"I hope to share my struggles, my successes, and everything in between": a rhetorical study of health blogs

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“I hope to share my struggles, my successes, and everything in between”: a rhetorical study of health blogs

by

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Abstract

Many patients who are experiencing a serious illness need a way to express their emotions and continue their everyday lives. For some patients, one outlet is through a health blog. Health blogs allow these individuals to share their emotions about their illness through narrative and with a wide audience over the Internet.

The visual and textual elements of health blogs work together to create an identity that is unique to each blogger. As these visual and textual elements combine, one can see the narratives emerge. Through these narratives, the bloggers persuade both themselves and others that they can (to some degree) control what is happening to them.

An analysis of these health blog narratives will show how their messages are persuasive. From this analysis, we can argue that using these health blogs for health information is not a viable application. Instead, the audience should understand health blogs as representing specific individuals and their experiences with illness as they try to continue their everyday lives.
Chapter 1: Introduction
Sharing Struggles, Successes, and Everything In between

Illness affects everyone, both directly and indirectly. Since this experience is part of our lives as humans, it is no wonder that we often tell stories about illness, either during or after it happens. To some extent, to share stories about an experience with illness allows us to connect with one another. These personal narratives, combined with medical discourse in public forums, comprise an increasingly noticeable part of modern-day health rhetoric.

My Interest in Health Rhetoric

My interest in the rhetoric of health stems from my family’s background in the medical field. My grandfather was a family physician for over forty years, and I was always fascinated by his work. He took over his father’s family practice, and through the years he became a trusted physician in the rural community he served. His identity as a doctor was based on the experiences he had with his patients and his patients’ families.

He would sometimes tell stories about these experiences, and when I recall him telling medical stories, I realize that most of them were about his patients (who remained anonymous) rather than about the illness. Many of the stories had a theme of “life goes on,” despite the illness and changes people had to make to accommodate it. For example, he had a favorite story about making a house call in the middle of winter with his father. It was a very cold day and they had to trudge quite a long way to a farmhouse to reach the patient. But his narrative wasn’t focused on the patient or the illness. Instead, he recalled how after the patient was treated, the family invited them to sit down and have a bite to eat. As they were sitting at the table in the kitchen, my grandfather noticed a sticky substance running down the family’s fireplace. He inquired what it was, and the farmer told him that it was
honey. Then the farmer took a bowl and went to the wall to collect some for my grandfather to try. He told my grandfather that in the attic of the farmhouse (right above the kitchen) some bees had gotten in and built a hive. Since the family didn’t use the attic, they shut it off and let the bees have the area. Then, whenever it was warm or the family used the fireplace, fresh honey would run down the walls.

Although this is just one example of the many stories he would tell, it demonstrates that my grandfather had a very strong connection to his patients and to their families. The experiences that my grandfather had as a physician were initiated by health problems, but they also became associated with other aspects of life. As mentioned earlier, there seemed to be a constant theme of “life goes on” within his stories. Even as he was diagnosed with cancer a few years ago, he often would share some peripheral aspect of his illness. He continued to tell these kinds of stories up until he passed away.

As I started working on my thesis, I kept thinking about my grandfather’s stories since my topic centered on health narratives. Narratives are defined as the “fundamental scheme for linking individual human actions and events into interrelated aspects of an understandable composite” (Polkinghorne 13). At first, I wanted to explore to what extent narratives published on the Internet, specifically health blogs, affected the public’s general understanding of health conditions. Initially, I thought that the individuals creating health blogs (bloggers) were somehow trying to generate scientific meaning through discussion with their online audience. However, as I continued my analysis, I realized that more often than not these individuals were simply telling stories about their experience with illness.

As these bloggers share their experiences, they use the same type of narrative theme that my grandfather used of “life goes on.” However, bloggers are able to share their stories
with an online community and this generates a different and very interesting kind of meaning given the relative newness of the Internet as a public forum. Exploring how bloggers develop a “life goes on” theme through the narratives of their illness is intriguing and led me to rethink the way that I was proceeding with my work.

**Research Paradigm**

When viewed as the conscious and purposeful construction of narratives, the health bloggers’ stories are themselves rhetorical acts. As I started my analysis, several research questions surfaced:

- How do health bloggers create an identity through the use of visual and textual elements?
- What purpose do health blogs attempt to serve?
- Why do people visit health blogs?
- How might people use—or misuse—information from health blogs?

The purpose of my thesis is to investigate the new phenomenon of health blogs by analyzing how the visual and textual elements work together, and also to raise some questions concerning how the information from these sites is used. Without a fuller awareness of how health blogs fit into the spectrum of medical rhetoric, their audience might misuse the information. With the phenomenal use of the Internet for health information, “The environment in which patients consume medical and health information has changed dramatically during the past decade. Rapid diffusion of Internet technology within the public sphere has placed an unprecedented amount of health information within reach of general consumers” (Hesse 166).
Summary

As we tell our stories about an experience with illness, it allows us to connect with one another. Since health blogs let bloggers discuss their illness in a very public way, this phenomenon warrants further analysis. My next chapter will discuss the literature and theory behind my study. Chapter Three will discuss my methodology for selecting a sample of health blogs and interview participants in order to gather and analyze the data. Chapter Four will present the results from my research, and Chapter Five will outline the implications of my study and suggest further research.
Chapter 2: Literature Review

Introduction

Many patients who are experiencing a serious illness need a way to express their emotions and continue their everyday lives. For some patients, one outlet is through a health blog. Health blogs allow these individuals to share their emotions about their illness through narrative and with a wide audience over the Internet.

The visual and textual elements of health blogs work together to create an identity that is unique to each blogger. As these visual and textual elements combine, one can see the narratives emerge. Through these narratives, the bloggers persuade both themselves and others that they can (to some degree) control what is happening to them.

An analysis of these health blog narratives will show how their messages are persuasive. From this analysis, we can argue that using these health blogs for health information is not a viable application. Instead, the audience should understand health blogs as representing specific individuals and their experiences with illness as they try to continue their everyday lives.

Science and Emotion

Many scholars and interdisciplinary researchers have noted the lack of space for emotion within the so-called hard sciences. One reason for this lack of emotion stems from the fact that science is a deductive process that, through objectivity and distanced neutrality, allows scientists to duplicate experiments and arrive at the same results. In the medical field, the accuracy of a diagnosis is especially important, and according to Paul John Eakin in *How Our Lives Become Stories*, the ability to use contemporary medical technology gives the physician an array of computer imaging, photography, and graphs to examine and then treat
the patient’s body (26). Additionally, medical technology can seem “impersonal, calculating, and consumed with the scientific elements in health care so that they are divided from the ordinary human experiences that surround pain, suffering, and dying” (Charon 6). However, as many scholars have noted, the difference between treating the body and understanding how an illness affects a patient holistically can be disconcerting for some patients who want and need acknowledgment of their emotional upheaval (not just their physical one).

Two key elements remain fundamental throughout the discussion of science and emotion: “One is faith in medicine’s existing or potential insights, another, personal accountability” (Kleinman 3). The aspect of personal accountability leads some patients to reflect on their lives, and these patients feel the need to discuss their decisions and life with others through narrative. Thomas Couser, in “Recovering Bodies: Illness, Disability, and Life Writing,” claims that the “personal narrative is an increasingly popular way of resisting or reversing the process of depersonalization that often accompanies illness—the expropriation of experience by an alien and alienating discourse” (29). For some patients, this means using technology in a different way, by writing online about their condition and their life through health blogs. While not all health blog narratives offer a resolution for a particular predicament, all of them do expose a narrator and reader to “life’s potentialities for unanticipated pain and joy. Herein lies the spiritual and therapeutic function of narrative activity” (Ochs and Capps 20).

**Blogs as Emotional Outlet**

Blogs have been around since the early days of the Internet and the word blog was first used in 1997 to describe journalistic entries put on a personal website. Today, maintaining a blog is quite easy since we have interactive websites that allow anyone to do it:
All you need to get started is a name, a password, and an e-mail address (Jensen). The most popular of these blog websites is blogger.com, which was started in 1999. Its popularity is based on the fact that it allows users to personalize their web addresses. Given the ease with which it can be done, the increasing popularity of the personal blog is not surprising. For example, the search engine Technorati estimates that 23,000 new blogs are created every day (Tagal).

While each blog is unique in the sense that each represents an individual writing about a specific topic, they all share two basic characteristics. First, the journalistic entries on blogs are usually listed in chronological order, and there are archives of past entries. Second, readers of the entries can respond to the writer. Such interplay between writers and readers creates a type of forum on the web that allows many different voices to be heard on topics ranging from politics to education to healthcare. The blog has become a way for like-minded people to come together to discuss subjects, ask questions, and sometimes simply to “vent.”

Scholars in rhetoric have noticed the blogging trend and have started to analyze it. For example, Carolyn Miller and Dawn Shepherd, in “Blogging as Social Action: A Genre Analysis of the Weblog,” characterize the blog as a genre. But scholars in rhetoric are not the only ones to notice the proliferation of blogs. Journalists such as Dana Hull (2007) examine the impact of blogging on traditional media sources like newspapers, and business analysts such as Nancy Flynn (2006) look at the effect of corporate blogs. In addition to this, political commentators such as Perlmutter and Schoen (2007) analyze the lack of a code of ethics on political blogs. Also, the use of blogs for education is examined by Helen Du and Christian Wagner (2007). There is even a small amount of research specifically on health
blogs (e.g. Tagal, 2007; Edross, 2004) that seeks to understand the reasons why healthcare providers and patients use them.

**Visual and Textual First Impressions**

Health blogs provide an emotional outlet for patients to bridge the gap between what is happening to them medically and what is happening to them emotionally and intellectually. By articulating their experiences with the illness through visuals and text, bloggers not only create meaning and assert personal control, but also create a unique identity. This identity also presents a first impression that often determines the readers’ continued involvement with the health blog.

In recent scholarship on the visual design of blogs, scholars have pointed to design elements that are important to understanding how this forum works and how it becomes a site of meaning making. For example, Lois Ann Scheidt and Elijah Wright in “Common Visual Design Elements of Weblogs” outline standard design elements such as the division of the screen into columns, image use, color, and typeface choice (1). Additionally, Meredith Badger in “Rhetoric, Community, and Culture of Weblogs” discusses the important role visuals play in making a first impression upon readers since: [We can] “think of weblogs as being ‘homepage[s] that we wear’” (1).

In addition to the basic visual design features of blogs, Eric P. Kumpf’s “Visual Metadiscourse: Designing the Considerate Text” and Thomas Williams’ “Guidelines for Designing and Evaluating the Display of Information on the Web” provide an in-depth visual framework for analyzing blogs. Kumpf defines metadiscourse as helping “writers arrange content by providing cues and indicators that both help readers proceed through and influence their reception of texts” (401). He describes different categories within visual
metadiscourse, and the most useful ones for the purpose of this study include (and will be
discussed in greater detail in Chapter 3):

• first impression
• consistency
• attraction
• interpretation
• style

William also lists some guidelines for visual design on the web:

• making elements legible and readable
• designing or arranging elements
• using pictures or illustrations

While the visual design of a health blog affects readers’ first impressions of identity,
so does the writing. In general, blog entries are quite journalistic and are expected to be “fun
and freewheeling, filled with quick snippets written in a breezy, conversational voice” (Hull
63). Using a conversational voice is important because some blog subjects are serious while
others are not as serious, and the conversational style enhances discussion. For instance,
most political blogs are quite argumentative, while health blogs tend to focus on providing an
open forum for medical issues.

In addition to the visual and textual elements of health blogs, the interplay between
bloggers and the audience show how an online community works: “Technologically
mediated communities . . . are bringing about new kinds of social groups . . . that are highly
personalized and often expressive” (Delanty 168). In the case of health blogs, many of them
tend to represent the traditional form of a support group while also bringing together various
individuals who might not otherwise form a community. Within this hybridized forum, the
bloggers (or even the audience) can share thoughts and feelings by narrating the story of their illness.

**Visual and Textual Narratives**

As the visual and textual elements combine to create a unique identity for the blogger, narratives emerge. Elinor Ochs and Lisa Capps explain that, “Narratives are not usually monomodal, but rather they integrate two or more communicative modes.” This blending characterizes narratives in a wide array of settings and communities (20). For example, the interplay between a picture of the blogger and the blogger’s text creates a plot from which the reader can begin to understand the individual’s struggle with illness. As this interaction happens, a story is recorded. “Personal narratives shape how we attend to and feel about events. They are partial representations and evocations of the world as we know it” (Ochs and Capps 20). While most scholars agree that one picture is not a narrative, once there are multiple frames or some interaction between the visuals and text, a story emerges. Though narratives have many characteristics, two main focal points are:

1. narratives establish relationships between or among things over time
2. there are different kinds of plots that make this happen

Aristotle comments on the idea that events or experiences that are ordered in a time sequence establishes relationships between or among people and places over time. He explains that these relationships surround a plot and that there are different plot types, such as an episodic plot. In this type of plot, the storyline recounts the exploits of its focal character in various situations (Jasinski 391). Plots in health blog narratives are often episodic in that they are sequential and provide snippets about the blogger in various situations.
Individuals write because it helps them to “gain insights about themselves, clarifies ideas in their heads, and stimulates new ideas” as well as providing a “record for the individual to contemplate” (Berger 167). Within health blogs, the narrator (the blogger) can select, edit, organize, arrange, and in some cases alter or fabricate actions, events, and situations (Jasinski 391). As the narrator crafts the story, he or she becomes the central character or the hero and heroine of it. Personal narrative is born out of experience and gives shape to experience which is demonstrated through health blogs. The importance of narrative as social practice is “intimately bound up with its widely held status as a unique point of entry into processes of identity construction” (Georgakopoulou 14). In this sense, narrative and self are inseparable since the self is broadly understood to be an unfolding reflective awareness of being-in-the-world, including a sense of one’s past and future (Ochs and Capps 20). For example, as health bloggers come to know themselves, they use narrative to integrate experiences and navigate relationships with others. The inseparability of narrative and self is grounded in the “phenomenological assumption that entities are given meaning through being experienced and the notion that narrative is an essential resource in the struggle to bring experiences to conscious awareness” (Ochs and Capps 20).

Narratives as Persuasion

As the visual and textual elements combine to create an identity from which a narrative emerges, the bloggers attempt to persuade both themselves and others that they can exert some control over their illness. The belief that these bloggers hold about controlling their illness (to some extent) parallels what Socrates and Plato observed. To them, all beliefs revolved around the uncontrollable aspects of life (Nussbaum 312). Similarly, Diane Bjorklund in *Interpreting the Self* explains the concept of “Master of Fate.” This term
defines a narrator who relates an experience to show how a circumstance can be overcome (66). Bjorklund explains that in the latter nineteenth century ideas about evolution led some individuals to consider the relationship between their own development and the physical environment (69). These evolutionary ideas suggested that human beings must adjust to the environment in order to survive. The “Master of Fate” concept is alike to ill individuals who are adjusting to their new bodily circumstances in order to survive, even when surviving means maintaining one’s identity in the face of the illness. Therefore, these health blogs seem to motivate and satisfy both the bloggers and the audience in order to “have particular evolutionary survival value . . . the generic exigence that motivates bloggers is related less to the need for information than to the self and the relations between selves” (Miller and Shepherd 12).

Diane Price-Herndl, in “Our Breasts, Our Selves: Identity, Community, and Ethics in Cancer Autobiographies,” explains that writers can maintain a stable sense of identity through “bodily and temporal change” and that the body’s “apparent betrayal of self can sometimes liberate identity from bodily constraints” (226). So while health bloggers are sharing their stories, the ability to do this comes in part from their illness. For example, printed autobiographies that Price-Herndl looked at in her article shared the deep need to make some sort of meaning out of the cancer experience, specifically to find a point or purpose to suffering: “I believe there is a higher purpose for my continuing to survive with stage 4 breast cancer. To have the ability to encourage others to remain positive and live life to its fullest despite their prognosis, I believe, is my God-given purpose now” (Price-Herndl 224). Thus while the diagnosis of a medical condition can compromise the person’s bodily integrity, it may also open up new possibilities for understanding the self as part of a group
rather than simply as an individual (Price-Herndl 226). This idea is also exemplified in the work of Kay Schaffer and Sidonie Smith, who write about being witnesses to human rights abuses: “In the midst of dislocations and relocations, personal and collective story-telling can become one way in which people claim new identities and assert their participation in the public sphere. Storytelling functions as a crucial element in establishing new identities of longing (directed toward the past) and belonging (directed toward the future)” (6).

Several scholars of autobiographies about illness, disability, or trauma, according to Price-Herndl, contend that the work of such life-writing often serves to restore a sense of self-control to the writer. Couser probably puts it best: “Bodily dysfunction is perhaps the most common threat to the appealing belief that one controls one’s destiny” (9). Likewise, writing about one’s illness allows for a kind of “life goes on” theme. Couser concludes that “published illness narratives may be in some significant sense healing. Although they may be unable to relieve the symptoms of the body, they may help to relieve the suffering of the self” (229).

**Purpose of Health Blogs**

Analysis of health blog narratives will provide a way to show how their messages are persuasive. From this analysis, we can argue that using these health blogs primarily for health information is not the correct application. Instead, readers should understand health blogs as representing specific individuals’ experiences with illness as they try to maintain an integrated empowered self in the face of it.

One way to recognize the persuasive purpose of health blogs is by looking at the interaction between the blogger and the audience. For example, instead of providing a monologic and all-knowing voice, the bloggers create a dialogic narrator. The description of
breast cancer autobiographies that Price-Herndl studied parallels the writing on health blogs since they are generating a discussion: “They are not only in dialogue with their readers, assuming an authoritative audience, and not just in dialogue with the culture and its mythologies about women’s bodies and about cancer, but they are also in dialogue with one another” (Price-Herndl 232). The autobiographies in Price-Herndl’s study offer different ideas about treatment and suggest different strategies for coping, along with telling different stories about how women made it through the process. “They do all this with remarkably little negative assessment of people who make other choices” (Price-Herndl 232). Price-Herndl also claims that the process of coming to terms with a changed sense of self and a membership in a group opens up the new possibilities of diverse ways of being in the world that these patients might never have entertained before (232).

While health blogs present a dialogic community, it is also important to remember the significance of their accessibility on the Internet. Andreas Kitzmann explains in “That Different Place: Documenting the Self Within Online Environments” that the emphasis on community within the web’s cultural space significantly reworks the distinction between public and private (55). The public accessibility of blogs allows anyone to view these sites and to feel the emotion that they produce. This makes understanding the health blog’s purpose even more significant. But if we keep in mind that health blogs should be understood as relating several individuals’ experiences with illness, we can better appreciate them. Kelly Oliver, in Witnessing: Beyond Recognition, claims that taking up the position of one who is both an eyewitness and a testifier is important. Oliver argues that in witnessing “We both represent ourselves and represent another whom we construct as ‘response-able’; we assume the responsibility of telling, but we understand the other as one who can, will, and
should respond to us” (15). Additionally, Oliver contends that this responsibility constructs a relationship between the self and the other that is built on connection and reciprocity rather than subordination (15). By establishing a relationship built on reciprocity, these health bloggers are able to represent at least one truth for their situation and for the situation at the time of posting the entry.

**Summary**

Many patients who are experiencing a serious illness need a way to express their emotions and maintain an integrated sense of self. Health blogs allow these individuals the ability to share their emotions about illness through narrative, and the visual and textual elements of health blogs work together to create a community and an identity that is unique to each blogger. As these elements combine, a unique online space for narratives emerges. Through these narratives, the blogger persuades both themselves and others that they can (to some extent) control their illness.
Chapter 3: Methodology

Situating My Study

Anyone can find a way to answer a question empirically. However, when conducting such research, it is important to formulate clear research questions. In my study, the there are four such research questions:

- How do health bloggers create an identity through the use of visual and textual elements?
- What purpose do health blogs attempt to serve?
- Why do people visit health blogs?
- How might people use—or misuse—information from health blogs?

These research questions allow my study to focus on both the visual and textual elements of health blogs and also to investigate the information presented on them.

As my study on health blogs developed, I realized that a qualitative approach would be useful in gathering the data for my analysis. Denzin and Lincoln define qualitative research as a “situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible” (4). Additionally, I needed a method that would render a discourse community for analysis. Health blogs certainly fit the definition of a discourse community as they generate conversation with their audience. Kathleen LeBesco, in “Managing Visibility, Intimacy, and Focus in Online Critical Ethnography,” points out that ethnographic researchers have been “drawn to discourse communities in order to gain a better understanding of the meanings that community members generate through conversation” (63).

Although there are many different approaches to qualitative research, I chose to use the approach of phenomenology for my study. Phenomenology seeks to describe what
participants have in common as they experience a phenomenon. Creswell defines it as reducing “individual experiences with a phenomenon to a description of the universal essence” (58). My study takes the view of hermeneutical phenomenology, which means it is oriented toward the “lived experience and interpreting the ‘texts’ of life. Researchers first turn to a phenomenon, an ‘abiding concern’ which seriously interests them. In the process, they reflect on essential themes, which constitute the nature of this lived experience” (Creswell 59).

Qualitative research is not a rigid strategy that one can put into place in advance and then implement robotically. Rather, design in qualitative research is an “ongoing process that involves ‘tacking’ back and forth between the different components of the design, assessing the implications of goals, theories, research questions, methods, and validity threats for one another” (Maxwell 3). As I investigated the numerous types of health blogs available on the Internet, I found that my research design did variously intersect between the visual and textual elements. For this reason, my study first analyzes three health blogs through frameworks relating to the visual (Kumpf, Williams) and textual (Bjorklund) elements. These analyses ultimately revealed the importance of the narrative and my final analysis focused on “the investigation of the story itself” (Riessman 1). My study then proceeded to investigate how the public views the information on these health blogs.

Qualitative Research Stages

My study followed the three stages common to qualitative research (Spilka, 1993; Miles and Huberman, 1994). The first stage involves gathering the data for the study and analyzing the selected data according to a framework(s). Then the second stage verifies this
analysis with other individuals. The third stage consists of writing up the results of stages one and two. The following sections will outline my specific actions during each stage.

**Stage One - Data Collection and Analysis**

I surveyed numerous health blogs to pick what Creswell refers to as a purposeful sample. In this type of data collection, the researcher “selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (125). My study uses the Internet to gather data, and while this makes for convenient accessibility, it also poses the problem of generating too much information. The Internet has opened the door not only to new sources of information and new forms of interaction, but also to new means of gathering data (Hall 239). This quandary might seem ironic because Clifford Geertz, in his landmark book *The Interpretation of Cultures*, explains that in order to study a culture “one has only to learn how to gain access to them” (453). But too much access is also a problem: “The idea of studying the Internet or using Internet technologies to facilitate qualitative research is beguiling: a researcher’s reach is potentially global” (Markham 799). However, after reading through numerous health blogs, I felt that the three I had chosen represented the phenomenon that my study is addressing. The three examples are from the blog database “Blogger” (and will be described in greater detail later):

- Scott’s Diabetes Blog
- Dancing with Cancer
- Bipolar Wellness Writer

After I had chosen my purposeful sample of health blogs, I analyzed the visual and textual elements according to specific frameworks.
Visual Design Framework

The categories outlined by Kumpf and Williams can be applied to analyze how health blogs create a visual design. Kumpf describes different categories within visual metadiscourse, and the most useful ones for the purpose of this study are:

- first impression
- consistency
- attraction
- interpretation
- style

Williams also lists several guidelines for visual design on the web including:

- making elements legible and readable
- designing or arranging elements
- using pictures or illustrations

First impression is an important part of document design, and Kumpf compares it to the term “curb appeal” that refers to the feeling prospective buyers have when viewing a house from the curb (405). Curb appeal reactions can range from attraction to repulsion, based on the expectations of the individual. The “first impression of a document, in varying degrees, influences its reception before the reader reads the first word” (Kumpf 406).

Similarly, Charles Kostelnick in “The Rhetoric of Text Design in Professional Communication” writes, “We see documents before we read them: this initial encounter evokes an aesthetic response but one with immediate practical consequences” (200).

Part of the document’s first impression is based on consistency and the reader’s desire to see a unified style or tone in a document. One way to present a consistent document is to make sure that visual elements in the display are large enough to be seen and interpreted. Another is to make the text readable and to avoid the overuse of bold and italics (Williams
Kumpf also points out that a document can display visual consistency on many levels, from using the same font throughout the document, to maintaining a hierarchy of headings and subheadings, to selecting visuals (412). “Consistency helps readers see the document as a unified whole whose parts support a common theme instead of wandering among embellishments and stylistic choices” (Kumpf 412).

The consistency of the document will affect the attraction that it has to the reader. According to Kumpf, the document should try to initiate a response that ranges from high interest and continued reading when compared to no interest and no further contact with the document (414). Attraction is the ability to keep readers engaged with the text, and Kumpf compares it to the idea of a magnet as it pulls in readers to the core of the text (Kumpf 414). If a document has been designed consistently, then the reader’s attraction to it will be greater.

In addition to the first impression based on perceived consistency, much of the ability to engage readers depends on what Kumpf calls the “visual interpretation” of the text. By this he means summary of a document’s text through the use of a visual. In this way, the visual reflects what is written in the text and helps the reader comprehend it. Additionally, interpretation is essentially rhetorical since the document’s designer decides which visuals to use. “Interpretation is similar to commentary in textual metadiscourse and thus provides a salient way to show authorial control and presence in the document” (Kumpf 416). Authorial control and presence is particularly demonstrated by avoiding the use of pictures and illustrations that are merely decorative and that visuals should be supplemented with explanatory text or text labels (Williams 385).
Moreover, just as interpretation affects the purpose of visuals within a document, visual style complements (or affects the purpose of) textual style. For instance, “Style is just the outside of content, and content the inside of style, like the outside and inside of the human body—both go together, they can’t be separated” (Kumpf 417). Likewise, style is inseparable from content because it “is a basis for judgment on how the reader will ‘read’ the document and ethos of the writer” (Kumpf 418). These design categories as outlined by Kumpf and Williams present a way to analyze the visual design of health blogs.

_Narrative Design Framework_

To an extent, the visual design of a health blog determines the reader’s continued interest and engagement with it. But, more importantly, the visual design complements the textual elements of the health blog. As described in Chapter Two, the textual elements of health blogs tend to fall under what Diane Bjorklund calls “Master of Fate” narratives. In this model, the self is the key element in understanding a person’s behavior (70). The reason why health blogs fall into this category is because bloggers are not only telling their stories, but are doing so to persuade themselves and others that they will survive.

Bjorklund outlines three subcategories within the model of “Master of Fate” narratives:

- passions
- reason
- will

First, Bjorklund claims that these narratives define passions as a manageable component of the self. This draws a parallel to health blog writing because bloggers are going online to try to manage the passionate feelings that they have about being ill. Second, reason is not a
“feeble and flawed advisor to the will. Instead, reason, which represents a ‘higher’ stage of development, can be cultivated” (Bjorklund 73). The application to health blogs is that through writing about their illness, bloggers are able to cultivate their reasoning about the condition. Third, according to Bjorklund, will is “undoubtedly the most crucial faculty for these autobiographers” because it shows that the individual can use willpower to overcome obstacles (75). This idea draws a strong parallel to health blogs because ultimately the bloggers’ narratives reveal a strong willpower to try to control their illness. Bjorklund concludes her discussion of the “Master of Fate” model by making clear that although these narrators believe they can improve themselves, they do not assert that such a change can happen easily (77). However, the description of how they improved themselves over time is what makes up their story (as is true for health blogs as well).

Stage Two-Verification of Data and Analysis

After I decided on three health blogs and analyzed them according to the frameworks provided by Kumpf/Williams and Bjorklund, I then conducted a small research study1. I interviewed five people (each person separately) and recorded their answers to my questions. Finally, I looked for trends and themes in their responses.

My five interviewees varied in background and education2:
1. Mary is a mother of two and has an associate degree.
2. Tony is an undergraduate college student in agriculture.
3. Jake is a graduate student in English.
4. Adam is a graduate student in English
5. Laura is a graduate student in English.

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1 IRB ID #: 07-530

2 All participants have pseudonyms to protect their identity.
These individuals agreed to take part in the study after I emailed a wide range of potential subjects. Additionally, these individuals did not have any of the health issues that the health blogs discuss (i.e. diabetes, cancer, or bipolar disorder). I based my selection of these individuals on Creswell’s concept of “convenience sampling,” which saves time, money, and effort (126). Although three of my interviewees were graduate students in English, I found that all five of the individuals’ answers varied significantly, which offered my study a wide range of responses.

For my data collection, I used the concept of the unstructured interview, which is defined as “an attempt to understand the complex behavior of members of society without imposing any a priori categorization that may limit the field of inquiry” (Fontana and Frey 56). I started my interview by drawing my interviewees’ attention to the visual elements of the health blogs. Then I transitioned by asking them questions about the textual elements. Finally, the last three questions focused upon the credibility and use of the health blogs.

Listed below are the questions in their original order:

1. How would you describe the overall tone of the health blog?
2. Why do you think the particular color scheme was chosen?
3. What visual design did the health blogger use to create a persona?
4. Do the images help the visual design of the health blog?
5. How does the blogger’s writing appeal to you?
6. Does the text complement the visual design of the health blog?
7. What do you think of what the blogger writes about?
8. In what ways do you respond to the health blog?
9. Do you find the information credible or helpful?
10. If you had a family member or friend with this medical condition, would you refer them to the health blog?
In composing my questions for these individuals, I decided to use a blend of inquiries about both the visual and textual elements of the health blogs. The reason for this order is to give my study a well-rounded approach to answering how health bloggers persuade themselves and others of the theme that “life goes on.” As I went through my interviewees’ responses, I realized that the visual and textual elements often did intersect, allowing more space for analysis.

Stage Three-Results

My research findings are based on the selection of health blogs, the visual and textual analysis, and my interviewees’ responses as described above. I sent these individuals the preliminary results of my data and I also verified my findings through a peer workshop. The result of this work will follow in the next chapter as I describe the health blogs in more detail and analyze how bloggers use both visual and textual elements to persuade themselves and others that they can control (to some extent) their health through narratives.

Summary

To answer my four research questions, I chose three health blogs: Scott’s Diabetes Journal, Dancing With Cancer, and Bipolar Wellness Writer. I then analyzed the visual design of these blogs using criteria drawn from Kumpf and Williams. Additionally, I analyzed the blogs’ narrative framework by applying Bjorklund’s “Master of Fate” model. After this, I verified my analysis through conducting a small research study where I interviewed five individuals on the visual and textual features of the health blogs. Finally, I wrote up the results of my analysis and interviewees’ reactions, which are included in Chapter 4.
Chapter 4: Research Results

Introduction

As mentioned in Chapter 1, the overriding purpose of my study is to investigate the new phenomenon of health blogs by analyzing how the visual and textual elements work together and to answer some questions concerning how the information form these sites is used. Specifically, my study focuses on the following research questions:

• How do health bloggers create an identity through the use of visual and textual elements?
• What purpose do health blogs attempt to serve?
• Why do people visit health blogs?
• How might people use—or misuse—information from health blogs?

Health Bloggers Creating Identity Through Visual Elements

When we look at three different examples of health blogs, we can use the categories outlined by Kumpf and Williams to analyze how they create a visual design. As outlined in Chapter 3, Kumpf’s categories include:

• first impression
• consistency
• attraction
• interpretation
• style

Williams’s categories include:

• making elements legible and readable
• designing or arranging elements
• using pictures or illustrations

Using these categories to analyze my sample of health blogs will highlight some of the important visual designs found on them.
Scott’s Diabetes Journal

Scott’s Diabetes Journal (see figure 1) gives an interesting first impression based on its use of typography in the heading. The unique typography uses color and space to present a romanticized and fragmented version of Scott’s identity. Throughout the blog, he makes elements legible and arranges visuals to portray who he is. For example, there is a picture of him holding a diabetes tester, which reinforces the idea that his blog is about his life with diabetes. The consistent nature of his weblog reflects one of the standard templates available on Blogger with a plain white background and colored headings with text underneath. However, by choosing this particular template, Scott creates a backdrop for creating his identity, as visuals and text can be easily seen. For readers, attraction to this weblog is based on its consistent use of color and visuals. Scott uses subdued colors and always uses photographs. His blog continues, as you scroll down, to show more photographs of his life with diabetes. For instance, in one entry he uses the photograph in figure 2 to explain how hard it is to accurately count carb grams, which is
important for people with diabetes. His use of this photograph fits Kumpf’s category of interpretation since it is useful for individuals viewing Scott’s blog who do not know that much about diabetes because it makes them want to see what he is trying to depict. On the other hand, people with diabetes would understand exactly what Scott is saying in his entry and might find the visual more intriguing. Overall, Scott creates his style through typography, photographs, and color, which create a credible identity for him. His credibility is evident through the large number of visitors he has had since he started blogging in December 2005. In addition, many of his readers post to his entries and in general there seems to be a kind of community around his health blog.

Dancing With Cancer

Dancing With Cancer is the title of this health blog (see figure 3) and its long header summarizes the blogger’s experience with metastasized cancer. The first impression of this health blog is based primarily on the visual design of text since as a reader you have to scroll down to see the blogger’s picture. The background color and typography choices are consistent to the Blogger template, which also uses legible text and arranges pictures. Jill did not change this template in any way other than her choice of a light background with a purple title along with a light red for the headings. Since this is a cancer blog, it is not surprising that Jill chose a warm color (with pink tones) for her
background, and this use of color probably attracts readers to continue to view her blog. However, she uses an interesting visual to convey her objections to buying “pink” cancer items (see figure 4). By showing this photograph, Jill is using Kumpf’s category of interpretation to convey the feelings she has about “pink” merchandise. While her objections might alienate some of her readers, she has been overall a very successful blogger since 2006. In addition to this, many of her readers post responses to her entries. All in all, Jill creates an identity for herself by presenting a style that visually conveys to readers her experience with metastasized cancer.

*Bipolar Wellness Writer*

Bipolar Wellness Writer (see figure 5) gives the reader a visually clean first impression. For example, the header is quite legible because it uses a large size serif font. Also, the blogger’s picture is very stark, as it is presented in black and white. The international display of flags on the left margin lets the reader know that this particular blog can be translated into different languages. The format of the blog itself is consistent with the Blogger template, and this particular blog uses the plain white background. However, the blogger, Susan, modifies the header template to include a
bluish background. Overall, her modification to the header arrangement is useful because it ties into the same font color used on the sidebars of the blog. This repetition of color attracts the reader to continue reading since it appears to be organized and not randomly designed. Susan uses several visuals throughout her blog, which she writes about in her entries. However, her visual design does not use photographs but rather visuals from pop culture art. For example, one of her entries describes how she plays the harmonica to relieve her tension. But, instead of showing herself playing a harmonica, she opts to use a cover from *The Saturday Evening Post* which shows two young boys playing the instrument (see figure 6).

![Figure 6: Susan’s Visual](image)

The overall style of Susan’s health blog conveys a clean and subdued identity through its use of color, visuals, and typography.

*Comparative Analysis*

Each blogger conveys a visual identity as shown through the application of Kumpf and William’s categories to these three health blogs. For example, Scott’s Diabetes Journal, Dancing with Cancer, and the Bipolar Wellness Writer all give the reader a first impression based on the use of color, typography, and pictures. In addition, each blog is consistent by using Blogger templates even if modified a little (such as with the example of the Bipolar Wellness Writer). Through legible text, design, and visuals, attraction to the health blogs make the audience curious and want to continue to scroll through the blog to see how the visual design complements the text. The different examples of interpretation are shown with
Scott’s picture of chips, Jill’s “boycott pink” buttons, and Susan’s pop culture art. The overall style of these health blogs creates an identity for the blogger and helps the reader to find the content credible.

While these three health blogs have similarities in visual design, they also demonstrate differences. For example, Scott used creative typography in his heading to draw in his audience while Jill used a really long title. Compared to Scott and Jill, Susan opted to use a dark blue background to make her heading jump out at the reader. Meredith Badger explains that one blogger may add a title image to the top of his or her blog, or insert a photo of himself or herself in the “About” page while another may take an “off the rack” template from Blogger and replace it with a visual style of his or her own. She ends by writing, “It is often images that present the most immediately obvious point of difference between one blog and the next” (1). In the case of visuals, Scott and Jill both decided to use photographs throughout their blogs while Susan decided to only use a photograph to show what she looked like. Otherwise, Susan used art from pop culture, such as The Saturday Evening Post cover, in her blog. Perhaps the reason why Susan chose to do this is based on her concept of privacy, or distance. For example, Badger points out that, “The bloggers achieve this balance between revelation and privacy by rarely becoming the subject of the photographs themselves. Illustrations in weblogs may initially appear to be less revelatory than photographs, as the artist controls the amount and types of detail included. Images give us information about the blogger that text alone may not impart” (2). Another aspect of visual design in these health blogs is each individual blogger’s choice of background. For example, Jill decided to use a light background while Scott and Susan decided to go with the white background.
The categories from Kumpf and Williams demonstrate how health bloggers create similar visual designs. For example, each health blog used a strong first impression, consistency, attraction, interpretation, and style along with legible text, visual design, and pictures. But, in addition to this, the differences in the visual design reflect the individual bloggers based on their presented identity.

**Health Bloggers Creating Identity Through Narrative Elements**

To an extent, the visual design of a health blog determines the audience’s continued interaction with it. But more importantly, the visual design complements the textual elements of the health blog. As described in Chapter 3, I use the “Master of Fate” theme by Diane Bjorklund to analyze my selection of health blogs. This theme uses the following categories:

- passions
- reason
- will

In the “Master of Fate” theme, the health bloggers are persuading themselves and others that they can (to some extent) continue with their normal lives.

*Scott’s Diabetes Journal*

Scott, who has had diabetes since April of 1980, seems to be living a successful life with a loving family and a good career. However, he often blogs about the trials of living with diabetes and shares his frustration with his readers. He blogs regularly and usually updates his posts every week or every other week. His writing often centers upon treatment issues associated with diabetes such as medication, test strips, or sugar lows. But he also writes quite frequently in the “life goes on” theme.
For example, a post from January 19, 2008, tells how he was at a local YMCA with his family and how he felt uncomfortable because another man kept staring at him and his wife. He writes, “Every time we went around that part of the track this dude was looking at us. It was quite uncomfortable.” After awhile, Scott began to feel unwell: “Sometimes when you are exercising it can be hard to tell if you are feeling funny from exercise, or if it is a low. I checked my blood sugar, and even though I reduced my breakfast bolus, I was low.” Scott went to look for some orange juice or apple juice, but (unfortunately) he had to settle for Skittles. As he is eating his Skittles, he notices that the man who made him feel uncomfortable is walking toward him (to the exit). Scott thinks to himself, “I can only imagine what he's thinking. ‘Look at that fatass. He was just up there trying to work it off, and now he's here eating candy faster than his mouth can handle it. Pitiful.’” Scott ends his post by writing, “The moment stuck in my head. He didn't know I didn't have a choice. I had to do it. As irrational as it may be, even with the health club fitness nut mentality that some people have, it doesn't mean he was thinking that. Even if he was—who cares? It was literally all in my head. But that's how my head works sometimes. Especially when I'm low.”

The story above shows Scott depicting his life with diabetes through narrative. First, his story also follows the “Master of Fate” theme by explaining that he can control his innermost passions about diabetes through expressing them on his blog. His story isn’t technical or medical in any way, but it still manages to convey what a life with diabetes is like. Second, he can reason with his life experiences about diabetes as he describes the situation. Third, Scott is able to show that he has strong willpower as he lives with diabetes and encounters difficult situations like making sure his blood sugar isn’t low.
Dancing With Cancer

Jill regularly updates her posts every week to keep her readers informed on her battle with metastasized cancer. But, in addition to this, she also writes about little everyday stories surrounding her treatment and progress. As she does this, her audience begins to understand the complexities and irregularities of her life.

One of her posts, dated November 15, 2007, described her 48th birthday: “Today I am 48 years old. When I was diagnosed with metastatic disease in August of 2002 at age 42, I wasn't sure I would live even one more year. How thankful I am to be here more than five years later, living a (relatively) good life, with stable disease that responds to treatment.”

After discussing this part of her life, Jill writes about what she did on her birthday: “We ate from three of my personal food groups: CHOCOLATE: mini chocolate cakes with molten centers, CHAMPAGNE: Cristallino Cava Rose Brut, WHIPPED CREAM; unsweetened with just a hint of vanilla.” She ends her post with: “My birthday wish is for my cancer continue to be slow-growing and respond well to treatment. And may I live long enough to benefit from a cure for breast cancer!”

There are many posts on Jill’s health blog that are similar to the one above. In this example we can see how she uses the “Master of Fate” narrative theme. First, Jill is controlling the passions that she associates with her cancer by stating that she is thankful to still be alive after being diagnosed more than five years ago. Second, she explains the reasoning behind her personal food groups of chocolate, champagne, and whipped cream. In addition, it seems like writing about these little everyday things allows Jill the ability to reason that she can lead a life with cancer. This last idea ties into her will because through her writing she is willing herself to live despite cancer.
Bipolar Wellness Writer

Susan lives in the Los Angeles area. While her health blog is about mental illness rather than a physical condition, the writing in her entries is often filled with emotion. Additionally, Susan has a blogging schedule and this might be a reflection on her profession as a writer.

A post dated November 26, 2007, recalls how she went out to watch three movies in the last month: “Each time, we capped off our evening by going out to eat. Last night, we went to a Vietnamese restaurant that specializes in Pho. As we were driving home, I realized how lucky I feel that I'm well enough to go to the movies.” She continues, “There were years when going out at all--because of my depressive episodes--was truly difficult for me. I'd have to force myself to get out of bed. By the time I got showered and dressed, I was so tired that I had to rest. The process of driving to the theater, walking inside, sitting through all the previews, watching the film, and going home was interminable.” In addition to the effort of going to a movie, she blogs about the difficulties of eating at a restaurant: “Going out to eat was even worse. For years, the medication I took caused such an array of side effects that I was frequently nauseous, and had to order bland food. And it took all of my energy to participate in dinner table conversations. I was doing so little in life—that there wasn't much to say. And I felt so lousy that it took a tremendous amount of energy to try and be upbeat for the sake of my husband and son.” However, Susan ends with, “Now...all of that seems like it happened to someone else...so very long ago. It's inconceivable to me that it dragged on for so many years. I can't imagine how I withstood all the pain and suffering.”

This particular entry exemplifies how Susan uses the “Master of Fate” theme. First, Susan obviously discusses her passions about being bipolar through her blogging and she is
able to come to terms with them in this way. Second, she reasons through the minute details to describe how difficult each act was for her such as getting dressed or even eating out. Third, Susan shows how she has strong willpower to overcome her illness. She even writes that she is better now and doesn’t know how she made it through so many years being ill.

**Comparative Analysis**

While all of these health blogs demonstrate the “Master of Fate” narrative theme by using elements of passion, reason, and will, they all do so in different ways since each blogger experiences a different illness in a different way. For Scott, living with diabetes often makes him wonder what other people think about his eating habits, while Jill celebrates life by eating her “personal food groups.” Lastly, Susan writes about overcoming a debilitating illness and how grateful she is that she can even go out to eat. When combined with the visual elements, the most important aspect to remember is that all three health bloggers have unique stories to tell based on their concept of identity with their illness. As they blog, they persuade themselves and others that they can (to some extent) survive in order to continue their everyday lives.

**Health Blog Phenomenon**

Since health blogs are a growing phenomenon and many individuals encounter them everyday, I completed a research study (as described in Chapter 3) to investigate how such individuals would react to them. In my study, I interviewed five different individuals (Mary, Tony, Jake, Adam, and Laura) regarding both the visual and narrative elements at present in my sample of health blogs. The following sections discuss the answers to the first six of my study’s ten questions, which were based on the overall visual design and textual elements of health blogs.
**Scott’s Diabetes Journal**

Mary’s first guess about the purpose of Scott’s blog was that he wanted to share “frustration or to vent.” Jake said, “It’s very personal, every paragraph has an ‘I’ statement somewhere and I’m definitely reading this as a personal experience journal and that Scott isn’t trying to be a doctor.” Adam commented, “It seems like the blogger is really involved in it and he seems like the blog is a productive use of his time.” Laura’s first impression was that Scott’s blog was “invitational, it seems like his posts go toward a question . . . he tries to share [information].” Altogether, the interviewees thought that the purpose of Scott’s blog was to share frustration about diabetes and that he was also inviting responses from his audience by posing questions in his posts.

All five interviewees agreed that Scott’s blog was rather plain and straightforward in terms of visual design. For example, Mary said, “he didn’t really do anything [to the blog visually] . . . it’s not creative . . . it’s just white and brown.” She also said that the identity Scott creates is rather solemn because white and brown are “boring and even his entries don’t include a lot of jokes . . . there is nothing to lift the mood . . . just a lot of info.” The second interviewee, Tony, opined that Scott “hasn’t put a lot of time into creating anything fancy . . . there is a somewhat fancy intro, but it doesn’t look like it was too hard to make . . . I guess he just wants to get his message across and isn’t that interested in designing.” Jake agreed that the blog was very clean with a large, decorative header in a “grunge typeface.” He went on to say, “The grunge typeface shows distortion and his overall experience with diabetes and it also frames the quote underneath the header . . . but there isn’t much to it [the blog] and it doesn’t try to distinguish itself . . . not dynamic.” Adam commented that Scott’s lack of design might be an analogy to the identity that he is creating: “For example, Scott writes ‘I
don’t like to interact with others more than I have to’ so maybe he is the same with designing and writing his blog . . . he doesn’t use more [design or text] than he has to.” Laura remarked that Scott’s use of the awards he has won for blogging on the side bar because the picture of the trophy makes his image more credible. She added, “If his purpose is to share his experience with diabetes with others, it is certainly invitational.”

The overall tone and visual design that Scott presents, based on the interview research, is rather plain, straightforward, and informational. All of the interviewees felt that Scott could have used more visuals in his blog and that the visuals he did use could have been more colorful. Mary said, “There’s just a picture of him, the other pictures that I see are boring” and Tony stated that, “There are some advertisements and the blog awards he has won and he does have some graphs . . . but none of them are really that interesting.” Jake said, “It’s sometimes hard to see the visuals because they are too small . . . you have to click on them if you want to see them larger.” Adam commented that there are not a lot of visuals in Scott’s blog and that Scott seems to like to express himself in words. So overall these individuals felt that Scott could do more with his blog visually, but that perhaps he chooses to use text more than visual design to get his message across.

*Dancing With Cancer*

The research participants all agreed that the purpose of Jill’s blog was quite different from Scott’s blog. For example, Mary suggested, “It’s not so much venting, but sharing, not complaining as much . . . she’s not mad at her doctor or having highs and lows.” Similarly, Jake said, “Like the other one, this is personal, maybe even more personal because the other one seems to be immersed in a culture so there is a certain social atmosphere . . . it seems to
be more focused on herself rather than other people.” Adam commented, “It’s again very personal because the blog talks about her breast cancer and also about her family members.”

So, according to the research participants, Jill’s blog is more personal, but it also does not invite as many responses from its readers since it doesn’t ask a lot of questions.

Overall, these interviewees felt that Jill’s blog used different visual design than Scott’s blog. For example, Mary said, “I like her picture . . . the background is nice and she looks happy . . . overall optimistic and other people with cancer might be uplifted by it.” Tony said, “I think through the use of the warmer color and there are two pictures of her . . . she’s smiling in both and one has a dog with her . . . it seems happier than the last one [Scott’s blog].” He also continued to say, “It’s more inviting unlike the guy [Scott] with the bad attitude.” Adam commented on the minimalist visual design that Jill uses in her blog: “There is wide space on both sides of the blog so it doesn’t look cluttered, its pretty straightforward, it isn’t a blog that catches attention . . . probably only read if someone is interested in cancer . . . she works with the template itself and makes a good use of it because it helps her express her thoughts and not spend too much time with it.” Laura agreed that the visual design was very minimal: “It’s very simple . . . other than the pictures of herself, if a blog is text oriented then hers really is . . . take for instance her header which is all text when compared to the other more stylized headers—so you expect the same throughout her blog.”

Similarly, Laura found that Jill’s blog was more optimistic: “I like that I get to see her smiling . . . especially because of the topic of her blog . . . having cancer twice is not a good thing, but her pictures show that she is living with it and living well . . . she seems happy . . . you could chat with her which is what she’s doing when you read her blog.”
Overall, these interviewees felt that the identity Jill created was happier and more optimistic than the previous blog, based on the use of warmer colors and her inviting pictures. As Mary stated, “I like it because it’s sharing with others about breast cancer . . . she doesn’t give any information you would need to deal with breast cancer, instead [her blog] deals with sharing the experience.” Similarly, Jake commented, “It’s personal, not particularly communicative, as much as I appreciate the personal narrative . . . it’s a valuable point of departure.” Adam said, “She is careful not to ramble on too much because she probably knows she doesn’t have much of a visual design and if she went on and on it would bore readers . . . also her design is very linear and chronological . . . she’s not very conscious of the visual design . . . she is more concerned with getting her message out and providing a good outlet for that.” Adam also remarked, “I like that despite adverse conditions she is not becoming a fatalist and that type of person appeals to me . . . her use of irony [“Dancing With Cancer”] shows how she has chosen to view her fight with cancer.” According to the interviewees’ responses, Jill’s blog seems to use pictures to convey a happy identity while dealing with a very difficult disease.

**Bipolar Wellness Writer**

Overall, all of the interviewees agreed that Susan’s blog was more professional looking than the previous two blogs. Tony commented that, “My first impression was that it looked really good—more professional—I don’t know why . . . it just did to me. Similarly, Jake said, “She [seems to be] more focused because everything is through the lens of the disease when compared, for example, to Jill’s blog.” Adam felt that while Susan is very logical in the way she describes things, she is also very expressive. He said, “She seems to be using both sides of her brain.” Laura’s comments were very similar to Tony’s: “It seems
more professional . . . I guess the first thing I looked at was her picture and underneath it says that she’s a writer, she has a link to her books, links to other professionals, so all these things combined to make it seem more professional . . . and she has a posting schedule—very regimented.” So, my participants felt that Susan’s blog was more professional and had a clear focus of discussing her mental illness through her use of design and her context.

The visual design that Susan creates is different from that of the two previous blogs, according to the interviewees. All of the interviewees noticed the links to the books Susan has written and all of them wondered if advertising these books was a part of Susan’s purpose in maintaining the blog. Mary commented that while Susan says she is bipolar, she uses a greenish-bluish color in her header, which represents growth, and this use of color is optimistic. However, Mary also said that the fact that there are three columns on this site seems more commercial and that “She’s trying to sell a book, a site not to share health information, but to make money [selling books] . . . you have to look for the motivation to the site . . . her blog seems to be a foot in the door selling technique . . . she becomes a ‘friend’ through her entries and her pleasant picture.” Jake said, “It seems to me more refined . . . when compared to the others . . . you can tell she’s a writer and takes these things into consideration . . . posting schedule reflects a commitment to something . . . links to doctors . . . puts an emphasis on illness . . . her picture is just a face to go with the text . . . it looks like a picture at the end of a book—neutral interpretation.” However, in comparison, Adam commented on how Susan wants her readers to read her entries and that she “tries to keep the blog as pleasing to the eye and simple as possible . . . she wants us to read what she has written since this is written on the Internet and text seems to overtake . . . she writes ‘I write from the heart.’” While Adam felt that Susan’s blog focused on her entries, Laura, like
Mary, commented on how the visual design seems commercial: “I think the fact that hers [Susan’s blog] has the three column blog—text, surrounded by ads and other websites—which is commercial and the text is overwhelmed by it—I think it communicates that she has different purposes. First, to share info . . . but second she’s a writer and is trying to sell herself professionally . . . so she’s trying to balance both purposes.”

According to these interviewees, Susan’s blog seems “commercial” based on its visual design. As Mary said, “Its [the blog] is very nice . . . but selling the books bothers me—is this a health blog or a commercial site? If the books were written by a physician and she didn’t receive any royalties and she found them helpful then it wouldn’t bother me as much.” Tony commented, “I’m turned off to it because, like the first one [Scott’s blog] it is more opinionated, plus its about bipolar disorder so its more abstract, I don’t know if I’d get anything out of this blog.” Similarly, Jake said, “I’m not in favor it [Susan’s blog] . . . its personal and as much as I value the personal, its not research.” Additionally, Adam stated that her blog seems very controlled and logical: “Even the fonts that she uses (seem sober) and more attuned to written expression and so you get a sense of her book.” Laura agreed that Susan’s blog seemed more purposefully designed than the previous two blogs and much more consciously developed. She said, “Well, I was thinking about my first impression . . . that mental illness is really thought of differently and her first entry describes the lack of knowledge about it and the books about mother status [are interesting] because we don’t hear a lot about mothers with mental illness in US culture.” So, throughout these responses, Susan’s books are a prominent issue and whether the individuals find it commercial or potentially interesting, it still raises an important question as to Susan’s identity.
Comparative Analysis

While all of these interviewees had differing backgrounds in visual and textual design, many of their answers were unanimous. For example, Scott’s blog seemed to present, to my study’s participants, a minimalist design that complemented his “venting” while Jill’s blog used warmer colors and seemed more optimistic. Lastly, Susan’s blog, according to the interviewees, gave a professional first impression based on her clean design and regular posts.

Visiting Health Blogs and Using the Information

Once I finished asking my study’s participants about the visual and textual features of health blogs, I asked them the remaining four questions of the ten questions I had set up for my study. These questions set out to investigate the purpose of health blogs and to determine if the interviewees would visit and use the information from them. By asking these questions, I was trying to find out if they understood health blogs as representing specific individuals with illness as they try to continue their everyday lives. Additionally, I wanted to know if they saw the potential use—or misuse—of health blogs for health information. My interviewees’ answers to these questions are discussed in the following paragraphs.

Scott’s Diabetes Journal

All of the interviewees felt that Scott’s blog was (to some extent) helpful. For example, Mary commented that, “I think its good information and he wants to help others . . . he has the disease so he is credible and he has a right to discuss his disease.” Tony said, “I’m sure its credible, its got a few awards . . . unless he just put those up there.” He continued, “It [the blog] might be helpful to some people, maybe not to me [without diabetes] . . . helpful to someone who was just diagnosed with diabetes and they want to know what they’re gonna
feel like.” Jake remarked, “I find it credible in so far that I believe he is passionate and informed, but I wouldn’t take his advice over a licensed medical professional . . . more than anything this blog seems to provide a diabetes culture to make people feel connected.”

Additionally, Adam said, “I would believe this guy because he has the condition and he has a disclaimer to refer to a medical professional and he doesn’t make any claim to offer information so I don’t see any reason to be suspicious of what he says.” Laura commented that she liked the feel of community that surrounds the blog with the commentary his readers leave in follow-up posts. She said that she found the blog helpful because it is “creating knowledge.”

While these interviewees felt that the blog was helpful to an extent, Mary, Jake, Adam, and Laura agreed about sharing the blog with a family member or friend if they had diabetes. As Jake said, “It depends on what I think they [the loved one] would need . . . some people like to be left alone and take their health issues personally, but if someone would want to know more then maybe.” But Tony said that he would not share the blog because “I just don’t think its something you need to read everyday . . . refer them to a professional and not just some guy with diabetes.” So overall the interviewees felt that defaulting to a medical professional was the wisest choice, but that reading the blog might help someone with diabetes to feel like they are in a community. As Adam said, “I would certainly think that someone with diabetes would learn something from this.”

_Dancing With Cancer_

The interviewees had different reactions as to whether or not Jill’s blog was helpful and credible. Tony was a little pessimistic in his approval of it since he said, “It looks fairly
credible, there’s no certificate of approval that this person has breast cancer . . . some people say they have something to get attention . . . but there aren’t any advertisements.” However, the other interviewees were a little more positive in their interpretation of Jill. Jake commented, “I think the benefit she offers is that, like Scott, she isn’t recognizing herself as a medical professional . . . I wouldn’t base any decisions off of her blog, but it’s interesting.” Adam said, “She is trying to be honest, she is reporting what she hears from experts, she is selective about what she reports so, yeah, I would believe it.” Laura responded, “If I was looking for medical information for treatment options, then I wouldn’t really find the blog helpful. But, if I needed moral support, emotional support I would and it would be really positive, spiritually uplifting versus medical information.” Overall, the judgments of Jill’s credibility are based on what information she writes about. Jill chooses to share her own experiences, and not to write about technical medical information.

Not all of the interviewees agreed on whether they would refer a friend or family member to Jill’s blog. For example, Mary and Laura both said that they would not refer a loved one to her blog because they would rather refer them to a site with meaningful information. Also, Laura commented that, “What they could get out of this [the blog] they could get in an interpersonal support group.” However, Tony and Adam agreed that they would refer a loved one to the blog. As Adam said, “I see it [the blog] as inspiration and that she clearly shows in her blog . . . she is very regular in her postings and there are quite a few good entries.” Jake answered that it would depend on the person and how he or she deals with their disease. So, while all the interviewees felt that Jill’s blog was positive, not all of them would refer a loved one to her blog.
My interviewees had mixed responses regarding the helpfulness or credibility of Susan’s Bipolar Wellness blog. Mary said, “I find what she says possibly credible and it could be helpful for others, but again she has the foot in the door technique selling books to people with problems.” Tony commented that, “I find it [Susan’s blog] credible, but helpful no . . . I guess if other people were bipolar . . . I’ve seen a lot of people write a large book on nonsense so it doesn’t necessarily mean anything.” However, Jake said, “It [Susan’s blog] is credible because of her experiences.” But Adam agreed with Tony by saying, “I find it interesting, but credible I’m not sure . . . I don’t have bipolar to tell . . . I would say this information is more difficult to accept when compared to the two others because this condition isn’t well known and I don’t know if I would be interested in it.” Similarly, Laura said, “I think it would be helpful . . . it seems to serve other people with this particular mental illness and that’s good . . . it’s not a primary source for medical information, but it would help you to do some critical thinking about it.” Therefore, while many of the interviewees found Susan’s blog helpful and interesting, they didn’t necessarily find it credible because of her illness and the links to her books.

All five interviewees had different answers as to whether or not they would refer a friend or family member to Susan’s blog. Both Mary and Tony would not refer a loved one to the site because they would rather refer them to a doctor instead. However, Jake, Adam, and Laura all stated that they would refer the blog to a loved one. As Jake said, “With bipolar I might be more inclined to it [referring] . . . but in its own right it seems to be more taboo [than the other two diseases of diabetes and cancer] . . . someone might be more alienated with this disease.” Similarly, Adam commented that, “Its [Susan’s blog] is
interesting . . . if it can interest me [someone without the disease] then it can interest them.”

So, while all the individuals felt Susan’s blog was commercial, three of them would still refer the site to a friend or family member with bipolar disorder.

**Summary**

The answer to my first research question was that health bloggers create a visual identity by making a strong first impression, achieving visual consistency, making a strong attraction, using visuals, and incorporating a unique style. With respect to the textual elements, the three health bloggers I studied all try to persuade themselves and others that they are “Masters of their Fate” by showing passion, reason, and will. When the visual and textual features are combined, each health blog presents a unique identity based on the blogger’s experiences with a particular illness (such as diabetes, cancer, or bipolar disorder).

As to the purpose that health blogs attempt to serve (my second research question), interviews of five sample users concluded that the bloggers are not designers, but are instead individuals who want to get their message across. These health bloggers’ messages consistently echo the “Master of Fate” theme where everyday experiences can serve as a way to illustrate that “life goes on.” My study’s interviewees agreed that the purpose of health blogs is not for medical information, but rather for support.

In response to the question of why people visit health blogs, the results of my interviews indicated that the answer was closely related to the purpose. For example, each interviewee felt that the health blogs were meant to play a supportive role. Therefore, my participants agreed that people would visit health blogs in order to connect with other individuals who are experiencing the same illness.
My final research question of how people might use—or misuse—information from these health blogs yielded some interesting results. When I asked my five interviewees about credibility, helpfulness, and whether or not they would refer a friend or family member to the blog, the answers varied. But the consensus seemed to be that one should always default to a licensed medical professional.
Chapter 5: Implications/Conclusions

Implications of My Study on Health Blogs

In Chapter 4 I analyzed a purposeful sample of health blogs, both visually and textually. These visual and textual elements create an identity that is unique to each blogger and through these elements a narrative emerges. In these narratives, the bloggers persuade both themselves and others that they can (to some extent) control what is happening to them and maintain their identity despite having a serious illness. The following sections will address some implications of the answers to my four research questions:

• How do health bloggers create an identity through the use of visual and textual elements?
• What purpose do health blogs attempt to serve?
• Why do people visit health blogs?
• How might people use—or misuse—information from health blogs?

Visual and Textual Elements

The answer to my first research question is that health bloggers create a visual identity by making a strong first impression, achieving visual consistency, making a strong attraction, using visuals, and incorporating a unique style. When the textual features of passion, reason, and will are combined with the visual elements, the three health bloggers I studied all try to persuade themselves and others that they are “Masters of their Fate.” Thus the identities they create, while uniquely based on the bloggers’ experiences with a particular illness, feature both visual and textual elements to express a sense of control.

An implication of using visual and textual elements to create an online identity is that often the visual design is taken for granted. For example, in my study, the participants didn’t react much to the visual design of the health blogs. In particular, one participant mentioned
that she hardly noticed the visual elements in the health blogs because she didn’t “see” them. In other words, she was so used to what a blog “looked” like that she went straight to the text itself to form an opinion about it. But, as my study demonstrated, the visual design still plays a major role in creating the online identity of the health blogger. So, if the visual design of health blogs is not acknowledged, then a member of the audience might not notice an important aspect and could potentially misread the health blog. Rudolph Arnheim, in *Visual Thinking*, explains that this discrimination of visual over textual has always existed: “The business of creating concepts, accumulating knowledge, connecting, separating, and inferring was reserved to the ‘higher’ cognitive functions of the mind, which could do their work only by withdrawing from all perceivable particulars” (2).

**Purpose of Health Blogs**

When I first started my research, I originally thought the purpose of health blogs was to let individuals experiencing an illness create knowledge. However, my study’s participants helped verify that the answer to my second research question was that health bloggers are basically individuals who want to get their message across, and that this message consistently echoes the “Master of Fate” theme. In other words, a major purpose of health blogs is to prove “life goes on” despite a serious illness and not to create new knowledge.

The implication of the purpose of health blogs centers on the reactions that my study’s participants had in determining if health blogs were helpful. In the end, all of my study’s participants had mixed reactions to this question. Most of my interviewees thought that the purpose of these health blogs was indeed for support within an online community. Mitchell Cohen in *Family Medicine Meets the Blogosphere* writes, “For those dealing with
chronic or serious illnesses, blogging can be a therapeutic experience. They can blog their thoughts and experiences and in the process share their knowledge with others who may be going through a similar situation” (38). However, some of my study’s participants felt like the purpose was to swap information between the blogger and members of the audience as well. Therefore, the differing opinions as to what purpose health blogs seem to serve is complicated.

*Why People Visit Health Blogs*

In response to my third research question of why people visit health blogs, my study indicated that the answer was closely related to the purpose. For example, each interviewee felt that the health blogs were meant to play a supportive role. Since having an illness can be isolating, connecting with others experiencing the same situation can be quite supportive. Therefore, one reason why people visit health blogs is to seek support for their own situation.

One implication of visiting health blogs for support is that this could lead to a false sense of community. For example, if a member from a health blog audience needed support “offline” then he or she would be at a loss (if they had no other form of support). As one of my participants noted, “What they could get out of this [the blog] they could get in an interpersonal support group.” Perhaps with lesser known illnesses, such as bipolar disorder, a local group would not exist and so health blogs would seem like an adequate resource. But, with other illnesses, such as diabetes and cancer, one would assume that in most communities a local support group would exist and that health blogs could be used in conjunction with them.
Use—or Misuse—of Health Blog Information

My final research question, how people might use—or misuse—information from these health blogs, yielded some interesting results. When I asked my five interviewees about credibility, helpfulness, and whether or not they would refer a friend or family member to the blog, the answers varied. While the consensus seemed to be that one should always default to a licensed medical professional, there was an implication that did arise from this statement.

My study concludes that using health blog information in lieu of a doctor visit is not the intended use of it and leads to the implication of the potential for a member of the health blog audience to use it in order to help understand and potentially treat his or her illness. The use of health blogs is expected to become even more prominent in the future with physicians entering the fray, which has the potential to complicate the matter further. “Blogs have the capability to revolutionize group visits. A physician can give patients with diabetes an Internet address for a blog site that the physician has created. The physician can post his or her thoughts about lifestyle modifications or other relevant topics. Patients can then comment . . . and offer support to one another” (Cohen 38). Additionally, Judy Segal writes in *Health and the Rhetoric of Medicine*, “Patients are often well informed about medical matters in general and knowledgeable about their own health in particular. They have access, not least through the Internet, to a great deal of information about health and health care and about pharmaceutical and other treatments. They, therefore, may be well-qualified partners in decision making” (141).
Conclusions

As shown through my study, health blogs are a growing phenomenon that provides many individuals with an emotional outlet. As these individuals form an identity through visual and textual elements, a narrative emerges. From this narrative, the bloggers persuade themselves and others that they can (to some extent) control their illness. However, as this chapter has pointed out, there are a few implications that surface from this research: visual design is taken for granted, opinions on the purpose of health blogs differ, a false sense of community could be experienced, and the potential for misusing health blog information exists. This type of research is important since blogging is so profuse and further research could be done in order to investigate how other types of blogs function as well.
Works Cited


<http://blog.lib.umn.edu/blogosphere>.


