, 1990; Strakowski et al., 1995). It has been found that women are more likely to be diagnosed with depression than men, even when they present with identical symptoms and obtain similar scores on standardised measures of depression (WHO, 2012). One explanation for this gender disparity is that this reflects (at least in part) biases that

operate in the medical and 'psy' professions which are informed or underpinned by dominant social constructions of gender (e.g. Bussfield, 1996). Bussfield argues that portrayals of women as weaker, more passive and more emotional (more hysterical) than men positions them as being more vulnerable to 'emotional problems'. In contrast, men are construed as having greater agency and control and being more rational and in charge of their feelings, which may discourage professionals from a diagnosis which points to a psychological or emotional genesis (Bussfield, 1996). In short, 'madness' is gendered and the spook of the hysterical woman lingers on.

Chronic Fatigue Syndrome/Myalgic Encephalomyelitis

Neurasthenia, hysteria conversion (a 'mental disorder' with physical symptoms but without apparent physical cause), histrionic features (e.g. melodramatic behaviour designed to attract attention) and the histrionic personality (a 'dysfunctional' personality type characterised by such behaviours) can all be regarded as previous incarnations of what is now known as Chronic Fatigue Syndrome (Abbey & Garfinkel, 1991, Skegg, Corwin, and Skegg, 1988). Contemporary constructions of the illness emerge from these historical understandings.

CFS/ME is estimated to have a prevalence of 0.2-0.4% in the UK (Chew-Graham, Dowrick, Wearden, Richardson, and Peters, 2010). Media attention resurfaced in the 1980's (Richman & Jason, 2001) when it was known as 'Yuppie Flu' (Jason, 2012). It is described as a chronic condition defined by profound and disabling incapacity due to overwhelming and persistent fatigue in addition to a wealth of complex and varied symptoms (Fukuda, Strauss, Hiekie, Sharpe, Dobbins, and Komaroff, 1994) with a concomitant reduction in the sufferer's quality of life (Hardt, Buchwald, Wilks, Sharpe, Nix, and Egle, 2001).

CFS/ME is increasingly (albeit slowly) being accepted as a chronic medical condition but the aetiology remains elusive and its characterisation as a physical illness is contentious

(Horton et al., 2010). There are no consistent research findings to explain the condition and this has led according to Conrad and Barker (2010) to accusations of the illness being ‘all in the head’ of the sufferer. Byaliss et al, (2014) argue that this results in sceptical doctors and acts as a barrier to diagnosis and treatment within primary care. A central, recurring narrative within accounts of CFS/ME is a ‘search for legitimacy’ (Horton-Salway, 2001) and research has speculated that the absence of this (both public and professional) is exacerbated by beliefs that the illness predominantly afflicts women (Richman, Flaherty, and Rospenda, 1994). Indeed, this is embodied in a previous incarnation when it was called - ‘Florence Nightingale Disease’ – a high profile historical female figure who is believed to have fallen ill with the condition in 1896 after returning from the Crimean War (Jason, Holbert, Torres-Harding, and Taylor, 2004).

Consequently, CFS/ME has been positioned as a psychiatric illness by the predominantly male dominated realm of medicine (Hamilton, 1994; Cosgrove, Pearrow, and Anaya, 2008; Mariangelo et al., 2012; Swarts, 2013). Treatments feature psychiatric medications and/or psychotherapeutic interventions (Richman & Jason, 2001). Although it is widely accepted that there is a psychological component to CFS/MS (e.g. Karnilowicz, 2011; Morris, Moore, and Morris, 2011; Simpson, Lekwuwa, and Crawford, 2013; Weingarten, 2013), research exploring the psychological component of such chronic illnesses in both women and men suggests that this is ‘part of the illness experience’ as opposed to the cause. There is a lack of research funding devoted to the illness and the CFS/ME community continue to fight for biomedical research to establish the illness as ‘real’ (Horton-Salway, 2001; Tucker, 2004) and in hope of a cure. Notwithstanding criticism of the Medical Model and the gendering of women as “docile bodies” (Bordo, 2003: 166), the denial of a biological cause has contributed to the stigmatisation CFS/ME. Social acceptance of biological origins of illnesses has been noted as a compassionate alternative to stigma (e.g. Johnson Thornton, 2010) and

deemed as a facilitator to coping (Larun & Malterud, 2007). It may be that CFS/ME has inadvertently been abandoned in the 'psychiatric wilderness' and despite the number of sufferers, medical training currently fails to prepare physicians for dealing with CFS/ME. This may result in physicians drawing on alternative sources of information such as the media (Chew-Graham, Cahill, Dowrick, Wearden, and Peters, 2008) and underpins the imperative for an examination of media representations. It is not unusual for physicians to learn of medical developments from the media (e.g. Levi, 2001) and the effects of mass media may influence interactions between physicians and patients (Young, 2006). One manifestation could be the sexist treatment of women by male physicians which is a major concern of the Women's Health Movement (see Hinnant, 2009).

Media Discourse, Gender, Health and Illness

There is a long tradition of feminist scholarship which examines media constructions of gender (e.g. Ferguson, 1983; McCracken, 1993). The media does not merely reflect social realities but rather contributes to the construction and maintenance, as well the alteration, of those social realities (e.g. Clarke, 2004). In other words, media texts are made up of discourses "*that systematically inform the objects of which they speak*" (Foucault, 1974: 19). A wealth of literature suggests that media constructions of gender are often problematic for girls and women and so invite feminist deconstruction (e.g. Bordo, 1997). Research has highlighted how children's reading material, gender-targeted magazines and newspapers (amongst others) are often saturated with depictions of girls and women occupying subscribed social roles and exhibiting 'stereotypical' feminine traits such as passivity and subservience (e.g. Swann, 1992; Walkerdine, 1987; Labre & Walsh-Childers, 2003). The media can play a positive role in raising awareness of poorly-understood conditions, (Brodie et al., 2003; Voorehees et al., 2007; Freston, 2009) and act as an important reference point in the absence of personal lived experience (Seaton, 2003; Culley et al., 2010) but the contemporary climate of healthism

(Crawford, 1980), and neoliberalism (Scharff, 2015), in which it has become incumbent (indeed a moral responsibility) for individuals to be 'fit', 'healthy' and to actively manage risk (Rose, 2007), has contributed to the stigmatisation of illnesses (Kline, 2006), particularly those such as CFS/ME that are poorly understood. To be unwell often means to fail at being a fully productive body in a capitalist economy (LeBesco, 2004). Further, as the demands placed on women to provide financially for families increases, so they are increasingly expected to produce themselves as healthy and employable citizens (Sender & Sullivan, 2008). This "duty to be well" (Johnston Thornton, 2010: 323) or "will to health" (Hinnant, 2009: 317), and the obligation placed on women to care for the self so that no one else has to (Sender & Sullivan, 2008), also means that illness is often regarded as failure to be vigilant and follow prescribed advice to optimise health (Rose, 2007). This advice is often based upon medical and scientific 'knowledge' which is frequently reported in an over-simplified and exaggerated manner; yet such accounts are lent a legitimacy and credibility that raises these above mere 'common sense' (Edwards & Potter, 1992). In addition, readers are not likely to have the resources to challenge such information (Hinnant, 2009). The tendency then for 'experts' to frame CFS/ME as either a non-disease or a psychogenic disorder may have a powerful affect in the face of uncertainty and unfamiliarity, whilst undermining the needs of those incapacitated (Mazure & Lee, 1993; Johnson, 1996). Conrad and Barker (2010) note that stigmatised illnesses such as CFS/ME may result in reluctance on the part of sufferers to seek help and therefore policy must strive to overcome this reluctance.

Contemporary meanings around gender intersect with those around health, illness, disease and medicine in ways that may be troubling for feminists. Barnett (2006) argues that the promotion and protection of health is closely associated with femininity and the duty to care (both for self and others), thus reponsibilising women for this. Ehrenreich and English (1973) have argued that women in particular are suggested to be at risk of illness and thus must

be constantly vigilant about their health and bodies. Further, media portrayals of women and men's health, illness and medicine are not the same (e.g. Clarke, 2004; Seale, 2002; Clarke & Robinson, 1999) and Clark has argued that media constructions of health, illness and disease are often gendered in ways that do a disservice to women (and sometimes men).

We do not suggest that people absorb such media messages uncritically. Consumers of media texts are also active interpreting agents who may resist the messages to which they are exposed, depending upon their experiences and the social contexts within which they are located (e.g. McRobbie, 1991). Indeed, a number of studies have highlighted the ways in which people makes sense of, decode and often reject, the messages that they encounter in the mass media (e.g. Sender & Sullivan, 2008). For example, it has been found that normative representations of gender are sometimes read as simplistic, fantastical and/or problematic (e.g. Ballaster, Beetham, Frazer & Hebron, 1991). Similarly, media discourses which construct CFS/ME as either a non-disease or a psychogenic disease have angered the CFS/ME community for undermining the physical experiences of those incapacitated by the condition (Johnson, 1996).

Given the foregoing discussion, we were interested in media constructions of CFS/ME, and in particular, the gendered dimension of such constructions. However, we could find little systematic analysis of media representations of CFS/ME to date, which formed part of the impetus for this study. More specifically, we were interested in exploring if and how CFS was construed as a 'feminine condition' and the impact of this on how it was presented (e.g. as a serious physical chronic illness or a dubious psychogenic condition); any similarities and differences in how men and women suffering from the condition were positioned; and the possible implications of the discursive constructions identified for the treatment and support offered to those presenting to health professionals with symptoms characteristic of CFS.

Finally, we were interested in any resistant discourse (e.g. from sufferers themselves) towards dominant constructions of CFS.

Method

The study involved an exploration of representations of CFS/ME within a particular powerful medium: newspapers. Despite the falling circulation of print media since the rise of the internet, this continues to be one of the most dominant sources of information in society, informing (amongst others) health policies, research directions and support services (see Clarke, 2004). Further, there has been a growing public interest in health issues which has been reflected in the inclusion of regular health and medical sections in most national newspapers (e.g. Entwistle & Hancock-Beaulieu, 1992). We focused on British national newspapers in order to locate the analysis within a particular socio-cultural context and concentrated on those newspaper titles with the widest circulation. The sample included both “tabloid” and “broadsheet” newspapers. In the UK, the distinction between the two types of publication is based upon a number of characteristics which include the relative size of the publications (with broadsheets typically being larger in size), but more importantly, differences in target readership and reporting content. Whilst “broadsheets” (e.g. The Guardian) tend to be aimed at the educated and professional middle classes, “tabloids” (e.g. The Sun) are aimed more at the working and lower middle classes (e.g. Day, Gough & McFadden, 2004). In addition, it has been found in previous studies that there are important differences in terms of how health issues are covered in the two types of publication that relate to style of reporting and content (e.g. Entwistle & Hancock-Beaulieu, 1992). For example, “broadsheets” tend to draw more frequently upon “scientific knowledge”, whereas “tabloids” are more likely to rely upon individual case studies, quote “lay” views and opinions and have a more “sensationalised” style of reporting (e.g. Entwistle & Hancock-Beaulieu, 1992). Based upon such findings, we considered it important to include both types of publication in the sample.

Sampling:

We decided to sample articles that were printed between 1998 – 2015. Searches revealed that this time-frame was particularly fertile in terms of newspaper articles that had appeared on the topic and sampling from this allowed us to examine contemporary representations of the illness, whilst also permitting a longitudinal analysis which allowed us consider any changes that had occurred in how the condition was represented in recent years. Searches for articles were conducted using the search terms ‘Chronic Fatigue Syndrome’ (CFS) and ‘ME’ (Myalgic Encephalomyelitis) in the search engine ‘PROQUEST: International Newsstand’. 1,238 articles were identified in the initial search. Articles which referred to CFS/ME fleetingly were discarded and those which had a strong CFS/ME focus made up the data corpus. This resulted in the following data sample: *The Daily Mail* (n = 363 results), *Times* (n = 354 results), *The Guardian* (n = 198 results), *The Independent* (n = 151 results), *The Sun* (n = 126 results), *The Observer* (n = 46 results). This data sample was too large to analyse in the first instance and so we followed Morant’s (1998) advice that media text studies examining social representations of gender should be comprised of between 15 and 40 “units of meaning”. A “unit of meaning” in this instance was coded as a single article. In order to reduce the sample, we decided to focus on articles in which the voice of the sufferer was included. However, note that we did not regard the accounts of sufferers as speaking some ‘authentic truth’ that is not accessible via an examination of newspaper reports written by those with no or little direct experience of CFS/ME; rather, we regarded their accounts as constructed and mediated by wider meanings around gender, illness and so forth also.

We anticipated that this would enable us to explore the extent to which more official (e.g. psychological and psychiatric) discourses around CFS/ME were reproduced, reworked or resisted by sufferers themselves and also allowed us to identify how the subject (the sufferer) as well as the object (CFS/ME) were construed. We included the voices of both women and

men who identified as suffering from the condition as although the focus of the research was on depictions of femininity and CFS/ME, as outlined previously, we believed that examining how men suffering from the condition were positioned in comparison would be illuminating. Applying this criteria resulted in 23 articles which made up the final data set: *The Daily Mail* (n = 8), *The Sun* (n = 6), *The Times* (n = 4), *The Guardian* (n = 3), *The Independent* (n = 1), *The Observer* (n = 1). Focusing on a sample of this size allowed for a thorough and in-depth analysis as opposed to merely identifying broad patterns in the data.

Analytic approach:

The articles were analysed using a constructionist version of Braun and Clarke's (2006) thematic analysis informed by a feminist perspective. Braun and Clarke (2006) emphasise that thematic analysis is a flexible approach that can be based upon either essentialist or constructionist approaches to gender. We adopted the latter in that we do not regard media descriptions as accurate or inaccurate (or partially accurate) reflections of how women really are, but rather 'versions of the truth' that often serve or seek to subvert (or again, something in between) dominant, patriarchal constructions of gender. The analysis adhered to the six stages of thematic analysis as set out by Braun and Clarke (2006): 1) familiarisation with the data set; 2) generation of initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report. In the final stages of the analysis, each author reviewed the themes and attempted to address the following questions:

- i) In what ways is CFS/ME being constructed in the article?
- ii) What are the multiple and conflicting ways in which CFS/ME is being constructed?
Does this shift within a single article?
- iii) How are the causes of CFS/ME being attributed?

- iv) What are the different subject positions that are being offered to sufferers and the conditions of possibility for how they can/cannot be and what they can/cannot do?
Does this differ according to gender?
- v) Do constructions of CFS/ME and gender differ across different publications and do these change over the time frame of the study?
- vi) What conditions of possibility are being created or closed off for treatment and support?
- vii) Is there evidence of resistance on the part of sufferers towards more dominant constructions of CFS?

Each author analysed the articles independently and constructed their own interpretations of the emergent representations of the object (CFS/ME) and subject (the sufferer) within these. The authors then met to discuss their interpretations and these were then merged and reconstructed. The final analysis is presented below.

Analysis

Some of the key themes identified during the analysis that we discuss here are:

- Vulnerability
- Dependence
- Desperation
- Lively
- Depression
- Hypochondria
- Activity
- Sport

- Career
- Therapy

The Dependent, Desperate and Despairing Woman: Foregrounding the Psychological and Emotional

One of the first features of the data that became apparent during analysis was that, unsurprisingly, CFS/ME was portrayed as predominantly a ‘woman’s illness’. In the personal narratives that were examined in the study, 89% of these were from women, with a ratio of women to men of 9:1. This exceeds all estimations of the distribution of sufferers in the literature. The articles often invoked ‘stereotypical’ images of women in exaggerated form:

ME affected my whole life, my physical abilities, my cognitive abilities and my emotional stability. Some days I just didn't want to go on, I would shout at my mother ‘I'm just a freak in a wheelchair’, I could see no future for myself. It was like I had been reduced to a fragile little child that everybody had to care for. Weathers, Helen, Daily Mail [London, UK] 06 June 2000: 42.

My body and mind is broken. I am so desperate to end the never-ending carousel of pain and sickness and suffering. I love my family. I have nothing left and I am spent. ‘I really, really want to die. I’ve had enough of being in so much pain’ Gilderdale, Lynn, The Times [London, UK] 26 Jan 2010: 6.

I walked into my office and suddenly the noise and the crowds were too much. I couldn't cope, I could hardly move. I shuffled into a small meeting room and phoned my boss. ‘The invisible disease that stole my life’ Power, Marianne Daily Mail [London, UK] 18 May 2010: 25.

I would pray to God I wouldn't wake up. I would just say, 'Please, whatever this is, it is making me feel so bad, just let it kill me... The longest I went without leaving the house was a month. I didn't want to see or speak to anyone. I couldn't cope with everyday things, even feeding my dog. 'Just let it kill me' Obank, Nick The Sun [London, UK] 22nd September 2013: 4.

In the excerpts above, the women's voices are central and they are positioned as being able to speak authoritatively about their experiences (see also Hinnant, 2009). Ostensibly the suffering of the women is communicated, which may potentially promote understanding, empathy and acceptance of CFS as a legitimate, debilitating condition. However in doing so, they promulgate a particular image of the ill woman and of the illness itself. Although the excerpts do refer to physical suffering and incapacity there is a strong focus on the emotional and psychological suffering invoked by CFS and references were frequently made to 'emotional instability' (see also Clarke's 2004 analysis of media constructions of breast cancer). Women sufferers were also infantilised and positioned as vulnerable and dependent, as can be seen in the first extract above. Further, the language used and sufferers' quotes that were selected had a 'dramatic' and desperate tone. Whilst it has been noted previously that such 'sensationalised' reporting is more characteristic of tabloid newspapers (e.g. Entwistle & Hancock-Beaulieu, 1992), we detected little difference between newspapers. These quotes appear to be examples of what Arthur Frank (1998) describes as 'chaos' narratives of illness experiences which are characterised by a sense of hopelessness, despair and pessimism. Frank believed that these types of narratives are less culturally sanctioned than more optimistic narratives, possibly because there is a cultural conviction in Western societies that individualised will and hope can overcome bodily processes (e.g. Rose, 2007) and a failure to have hope is regarded as a failure to actively will one's own health, a moral failing which in turn contributes to the disease itself (see Greco, 1993). As such, according to Frank, these narratives are relatively inaccessible and

may remain unspoken. Gender appears to be instructive here, in that the gender of the storyteller is important to how 'acceptable' such narratives are. Social constructions of women as weaker and more emotional than men who are in control of themselves (e.g. Bussfield, 1996), in addition to the histrionic features which emerge from the history of CFS/ME (Skegg, Corwin, & Skegg, 1988) may mean that chaos narratives lend themselves more easily to women. At the same time, the woman with CFS is positioned as failing to will herself back to health; a poor neoliberal citizen.

We wish to make no attempt here to deny the legitimacy or severity of the psychological distress associated with CFS/ME and fully accept the relationship between mental health issues and physical symptomology (Chaudhuri & Behan, 2004; Creed, 2009; Leone, 2010). We are cognizant of the fact that problematising the mental health label attached to CFS/ME in some ways suggests that mental suffering is less acceptable or legitimate than physical suffering, a position we strongly reject. However, such foregrounding may be stigmatising for women with CFS/ME as, first, it can serve to obscure their physical experience of illness confining it to the shadow of the emotional. Second, this reifies constructions of femininity in terms of (unstable) emotionality and fragility. This may be implicitly exercised in interpersonal interactions between health professionals and sufferers and in macro policy decision making.

The impact of 'stereotypical' representations of CFS sufferers is addressed in the excerpt below:

It says a lot about the public perception of myalgic encephalomyelitis (ME) that it is a surprise to find that Nicola Warner is lively, positive and talks a lot. That's the initial impression anyway. It's only when you spend a little time in her company that you notice a certain stillness or perhaps sadness in her face and it becomes obvious that she

is not entirely well. ‘Doctors, school, friends thought I was faking it’. Wark, Penny
The Times [London, UK] 25 Jan 2010: 6.

This excerpt only momentarily challenges the ‘stereotype’ to then look beneath the lively, positive and chatty Nicola to the still, sad and not entirely well Nicola, thus calling back into play the passive and emotionally unwell sufferer. Such nuanced accounts of women sufferers which appear, on the surface, to be sympathetic but can also be read as stigmatising, were notable across the dataset where accounts of suffering were often discussed alongside and embedded in the scepticism of medics:

Because Emily's recovery really started after her treatment for depression, it might be tempting for some people to presume that her condition really was all in the mind... ‘I no longer feel like a freak’ Weathers, Helen Daily Mail [London, UK] 06 June 2000: 42.

Fellow sufferers have been accused of hypochondria when, in fact, they are suffering from a genuine condition. ‘I’m ‘lazy’ because I have ME’ Daily Mail [London, UK] 20 May 2003: 55

Many [practitioners] suggested it was ‘just’ depression; CFS/ME can, understandably, make you feel depressed, but it’s not the depression causing the illness. Smith, Claire Daily Mail [London, UK] 23rd July 2014: 50.

These excerpts do not read as an attack on women who have CFS/ME. However, the frequent inclusion of statements such as ‘*all in the mind*’, ‘*hypochondria*’, ‘*“just” depression*’, ‘*wallowing in self-pity*’ and ‘*hysterical, manipulative or psychologically bizarre*’, within the boundaries of sympathy, echo the history of scepticism. Previous feminist studies of media texts have highlighted such complexity in accounting. For example, in their analysis of the

coverage of women and alcohol consumption in the British national press, Day, Gough and McFadden (2004) found that the tone of articles addressing the harm that women have suffered in drinking contexts (e.g. physical assault) tended to be supportive. However, at the same time, accounts and statements were ‘smuggled in’ which problematized and undermined this, such as the suggestion (often implicit) that the women were at least partially responsible. The result is that the authors are able to appear sympathetic and hopefully avoid criticism, whilst also allowing for the reproduction of stereotypical images of femininity, harmful myths and the maintenance of unequal relations of power between men and women.

Other comments tackled the ‘gendered nature’ of CFS/ME and the lack of any identifiable physical cause ‘head on’:

In the Nineties, 85 per cent of patients with ME around the world are female, and despite an enormous medical research programme, no physiological or biochemical explanation of the illness has ever been confirmed. ‘Human Condition: ‘I am a duvet woman: this bed is my mother, my lover, my wife’ Showalter, Elaine, The Independent [London, UK] 25 Jan 1998: 4.

The excerpt above begins by establishing the global gendered nature of CFS/ME. Showalter then emphasises (and exaggerates) the effort that has been put into identifying a physiological cause, thus closing down any possible claim that a failure to identify such a cause is due to a lack of funded research activity. Rather, the suggestion is that a physical aetiology has not been identified because there isn’t one. The implication that CFS/ME is ‘all in the mind’ and further, ‘all in the *female* mind’ hangs in the air like a spook. Indeed, Showalter’s work on illness such as CFS/ME (e.g. Showalter, 1997) has caused a considerable amount of controversy (see Tavris, 1997; Moi, 1985) by seemingly suggesting that this is indeed a contemporary

manifestation of hysteria. We argue here that such constructions of CFS/ME are unhelpful and harmful to women who identify as having the condition.

In sum, despite some more marginal exceptions, the dominant image of the woman with CFS that was presented in the articles characterised her as weak, dependent, child-like, socially-withdrawn and emotionally and psychologically distressed and unstable. Psychology and psychiatry are foregrounded in the accounts presented, thus the media spotlight on women with CFS/ME perpetuates (at least in part) the idea that this is a psychogenic disorder (Angelique & Culley, 2000). This becomes more apparent if we examine representations of men with CFS/ME.

Action Man Cut Down in His Prime: Foregrounding the Physical

In contrast to the accounts of women's experiences of CFS/ME, articles focussing on men tended to foreground the physical with less focus on the emotional and psychological:

Gary recalls 'I was a member of The Mighty Eastbourne Eagles, one of the country's top speedway teams. I was racing every day and I was so fit I ran three marathons with no training'. The motorbike nut was astonished when one day he didn't have the energy to lift his head off the pillow. 'I was so fit I ran three marathons... then one day I was too weak to get out of my bed' Madell, Soraya The Sun [London, UK] 19 Dec 2002: 53.

Action man Peter Rothwell enjoyed a distinguished military career, excelled in sport and was about to take his black belt in karate when he was struck down with ME. 'I was RAF high-flyer... now I can barely get out of bed' Bolouri, Yvonne The Sun [London, UK] 18 May 2009: 47.

In the excerpts above, the emphasis is on incredibly physically active men being ‘struck down’ with CFS/ME and numerous references are made to sporting activities and occupations which require a high level of physical fitness. Studies examining media depictions of testicular cancer have similarly noted how hegemonic masculinity is brought into play in the form of references to sports, competition, money and war (see Clarke, 2004). This image of the ‘action man’ cut down in his prime stands in stark contrast to the image of the ‘duvet woman’ (a term actually employed in the title of an article in our sample) whose problems are psychological. These accounts underscore that these were not just men who were physically fit, but ones that excelled in their careers and sporting achievements. CFS/ME is constructed here as a ‘thunderbolt’ which hit the men suddenly and from nowhere. References to the impact of CFS/ME on the sporting activities and careers of women sufferers, in contrast, were notably absent in the articles with the focus being placed more usually on how their relationships (e.g. with family members) and ability to function socially were affected, thus drawing upon long-standing notions that relationality and sociability are hallmarks of femininity (e.g. Oetzel, 1966). The accounting here appears to serve two main functions. First, the men are abdicated of any responsibility for the illness. In a media text analysis, Crawshaw (2007) found that ‘good health’ and a ‘fit body’ (however defined) were presented as expressions of male control and domination and therefore men who failed to achieve these were positioned as ‘weak men’ who were ‘letting the side down’. However here, the articles were actively resisting such possible positioning by emphasising that these were by no means ‘lazy’ men; rather CFS is something that happened *to them* despite being physically active and presumably leading healthy lifestyles. Second, the exaggerated masculinity on offer here could be read as resistance towards any possible emasculation of men suffering from what is often considered a ‘feminine illness’.

This resistance towards emasculation can be seen further in the ways in which men positioned themselves as immune to mental frailty:

... I was prescribed anti-depressants but I didn't take them. I was suffering physical exhaustion, not depression. 'I was so fit I ran three marathons... then one day I was too weak to get out of my bed' Madell, Soraya The Sun [London, UK] 19 Dec 2002: 53.

He said "I was given pacing therapy, where you learn to keep within your limits and conserve energy." 'I was RAF high-flyer... now I can barely get out of bed' Bolouri, Yvonne The Sun [London, UK] 18 May 2009: 47.

Gary explicitly rejects the notion that he is suffering from a psychological condition. He claims '*physical exhaustion*' which implies that this was the result of leading a lifestyle that was perhaps *too* active, thus enabling Gary to position himself as a good, healthy neoliberal citizen. Given the argument here that depression is implicitly and explicitly constructed as a female condition it appears that Gary is attempting to distance himself from feminised constructions of psychological fragility. In the second extract, Peter describes how he was given pacing therapy which involves the sufferer scheduling periods of rest in their daily activities in order to avoid 'overdoing things'. Notably, in cases where treatment for CFS/ME was discussed, it was usually cognitive behavioural therapy that was referred to. However, in Peter's case, the treatment prescribed had a physical orientation. This is testament to how different (gendered) constructions of illness can have an impact upon treatment options. A more extreme example of this can be seen in the final excerpt below:

Yet, as Sophia's treatment by the medical establishment had underlined- she was forcibly sectioned for a spell in 2003 – many doctors handle ME (also known as post

viral or chronic fatigue syndrome), as if it were a mental condition. ‘She went into a hellhole’ Anonymous Daily Mail [London, UK] 15 May 2010: 26.

The excerpt flags up ‘sectioning’ as one possible consequence of the medical establishment’s framing of CFS/ME as a psychological or ‘*mental*’ condition. This isn’t a gender neutral issue. Women are more likely to be diagnosed with CFS/ME than men, it is widely regarded as a ‘woman’s illness’ and, as demonstrated in the analysis presented here, CFS/ME was more likely to be construed in terms of psychological and emotional problems in the print media that we analysed where women sufferers were concerned. The forced sectioning of Sophia (whilst an extreme example) stands in stark contrast to the pacing therapy that was recommended for Peter.

Conclusion

We found that, accounts of CFS/ME were individualised, focussing on the psychological, emotional and physical impact on the sufferer. For example, there was scant discussion of any possible social, cultural or environment contributors to the condition (e.g. a culture of ‘overwork’), particularly where women were concerned. This is a trend that has been noted in relation to other illnesses (see also Brown, Zavestoski, McCormick, Mandlebaum & Luebke, 2001). This, we argue, is reflective of the contemporary neoliberal focus upon the individual and the individualisation of sickness which is amplified by the emphasis on individual modes of treatment and therapy such as CBT. Recovery or management of the condition is a personal endeavour. Further than this, as demonstrated, constructions of CFS/ME in British print media are deeply gendered. Women who were sufferers were depicted as emotionally and psychologically distressed and unstable, childlike and dependent, and emphasis was typically placed on the disruption of the illness to their relationships and social life. In contrast, men were portrayed as physically active and successful before the disease ‘struck’ from nowhere

and the physical consequences were foregrounded rather than the emotional and psychological. Such rigid and stereotypical reporting may be alienating for women, and also men, who are struggling with chronic fatigue and do not identify or want to identify with the gendered tropes on offer, thus discouraging them from seeking help. Further, these gendered depictions largely reproduce gender ideologies (e.g. Gordon, 1995) in ways that accredit the ‘male experience’ with greater legitimacy. The archetype of the ‘hysterical woman’ (Ussher, 1991) provides the historical backdrop for this. Reports were largely sympathetic to women suffering from CFS/ME and nuanced (e.g. detailing extreme suffering alongside ‘expert’ accounts of scepticism and uncertainty), and so we do not want to present an over-simplistic account or claim malice on the part of British national press. However, we argue that implicit assumptions need to be drawn out and rendered explicit in order to challenge the sexist construing of illness and to encourage more reflection on how women’s experiences are reported and represented.

The findings of the study will probably come as no great surprise to feminist scholars and activists. That said, to date, there is a lack of systematic feminist analysis of gendered, media constructions of CFS/ME. Further, the implications of the findings are not trivial. These constructions of the hysterical woman for whom it is ‘all in the mind’ (bolstered by ‘expert knowledge’) are burdening for women who claim and/or have been diagnosed with CFS/ME. As discussed earlier, those identifying as CFS sufferers have battled for their experiences to be recognised as legitimate physical illness, which such constructions do little to support. However, as highlighted here, this is a burden that may not be carried by women and men equally. In addition, as illustrated, this may impact upon treatments considered appropriate. These may or may not be beneficial to the sufferer, but this is a recommendation and choice that should not be dictated by gender and assumptions about the causes and experience of CFS/ME.

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Additional:

The literature frequently notes that banter and organisational humour tends often to be strongly gendered in its nature (Collinson, 2002; Godfrey, 2014; Johnston et al., 2007; Rutherford,

2011). For example, Rutherford (2011) suggests that it can be littered with sex, sports, and war metaphors, and as such can serve to exclude and marginalize women in the workplace.