

*Article*

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**Success Stories**

DOI: 10.47368/ejhc.2021.103

2021, Vol. 2(1) 56-76

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**Narrative Types in Swedish Journalistic  
Newspaper Articles About Living with Aphasia****Helena Taubner** , **Malin Hallén** 

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**Abstract**

Aphasia is a language impairment caused by acquired brain injury such as stroke. Public awareness about aphasia is low in Sweden as well as internationally. The media is an important source of information on aphasia, but research on how people with aphasia are portrayed in the media is scarce. Therefore, this study aimed to increase the knowledge about media representations of people living with aphasia, by studying Swedish journalistic newspaper articles. It focused on stories in which people with aphasia were included in the discussion rather than merely being the subject of the discussion. Drawing on framing theory and Frank's typology of narrative types, a qualitative ethnographic content analysis was conducted. Swedish print media material published between 2007 and 2018 was collected and 84 articles were identified for inclusion in the analysis. The overall finding was that, within Swedish journalistic newspaper articles, living with aphasia is framed as a success story. Themes and sub-themes were identified within each narrative type, and we suggest expanding Frank's typology with humour narratives and necessity narratives. Although several narrative types were identified in the studied articles, the overarching success story frame was predominant.

**Keywords**

Aphasia, media representations, newspapers, narrative types, narrative agency, vicarious voice, ethnographic content analysis

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“The stories that people hear shape the stories they tell about themselves” (Frank, 2013, p. 187). In other words, media representations form backdrops against which people construct their narrative identities. Acquiring a disability may evoke a need to tell new “stories of self” (Giddens, 1991), in which the person navigates a range of dilemmas (Taubner et al., 2020a) and may or may not include an identity as being disabled (Watson, 2002). This identity re-negotiation process (Glintborg & de la Mata, 2020) must be understood in relation to “grand narratives” – such as the narrative of modern medicine (Barrow, 2008) – which are highly influenced by the media (Saunders et al., 2018). This article is about Swedish media representations of people who have acquired *aphasia*, i.e. who have lost significant linguistic abilities overnight due to brain injury such as stroke. In addition to the linguistic aspects, aphasia may severely impact the individual’s health (see e.g. Cruice et al., 2003; Hilari & Northcott, 2017; Lam & Wodchis, 2010), not least because it entails a process of identity re-negotiating (Shadden, 2005; Shadden et al., 2008). As a backdrop, the media reports and reproduces ideals and norms regarding, for example, health, lifestyles, success, and happiness (Raisborough, 2011) as well as ideals and norms about what a disability is (Barnes, 1992; Lindberg & Bagga-Gupta, 2021; Ljuslinder, 2002, 2011) and about disability identities (Rodan et al., 2016).

These ideas and norms may be discussed in terms of public awareness, i.e. to what extent people are aware of a disability such as aphasia and what they associate with it. Code et al. (2016) reviewed international studies about public awareness of aphasia and concluded that “levels of awareness are low in absolute terms in all countries” (p. 284). Accordingly, Henriksson et al. (2019) found that 34% of the interviewed Swedish participants never had heard of aphasia, and that many of those who had heard about it still had misconceptions about it (e.g. that it affects intelligence and does not affect written language, which is the opposite of the actual consequences of aphasia). Although these findings indicate limited aphasia awareness among the Swedish population, Code (2020) concludes that Sweden has a relatively high awareness and knowledge about aphasia when compared to other countries. As emphasised by Code (2020), Elman et al. (2000) argue that ignorance and misconceptions about aphasia may have serious long-term consequences for people with aphasia:

[W]ithout public awareness a vicious cycle is set into play – there is less funding for research, less money for services and, perhaps most serious of all, less empathy and understanding for people with aphasia who are trying to reintegrate themselves into the community. (Elman et al., 2000, p. 456)

Several studies conclude that the media (radio, TV, newspapers, magazines) is the most common source of knowledge about aphasia (Code, 2020; Henriksson et al., 2019). Nevertheless, research regarding how people with aphasia are described in the media is scarce. Among the few existing studies is a review concluding that the depiction of aphasia is often “confusing and inaccurate” (Sherratt, 2011, p. 1132). McMenamain and O’Connor (2021) argue that inconsistent Irish media coverage may be contributing to limited levels of public aphasia awareness. Another Irish study (O’Malley-Keighran & Coleman, 2013), on two newspapers over a 12-month period, concludes that narratives about communication impairments (including aphasia), especially in the form of lived experience narratives, are under-represented.

Since the scope of their study is limited, O'Malley-Keighran and Coleman (2013) suggest further research “in a broader selection of newspapers over a longer time period” (p. 187). We take on that challenge and include newspaper articles published during a 12-year period. Studying media representations is related to activism (Elman et al., 2000) since increased awareness and correct information among the public may lead to improved conditions for people living with aphasia (Code, 2020). By adopting such an activist approach (Elman et al., 2000), and in order to focus as closely as possible on lived experience narratives of individuals with aphasia, we focus on stories in which people with aphasia are included in the discussion rather than merely being the subject of the discussion.

Consequently, the aim of this study is to increase knowledge about media representations of people living with aphasia, by studying Swedish journalistic newspaper stories published between 2007 and 2018 in which people with aphasia are given a voice.

## Theoretical Framework

The theoretical framework includes *framing theory* (e.g. Altheide & Schneider, 2013) which, drawing on the work of Goffman (1974), suggests that the media draws public attention to certain topics and that “how something is presented (the frame) influences the choices people make” (Asemah & Edegoh, 2012, p. 117). A frame thus refers to “the way media and media gate keepers organise and present the events and issues they cover” (p. 117). Altheide and Schneider (2013) give an example:

An example is treating illegal drug use as a “public health issue” as opposed to a “criminal justice issue”. These are two different frames that entail a way of discussing the problem and the kind of discourse that will follow. Frames focus on what will be discussed, how it will be discussed, and above all, how it will *not* be discussed. (pp. 51-52, emphasis in original)

Drawing on framing theory, a typology of illness narratives (Frank, 1995) is used as an analytical toolkit in this study. Frank's typology comprises three main narrative types – restitution, chaos, and quest narratives. The *restitution narrative* (Frank, 1995) has an underlying plot about having been healthy, having had an illness, and now being healthy again. The illness is seen as “a blip in the otherwise normal passage of time” while “the ‘normal’ trajectory remains intact” (Frank, 1995, p. 90). A restitution narrative may be presented prospectively (“I will recover”), retrospectively (“I have recovered”), or institutionally (with, for example, a hospital as the “teller” in stories about patients' treatment). Within the restitution narrative, great importance is placed on medical or surgical solutions (Frank, 1995).

In contrast, the *chaos narrative* (Frank, 1995) has a plot about how life is never going to be better. While experiencing ongoing chaos, producing a narrative is difficult and therefore chaos narratives are told in retrospect. However, distance from the chaos does not imply that a happy ending has been achieved. Instead, the narrative is about vulnerability, futility, and impotence. While the restitution narrative trusts in medicine, the chaos narrative is about medicine's inability to control the illness, leaving the person with a sense of lost hope and control.

The *quest narrative* (Frank, 1995) is a story with a happy ending. In contrast to the restitution narrative, the life trajectory does not go back to “normal”. Instead, the illness is described as having provided valuable knowledge or insights. The underlying plot is about meeting suffering “head on”, to accept the illness, and to “seek to *use* it” (Frank, 1995, p. 115, emphasis in original). Quest narratives come in three different shapes: *memoirs* (plain narratives resulting in happy endings, making the experience worthwhile), *manifestos* (stories about having a responsibility to share new insights with others), or *autohomologies* (grand metaphors, e.g. the reborn phoenix). Quest narratives are not easily separated from restitution narratives, but while a restitution narrative is about going back to a pre-onset state of normality, the quest is about moving forward to an improved situation.

In addition to these three narrative types, we include the *broken narrative* (Hydén & Brockmeier, 2008), as discussed in the afterword of Frank’s second edition (2013). A broken narrative is unintelligible because of the teller’s storytelling difficulties:

Narratives become broken because tellers’ bodies are somehow broken, lacking capacities essential for storytelling, such as speech or memory. (Frank, 2013, p. 201)

Although not included in Frank’s original narrative typology, we argue that broken narratives are relevant when studying stories about (or told by) people with aphasia because they may lack “capacities essential for storytelling” (Frank, 2013, p. 201). Telling broken narratives “requires someone else’s collaboration” (Frank, 2013, p. 201), i.e. a *vicarious voice* (Hydén, 2008):

... someone who can help formulate the thoughts, memories, experiences, and intentions that the injured person cannot formulate for himself or herself. It is a process of voicing, albeit not only physically but also psychologically. (Hydén, 2008, p. 40)

The narrative types differ in terms of *narrative agency*, i.e. a person’s “ability and opportunity to author [their] own narrative” (Baldwin, 2005, p. 1023). While restitution and quest narratives may be told by the individuals themselves, ongoing chaos narratives may not. Instead, chaos narratives can only be told in retrospect or by a vicarious voice, and broken narratives always require a vicarious voice.

Although Frank (1995) describes illness narratives, we argue, in line with e.g. O’Malley-Keighran and Coleman (2013), that the typology may be feasible when analysing disability narratives, especially regarding acquired disabilities. The onset entails a clear boundary between a “before” and an “after” in the person’s stories of self. Such a “biographical disruption” (Bury, 1982) may be evoked by the onset of an illness or a disability. In addition, we agree with Ellis (2009) who argues that Frank’s typology is relevant when studying disabilities as well as illnesses because the distinction between illness and disability is not always straightforward. The typology has previously been used to analyse stories about acquired disabilities such as spinal cord injury (Perrier et al., 2015; Soundy et al., 2010) and communicative disabilities, including aphasia (Barrow, 2008; O’Malley-Keighran & Coleman, 2013). It has also been used to analyse stories told during interviews or observations (see e.g. Perrier et al., 2015; Soundy et al., 2010; Whitehead, 2006), presented on blogs (see Coll-Planas & Visa, 2016), or published in newspapers (see O’Malley-Keighran & Coleman, 2013). In line with Frank’s original work, the typology has

occasionally been used for autobiographical research (e.g. Ellis, 2009). Drawing on framing theory and Frank's typology, the first research question in our study is:

*RQ1:* How can the narrative types suggested by Frank (1995) be used to understand the framing of journalistic newspaper stories about living with aphasia, in which people with aphasia are given voice themselves or are assisted by a vicarious voice?

Frank (1995) emphasises that his typology should be scrutinised and that “other types of narratives can and should be proposed” (p. 76). Therefore, our second research question is:

*RQ2:* Can additional narrative types be identified in the included newspaper articles, and if so, which types may be proposed to expand the typology?

## Method

The method used in this study was *ethnographic content analysis* (ECA, Altheide & Schneider, 2013). ECA was chosen because of its emphasis on “the reflexive and highly interactive nature of the investigator, concepts, data collection and analysis” (Altheide & Schneider, 2013, p. 26). This approach is labelled “ethnographic” because the collection of media material, in this case journalistic newspaper articles, is “conceptualized as field work” (p. 23) and because the analysis aims at understanding human action and culture through the study of texts. Because contemporary Western culture – in which the media material included in this study was produced and published – is a “textually mediated social world, where texts are part of the fabric of social life” (Barton & Lee, 2013, p. 11), examining texts such as newspaper articles is part of examining society and culture.

ECA includes 12 steps, starting with pursuing a specific problem to be investigated. In this study, the problem was identified through reviews of previous research and theoretical approaches (step 1, Altheide & Schneider, 2013). A few newspaper articles were accessed to get a sense of the available material (steps 2-3, Altheide & Schneider, 2013) and to decide what information should later be documented for each article, i.e. developing a “protocol”, (steps 4-6, Altheide & Schneider, 2013). Inclusion criteria were set through theoretical sampling (step 7, Altheide & Schneider, 2013) and then slightly modified as the selection process evolved (see Table 1).

The time frame of the included material was set to 2007–2018. The starting point was chosen based on the introduction of Facebook in Sweden, which may be seen as the start of a new era in the Swedish media landscape because it introduced social media to the Swedish public. The “stories that people hear”, which shape the “stories they tell about themselves” (Frank, 2013, p. 187), are therefore likely to have been influenced by the development of social media since the introduction of Facebook. Data were collected on 1 January 2019, and therefore 2018 was set as the final year.

Table 1. Inclusion Criteria

Type of criteria	An article was included in the qualitative analysis if it was...
Scope and media type	<ul style="list-style-type: none"> <li>a. published during the period 2007–2018 in a Swedish newspaper included in the Retriever Mediearkivet database</li> <li>b. not a duplicate (i.e. if the article was published in several newspapers, only one of the duplicates was included)</li> <li>c. written in Swedish by a journalist (and not e.g. the Aphasia Association or a lay person)</li> </ul>
Aphasia	<ul style="list-style-type: none"> <li>d. containing the explicit words “aphasia” (“afasi”) or “aphasic” (“afatiker”) with reference to the actual disability (e.g. not used as a metaphor or referring to the musician named “Afasi”)</li> <li>e. referring to a person explicitly living with aphasia, who was alive and accessible for interviewing when the newspaper article was written, and who mentioned by name (first name and surname)</li> <li>f. containing living with aphasia as its main narrative</li> </ul>
Voice	<ul style="list-style-type: none"> <li>g. containing narratives told by the person with aphasia, either in their own voice or through a vicarious voice</li> </ul>

The database Retriever Mediearkivet, which at the time of the data collection contained 899 sources of Swedish print media material, was used to collect the data (step 8, Altheide & Schneider, 2013). An initial explorative search containing at least one of the Swedish words “afasi” (“aphasia”) or “afatiker” (“afasic” as a noun) resulted in 6,756 entries. Although we avoid using the noun “afasic” when referring to an individual with aphasia, that word might still be present in the media and was therefore included. A second database search was then performed to actually collect the data. There is a music duo called “Afasi & Filthy” (with the word “afasi” in Swedish and “filthy” in English), and to exclude articles about them articles containing “Filthy” (in English) were filtered out. This second search resulted in 5,940 entries. The subsequent selection process is shown in Figure 1.

Irrelevant articles, such as remaining articles about the musician “Afasi”, advertisements, book reviews, debates, television schedules, and other non-journalistic articles were removed manually. The remaining articles were scanned for duplicates. Articles in which no specific person with aphasia was mentioned were excluded, as were articles in which there were uncertainties about whether or not the person actually had aphasia. In order to focus on articles in which living with aphasia was the main narrative, stories in which aphasia was only mentioned very briefly were excluded, and so were stories mainly about the Aphasia Association.

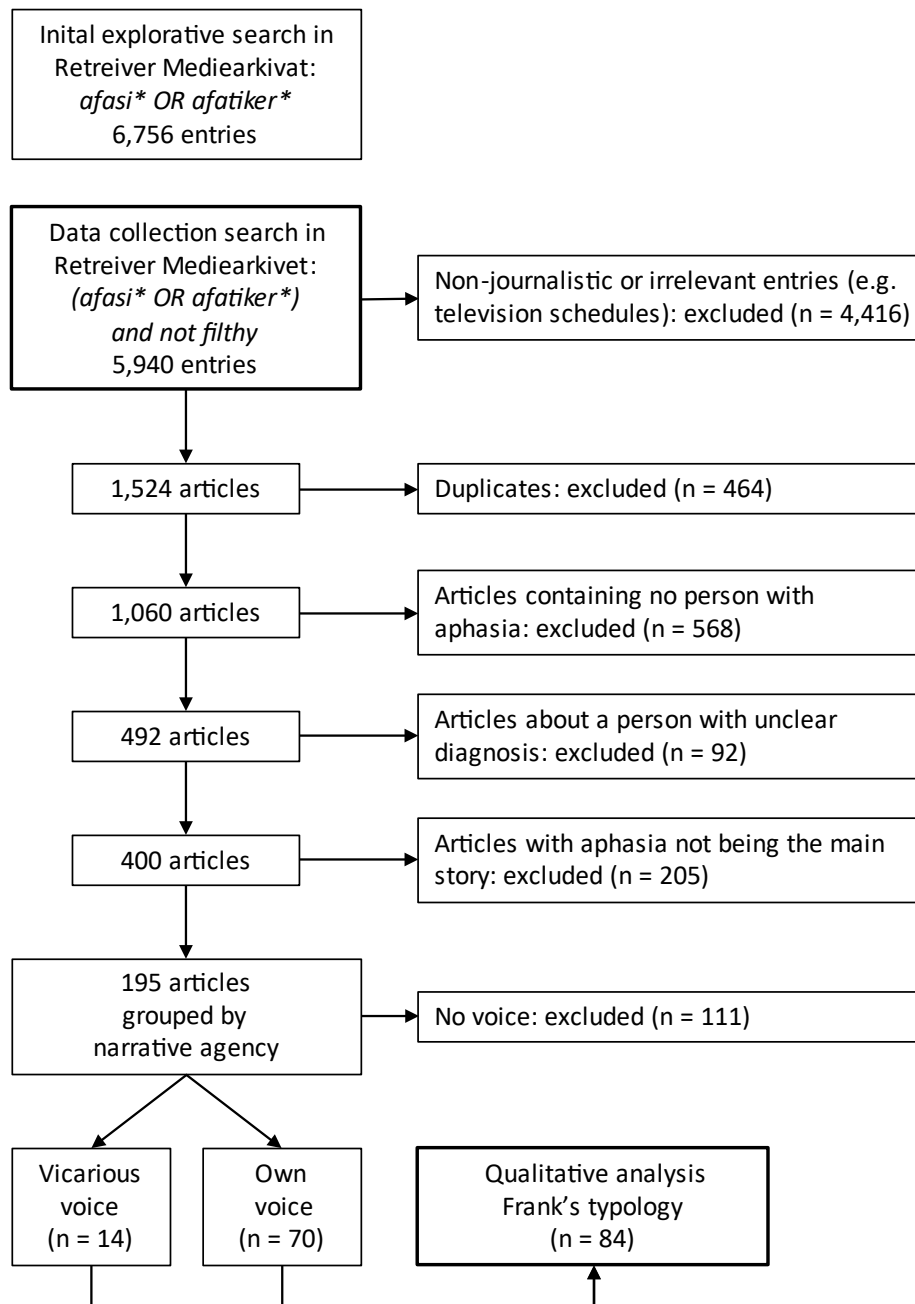


Figure 1. Selection Process

Ultimately, a total of 195 articles were imported into the software NVivo 12 Plus for further selection and analysis (steps 9-11, Altheide & Schneider, 2013). First, they were coded by narrative agency, i.e. regarding who was given voice. NVivo was used to divide the material into the following three categories: 1) articles in which the persons with aphasia were given *no voice* of their own, 2) articles in which the assistance of a *vicarious voice* was explicitly mentioned, and 3) articles in which the persons with aphasia told the story in their *own voice*. Since a person with aphasia might have difficulties talking to a journalist, it would be methodologically and ethically

questionable to exclusively include articles in which the persons are given voice themselves. On the other hand, it would also be questionable to assume that a third person (e.g. a family member or a personal assistant) is talking on behalf of the person with aphasia if not explicitly stated in the article. Consequently, the qualitative analysis not only included articles in which the persons were given voice themselves (category 3), but also those in which they were explicitly assisted by a vicarious voice (category 2). Articles in which the person with aphasia was given no voice (category 1) were excluded from the qualitative analysis. Hence, the subsequent qualitative analysis included 84 articles (70 in which persons with aphasia were given voice themselves and 14 in which they were assisted by vicarious voices) that fulfilled the inclusion criteria listed in Table 1. These articles were published in 49 newspapers. A total of 60 individuals with aphasia were portrayed, out of which 29 were men and 31 were women.

Since Frank (1995) advocates that his typology should be scrutinised, a constant comparison method was applied abductively (Fram, 2013), i.e. theory-driven and data-driven processes were combined. The theory-driven process focused on finding Frank's narrative types, while the data-driven process allowed new narrative types to emerge from the data. The NVivo coding was performed by the first author (doctoral student at the time), who regularly consulted the second author (supervisor) in case of uncertainties. Thorough discussions were held between the two authors until consensus was reached. Coding nodes were created, by the first author, for each of Frank's narrative types and the articles were coded accordingly, both regarding main narratives for each article and embedded narratives within them. Embedded narratives were found in small parts of the article, such as specific quotes. Main narratives were identified based on the dominant story throughout the text as well as on what was highlighted by the use of e.g. headlines, pictures, or captions. On a few occasions, the articles' main narratives were not possible to code using any of Frank's narrative types because they were contradictory. For instance, there could be one narrative type in the headline, another in the highlighted quotations, and a third in the photo captions. When potential new narrative types were identified inductively in the articles, they were coded accordingly. Finally, the findings from the qualitative analysis were summarised for reporting and discussing in this article (step 12, Altheide & Schneider, 2013). All quotations have been translated from Swedish to English.

## Results

All of Frank's narrative types were manifested in the analysed newspaper articles. The narrative types were often intertwined and embedded in each other, so that most articles contained most types of narratives. An overview of the identified themes and sub-themes is presented in Table 2.

Within the *restitution narrative*, the overall theme was that the stories were twisting and turning between happy endings on the one hand and stories about still having to overcome difficulties on the other – to finally end in a success story in which life was described as back to “normal”. Within these twisting and turning narratives, there were two sub-themes: rehabilitation as a remedy and the Aphasia Association (including access to computerised practice) as a remedy.



Table 2. Themes and Sub-Themes Within Frank's Narrative Types<sup>a</sup> and Overarching Frames

Narrative types and sub-types (Frank 1995)		Identified themes	Identified sub-themes	Overarching frames
Broken narratives		–	–	Defeat stories
Chaos narratives		Chaos in content rather than in composition	Onset as chaos Hardships even though time has passed	( <i>n</i> = 11 + 7)
Restitution narratives		Twisting and turning towards a happy ending	Rehabilitation as a remedy Aphasia Association (including access to computers) as a remedy	Success stories ( <i>n</i> = 66 + 7)
Quest narratives	Memoir	Life is better now	Stubbornness as key Having gained something	
	Manifesto	Activism	Wrote a book Giving lectures	
	Automythology	Being fortunate	New life Guardian angel Fire within	

Note. <sup>a</sup> In addition, we suggest expanding Frank's typology with Humour narratives and Necessity narratives.

Regarding rehabilitation as a remedy, there was a difference between the newspaper articles included in this study and the stories described by Frank. He refers to stories about cancer and other conditions of illness for which there are potential remedies like medicines or surgeries. However, when living with aphasia, instead of medications the way to get better is to practice. One such headline read:

Beatrice learned to talk and read all over again. [headline, VLT, 22 May 2015, page 2-3]

Thus, in these restitution stories, the rehabilitation itself took the place of the remedy.

Eight years ago Ann-Mari Sivermark lost her ability to speak and to understand numbers after a stroke. She had to re-learn everything. Now she is back at work and is allowed to drive, but she is still practicing to improve. [introduction, Sydsvenskan, 12 January 2009, page 10]

This example shows how the struggle to improve continues. The restitution narrative takes a turn after having concluded that Ann-Mari is back at work and allowed to drive by letting the reader know that she – even if she has improved a lot – still needs more practice. When Frank describes

the restitution narrative, the story ends with the person being back to “normal”. But in these cases, the story continues with the insight that the rehabilitation process will continue even if the person is better now than during the acute phase. Rather than being back to “normal”, this narrative is about continuing to practice.

Being part of the Aphasia Association was also framed as a remedy within the restitution narrative. Here, one key to improvement is the sense of community provided by the association:

Suddenly, she lost her ability to speak. The Umeå Aphasia Association became Anneli Högberg’s rescue. [headline and introduction, Västerbottens Folkblad, 6 December 2007, page 3]

Not only does the Aphasia Association offer a community, but also a chance to use computers to practice, and these computers were then framed as a key to rehabilitation, almost in terms of a remedy. For example, the access to computer-based practice provided by the Aphasia Association was described in phrases like these:

At the local Aphasia Association, he has an opportunity to practice his speaking and writing skills by using a computer. [Värmlands Folkblad, 11 October 2007, page 8-9]

He is seated by a computer, practicing writing words while at the same time working on improving his speech. [Värmlands Folkblad, 17 October 2009, page 32]

Although computer-based practice was framed as a remedy, it was rarely described in more detail regarding, e.g. available software, assistance, or time limits.

As Altheide and Schneider (2013) point out, frames are not only about what is being discussed, but also about what is *not* being discussed. Stories *not* told within the identified restitution narratives are stories about giving up or struggling to recover without succeeding. Even if the restitution narratives twist and turn between hardships and happy endings, they end up describing aphasia as “a blip in the otherwise normal passage of time” (Frank, 1995, p. 90).

As Frank points out, *chaos narratives* must be told in retrospect. In addition, they do not fit the conventions of print news media. Thus, when confronted with chaos narratives a journalist needs to re-phrase them into intelligible text. In the articles included in this study, the chaos narrative is therefore manifested in the content of the story, rather than in the composition of the newspaper article – which is the overarching theme within the chaos narratives.

One of the two identified chaos sub-themes was framing the aphasia onset (i.e. the stroke or other type of brain injury) as the chaos. Most frequently, these chaos narratives were embedded as parts of other narratives and contained stories about the onset, or the acute phase following the onset, such as:

After a week, she was allowed to go home. Without being able to speak.  
– It was terrible. I was in this bubble and cried. I kept on talking but nobody understood what I was saying, and I didn’t understand what anyone said to me. I just made sounds. It was like nothing else existed. I was gone and everybody else was gone. I just floated around in this hell bubble. [Falu Kuriren, 20 October 2008, page 5]

The second sub-theme was about hardships caused by the aphasia, e.g. about lacking social support or a struggle to manage daily activities, even if time had passed since the onset:

When a regular phone call becomes a struggle.

Tom Christensen acquired aphasia after a stroke, and he feels that the medical care system left him without hope of recovery. And to be confronted with total ignorance by the authorities has almost broken him. [headline and introduction, Kristianstadsbladet, 16 June 2018, page 28]

This example is in line with Frank's description of how the chaos leaves the person without hope. The chaos is about struggling with the aphasia without seeing any way out. The man in this quote was very bitter when he talked about his aphasia and the rehabilitation offered to him. For instance, once he learned that computerised training existed, he wondered why no one had told him sooner:

... he was shown a computer programme in which you clicked on an image and a voice read the word describing the picture.

– Why didn't they tell me about this programme at the hospital? [Kristianstadsbladet, 16 June 2018, page 28]

All three subtypes of *quest narratives* (i.e. memoirs, manifestos, and automythologies) were manifested in the studied articles. There were, firstly, plenty of memoir narratives. These stories were about the persons themselves being key to their own improvement. Many of these memoir narratives were framed as stories about stubbornness (e.g. being strong, having willpower, or never giving up):

The fact that she is now back and even working part time is due to her underlying stubbornness and strength. [Sydsvenskan, 12 January 2009, page 10]

With great stubbornness she has, at least partially, regained her ability to speak. [Ljusdals-Posten, 2 December 2011, page 12]

She is very stubborn and always cheerful. [headline, VLT, 10 October 2013, page 2]

These stories resembled restitution narratives, but the active agents were the persons with aphasia themselves, as opposed to the external solutions that constituted the remedy in the restitution narratives.

The second sub-theme of the memoir narrative was stories in which the person was said to have gained something from the experience of acquiring and living with aphasia, in terms of appreciating life more or being a better person:

But anyone who thinks that what has happened has been entirely negative is mistaken. – I enjoy life more now. I have a whole new understanding of what life is worth and can give, he says.

At the same time, he is not trying to hide that it has been hard, a struggle to regain his voice and to bring back to life the ability to verbalise his thoughts. [Borlänge Tidning, 10 October 2009, page 8]

The reader is first told that many things, but not all, are negative and then that the person with aphasia appreciates life more now, but they still acknowledge the hardship of living with aphasia – although such hardships have been worthwhile.

Within the manifesto narrative, the person with aphasia was framed as an activist. The gained insights were turned into a mission to raise awareness, often with the Aphasia Association as a platform. Some articles focused on the person having written a book and some focused on the person now giving lectures about aphasia. The mission was sometimes protesting against cuts in speech and language therapy, or simply telling people that aphasia exists:

Alf Persson acquired aphasia – now he wants to inform others about his hidden disability. [introduction, Värmlands Folkblad, 9 October 2008, page 16]

One way for the journalist (or editor) to join this activism was to embed a section with short facts about aphasia, often in the form of a box with a bulleted list. The insertion of such a box implied a presupposition that the reader did not know much about aphasia, and this turned the article itself into a manifesto narrative aimed at increasing public knowledge.

When automythology narratives appeared, they were about the person with aphasia having been fortunate. The metaphors used in these automythologies were: having a new life, having been lucky, and having a fire burning inside. The new life metaphor was manifested as starting a second life, being a child all over again, or being reborn, for instance:

Reborn. Alva Ivarsson is convinced that everything has a meaning. “For me the accident meant that I had to learn to listen to myself and I found a new Alva. This is my second life!” [photo caption, Hallands Nyheter, 18 October 2010, pages 54-55]

Next, the luck narrative was about having had a guardian angel or having been given a second chance or having experienced a miracle:

– I have had a guardian angel, says the 82-year-old woman, who got her life back when she started to write. [Västerbottens-Kuriren, 3 March 2018, page 4]

Finally, the fire within narrative was expressed as:

– I felt something being lit inside me by that fire. And it gave me the strength to move forward. [Falu Kuriren, 20 October 2008, page 5]

The three quest sub-types (memoir, manifesto, and automythology) were often intertwined and embedded within a larger quest narrative:

Margareta Olsson is convinced that every person’s life has a meaning.  
– Mine is to inform others about stroke and aphasia. I have learned an incredible amount, and I have become much nicer, just ask my kids, she says. [Borlänge Tidning, 10 October 2009, page 8]

In this quote, there is first an automythology about every person’s life having a meaning, then a manifesto about informing others about aphasia, and finally a memoir about having learned a lot and becoming a nicer person.

Like chaos narratives, *broken narratives* are difficult to tell in a newspaper article because they violate the conventions of print news media. Nevertheless, a broken narrative may be told through a vicarious voice. In some articles, someone close to the person with aphasia assisted during the interview, which the journalist then acknowledged in the article. In one instance the husband became a spokesperson:

– You can't speak, you can't read, and you can't write, says her husband Lars-Ove who is helping out during the interview. [VLT, 10 October 2013, page 2]

In a few other cases the journalist chose not to correct what the person with aphasia said during the interview. This way, the person is given voice in the article, despite the aphasia:

In the middle of a word, she sometimes loses track. The wrong word comes out of her mouth and she waves her hand and starts again with the same sentence. Sometimes she has to start over several times, or she says “you know”. [...] Margareta's speech is mostly fluent. Sometimes she stops or gets an odd accent. Some words turn into an “eeeehhh” to then be combined with the next one. When she is going to say long words, which are similar to other words, they easily merge into something in between. [Falu Kuriren, 20 October 2008, page 5]

Sometimes, large parts of the story were told by a relative of the person with aphasia, and only a few words were used to show that the person with aphasia was present during the interview. This was the case in an article about Ambatjew Gurmu in which only a single phrase lets the reader know that he was present:

Ambatjew doubtfully shakes his head. But his eyes are smiling. [Värmlands Folkblad, 11 October 2007, pages 8-9]

Thus, there were a number of ways for the journalists to manage the broken narratives of the persons with aphasia, thus affecting how the person with aphasia's voice was framed.

As an overarching result, a major divide was identified between two frames, which we label *success stories* and *defeat stories*. Success stories are stories with happy endings, manifested as restitution and quest narratives. The boundaries are not always clear between different sub-types (e.g. memoir and manifesto narratives) but they all share the overarching success story frame. Defeat stories on the other hand are stories without hope, manifested as chaos and possibly also broken narratives. No articles were identified as having a broken narrative as the main narrative. Instead, the identified broken narratives were embedded in other narratives. Therefore, the overarching defeat frame was manifested only as chaos narratives.

The success stories outnumbered the defeat stories, and therefore the success stories presumably have a stronger influence on the overall media picture of living with aphasia. Out of the 84 analysed articles, 66 had distinct success stories as their main narratives. Only 11 had distinct defeat stories as their main narratives. In addition, seven articles were contradictory, and could be said to be both success stories and defeat stories. For instance, headlines in those contradictory articles could be about loss and frustration, while selected quotes and images could be about recovery and hope.

Frank (1995) argues that “other types of narratives can and should be proposed” (p. 76) to widen the typology. During our abductive analysis, two additional narrative types emerged. First, there was a *humour narrative*. These stories are about laughingly trying to reduce the burden on either the teller or the listeners/readers, often with a sense of gallows humour. For instance, one article is about a woman with aphasia giving a talk about herself and having aphasia. She laughs about being a language teacher:

– I love my job. I am a teacher, she says, and adds with a touch of gallows humour: In Swedish! We all laugh with her. And nothing seems hard, unusual, or weird any longer. [Helsingborgs Dagblad, 11 October 2008, page 8]

Another way to construct a humour narrative is to laugh at your own linguistic errors and the situation they cause:

– I remember one time when I asked for strawberries at the store even though it was meatballs I wanted. I can laugh at those things today, it can be so weird! [Hallands Nyheter, 18 February 2010, page 54]

We argue that these humour narratives do not fit in Frank’s original typology. They are not restitution narratives because they are not based on the idea that a remedy solved the “problem” so that life can go back to “normal”. Rather, they are about the remaining consequences of the aphasia at different points in time. Nor are they chaos narratives, because they are not about anxiety or hopelessness. On the contrary, they are about joy. In a way, they are similar to quest narratives in the sense that something good has come out of the experiences (in this case, amusing stories to laugh at). Still, they are unlike the quest narratives because they lack the determined agency of the teller who “meets suffering head on” (Frank, 1995, p. 115). Instead, humour narrative tellers create a distance to the hardships by making jokes at their own expense.

Second, there was a *necessity narrative*. These stories are about having no choice but to cope with the hardships caused by having aphasia. They are not restitution narratives because they are not about overcoming the aphasia. Nor are they chaos narratives about suffering, nor are they quest narratives because they are not about life being better than before the onset. For instance, one woman has aphasia after a traumatic brain injury caused by a bicycle accident. When the journalist asked her whether the accident could have been avoided had she worn a helmet, she replied:

– Yes. But I can’t think like that, I have to carry on from where I am. I have no choice. [Kristianstadsbladet, 11 September 2015, page 5]

In these necessity narratives, the tellers have to some extent surrendered to the situation (and thus given up their agency) but at the same time they have decided to keep on struggling (being agents in their recovery) to make the best of their life with aphasia. In this way, these narratives are about accepting that living with aphasia is different (but not in a better way, as in quest narratives) from life pre-onset rather than trying to reconstruct a life as similar to the pre-onset life as possible (as in restitution narratives). Consequently, we argue that humour narratives and necessity narratives should be added to Frank’s original typology.

To conclude, the overall picture painted in Swedish journalistic newspaper articles about aphasia (in which a person with aphasia is given voice or is assisted by a vicarious voice) is a picture of success stories. This picture becomes clear when addressing the question about what was less frequently or *not* at all discussed (Altheide & Schneider, 2013) in the articles. Stories about frustration, hopelessness, or giving up were very rarely told. Instead, hardships were described as possible to overcome if the person just worked harder – or in Frank’s words, they were just “a blip in the otherwise normal passage of time” (1995, p. 90). Although defeat stories did exist, they were in minority in relation to the much larger number of success stories. The answer to the first research question – about how Frank’s narrative typology can be used to understand the framing of journalistic newspaper stories about living with aphasia – is thus that Frank’s typology provided tools to identify the overarching and predominant success story frame. The second research question – about proposing additional narrative types – is answered by the suggestion to expand the typology with humour narratives and necessity narratives.

## Discussion

Stories about living with aphasia are, when published in Swedish journalistic newspapers, most frequently framed as success stories. It is thus in relation to this “grand narrative” backdrop that people with aphasia re-negotiate their identities. We have previously shown that stories of self authored by people with aphasia are more complex than simply being about success or defeat (Taubner, 2019; Taubner et al., 2017, 2020a, 2020b). Success stories may therefore be difficult to relate to for people with aphasia. A small portion ( $n = 7$ ) of the studied articles were contradictory in terms of success and defeat stories. We argue that those stories may possibly be more realistic than the distinct success stories because they mirror the ongoing identity re-negotiation evoked by acquiring aphasia (Taubner et al., 2020a).

One possible explanation for the predominant success story frame is media conventions regarding what types of stories are being published (see e.g. Lule (2001) regarding archetypes in print media and Rothe (2011) regarding trauma narratives) about people with disabilities or illnesses. Another explanation may be the possible difficulties in interviewing a person with aphasia. A person with mild or moderate aphasia is presumably more likely to take part in a journalistic interview than a person with more severe impairments. Thus, the under-representation of people with more severe aphasia may be a result of the severity of their communicative difficulties. It is possible that the success story frame would be less predominating if people with severe difficulties were interviewed more frequently.

Newspaper articles are mediated through several layers of interpretations and norms before being published. Thus, the stories told in the studied articles are not necessarily the stories preferred by the person with aphasia. Rather, they are the result of a process of decision-making and editing. For instance, in some articles the journalists made a decision to include information boxes about aphasia to raise awareness. Another example is the choice to frame the story about Tom Christensen as a chaos narrative about bitterness, which may be an intent to raise awareness about shortcomings in the rehabilitation systems for people with aphasia. In both cases, the stories turned into manifestos with an activist agenda (Elman et al., 2000). In the few existing previous

studies in which Frank's narrative types are applied to texts rather than interviews, the issue of mediating the narratives is ignored. For instance, O'Malley-Keighran and Coleman (2013) studied narratives in newspaper articles and Coll-Planas and Visa (2016) studied blogs, but neither addressed the fact that the stories are mediated in various ways.

Frank's typology is about illnesses, but we argue, in line with O'Malley-Keighran and Coleman (2013) and Ellis (2009), that the typology is also feasible when analysing narratives about acquired disabilities. However, the narrative types are manifested differently in relation to different types of illnesses and disabilities. The divide is not between illnesses on the one hand and disabilities on the other, but rather between conditions being congenital or acquired, chronic or temporary, severe or mild, whether there is a possible medical cure or not, and anticipated trajectories. These aspects afford different narratives. It is, for instance, impossible to tell a story about being cured if your condition is terminal or about regaining lost abilities if your condition is congenital. These aspects have rarely been discussed in previous research. There are, however, a few exceptions. The most explicit discussion is presented by Barrow (2008), who discusses how different narratives about aphasia are underpinned by different models of disability. She emphasises that the restitution narrative is based on the medical model and discusses differences between various types and degrees of aphasia. Another example is Soundy et al. (2010) who acknowledge that quest narratives are related to an affirmative model of disability. In many cases (such as O'Malley-Keighran & Coleman, 2013; Perrier et al., 2015) illness and disability are presented without any distinction. We find that to be problematic because an illness does not imply a disability and vice versa (see also Ellis, 2009). Our findings may be used to address some of these issues, not least by discussing stubbornness. When focusing on a person's stubbornness, aphasia is reduced to something that may be overcome simply with willpower – which is not the case. Claiming that stubbornness is key implies that people with aphasia who are not recovering are not trying hard enough, when actually a number of both medical (Pedersen et al., 2004) and social factors (Parr, 2007) influence their prognosis. Thus, success stories about stubbornness may induce feelings of failure in a person with aphasia who is not improving. What is *not* being discussed (Altheide & Schneider, 2013) in those stubbornness narratives are such social and medical factors.

## Limitations and Future Research

To our knowledge, there is no previous research on how people with aphasia are portrayed in Swedish, or even Scandinavian, media. Our findings should be regarded as a starting point that will hopefully inspire future researchers. There are a few limitations to our study, which, in addition to the discussion above, lead to some suggestions for further research.

First is the absence of deeper quantitative analyses. We have focused on the qualitative aspects of the articles' contents. We have chosen to present numbers describing the divide between the success story ( $n = 66$ ) and the defeat story ( $n = 11$ ) frames because they highlight the predominance of the success story frame. Including more numbers would require a different methodological approach, but we are aware that an additional quantitative analysis regarding each newspaper's characteristics could be a meaningful contribution. For instance, it would be relevant to calculate a specific narrative's reach, and thereby its potential influence on the "grand narrative",



based on each newspaper's circulation. Such mixed method analyses should be of interest for future studies.

Second, we suggest further research about different media types. One inclusion criterion was that the articles should be written by a journalist. Such "journalistic newspaper articles" were chosen because of their traditionally high percentage of readers in Sweden (Harrie, 2018). During recent years, online articles have increased their audience at the expense of articles printed on paper (Media Landscapes, accessed 17 June 2019). Almost 80% of the Swedish population currently read newspaper articles online (Swedish Internet Foundation, 2018), and almost half of them do so daily. Thus, even if the readership of paper editions decreases, the newspapers are still an important way for Swedes to access news because many read the news online. The articles included in this study were at some point printed in paper editions but could then have been accessed by the readers either on paper or digitally. We made no distinction between different types of print media, such as local or national morning papers distributed every day or specialised magazines distributed a few times a year, although we are well aware that different types of papers have different coverage, range and credibility and therefore may influence "grand narratives" differently. We are also aware that other types of media, such as television, radio, and social media, are likely to be of importance for the "grand narratives" about living with aphasia. Thus, different media types should be investigated to elaborate on our findings.

Next, a few ( $n = 7$ ) of the included articles could not be coded as having either success stories or defeat stories as their overarching frame. Instead, their main narratives were contradictory. Therefore, we suggest further exploration of Frank's typology to possibly identify other additional types. We also advocate further research to analyse our suggested narrative types (i.e. humour narratives and necessity narratives) in relation to various kinds of illness or disability narratives.

Finally, we suggest further research about how people with aphasia are portrayed in stories in which their family members are given voice. We anticipate that those stories may be framed differently, and possibly in a less success-oriented way, than the ones in which people with aphasia are given voice themselves (or are assisted by a vicarious voice).

## Conclusion

Our overall finding is that, within Swedish journalistic newspaper articles, living with aphasia is framed as a success story. Although all narrative types (restitution, chaos, quest, and broken narratives) were found in the studied articles, the overarching success story frame was predominant.

What is considered restitution, chaos, or quests for one group may not be so for another because of differences in whether the condition is congenital or acquired or because of differences in the condition's severity or anticipated trajectory. We therefore argue that the typology should be used with caution in terms of generalisation. Nevertheless, Frank's typology has been feasible for understanding the framing of journalistic newspaper stories about living with aphasia in which people with aphasia are given voice themselves or are assisted by a vicarious voice. The typology provided tools to identify the predominant success story frame, and we suggest expanding the typology with humour narratives and necessity narratives.

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Conceptualization (main idea, theory): Hallén and Taubner (at the time Taubner was a doctoral student and Hallén was her supervisor)

Funding acquisition: Not applicable

Project administration: Taubner

Methodology (design, operationalization): Hallén and Taubner

Data collection: Taubner

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