A Semiotic Inquiry Into the Existential Effects of Chronic Pain on Consumer Behavior
Laura Oswald, Marketing Semiotics, Inc., USA

Chronic pain poses unique challenges for consumer research because it is so subjective as to elude verbalization. Through theory development and case analysis, I illustrate how semiotic ethnography shed new light on chronic pain by decoding the non-verbal discourses consumers project into images, rituals, and the organization of domestic space.

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/1022600/volumes/v44/NA-44

[copyright notice]:
This work is copyrighted by The Association for Consumer Research. For permission to copy or use this work in whole or in part, please contact the Copyright Clearance Center at http://www.copyright.com/.
A Semiotic Ethnographic Inquiry into the Existential Effects of Chronic Pain on Consumer Behavior
Laura Oswald, Marketing Semiotics, Inc., USA

ABSTRACT
Chronic pain poses unique challenges for consumer research. Methods such as direct questioning and phenomenology fall short because, in the first instance, pain is subjective as to elude verbalization. In the second instance, the individual encounter of researcher and subject does not provide enough context to produce generalizable conclusions about the population or the condition as a whole. By means of theory development and case analysis, the present paper illustrates how semiotic ethnography led to deep insights about the existential effects of chronic pain on consumers by decoding the non-verbal discourses consumers project into images, rituals, and the organization of domestic space. By comparing and contrasting consumers at various stages of their pain journey, the study also led to generalizable insights about the chronology of pain’s effects on consumer experiences over time. The study contributes new methods to the research paradigm and also suggests direction for further research into the nature and treatment of chronic pain.

SEMIOTIC ETHNOGRAPHY
Semiotics-based ethnography draws from the dual legacies of Saussure’s structural linguistics and the structural tradition in French sociology leading from Durkheim (1997 [1893]), and Mauss (2000 [1925]) to Lévi-Strauss (1974 [1963]) and Bourdieu (1998 [1994]). By drawing attention to the role of social codes in the production of meaning, Saussure (2000 [1916]) found that meaning is a social construction, “produced by someone for someone,” not a product of nature. Emphasizing parallels between structural linguistics and culture, Lévi-Strauss eschewed the idea of culture as a transcendent, natural order. He interpreted the field site as a text structured by a paradigmatic system of interconnected binary codes. Binary codes structure the shared, normative, and iterable aspects of culture and account for the dialectical nature of cultural categories such as gender (male/female), power (dominant/dominated), or morality (good/evil). Although Bourdieu criticized structuralism for its overemphasis on universal laws, he nonetheless acknowledged the influence of Lévi-Strauss when he compared the cultural system or habitus to a kind of “language” (op. cit. p. 8).

Semiotic ethnography grew out of the debates of American anthropologists such as Sahlins (2004 [1965]), Geertz (1973), and Herzfeld (1983a, b) with structural anthropology in the 1970s and 80s. Though they agreed that, “at least certain aspects of behavior are coded (Joseph 1983, 211),” they underscored the contingent nature of cultural codes in relation to the messy vicissitudes of daily life. It is the semiotic ethnographer’s task to reflect upon the emergence and decline of cultural codes over time and expose tensions and contradictions between multiple code systems at play in the site, as between consumers’ statements and their ritual behaviors, social interactions, and possessions. Thus the ethnographic disposition is not simply a text, but a kind of performance that stages the intersection of codes, context, and inter-subjectivity in the active production of cultural meaning (Winner 1983). It also puts into play a dialectical relationship between theory and practice, leading Herzfeld (1983a, p. 100) to define semiotic ethnography as the “the pragmatic embodiment of theory.” Theory links observable events to their implications for culture as a whole, while the field practice itself exposes ambiguous and even contradictory aspects of the field site which challenge theory. For example, though code theory provides the basis for analyzing culture, humans rarely conform rigidly to these codes in day to day performance. In this sense, semiotic ethnography describes a practice and an epistemological terrain that grounds the Consumer Culture Theory paradigm in consumer research (Arnould and Thompson 2005).

RESEARCH DESIGN
Twenty-four two-hour ethnographic interviews and observations were conducted across three U.S. markets in the homes of men and women ranging in age from 25 to 65. Respondents were recruited randomly from local telephone directories. The screener specified respondents that had lived with chronic pain for one to ten years and were seeking alternative treatments to the over-the-counter products and prescription drugs they were currently using.

We employed a mixed methodology to account for the effects of chronic pain on the semiotic, psychological, and existential dimensions of consumer behavior. The protocol was laddered to move from demographic and lifestyle factors to personality and emotion. It included a projective task designed to elicit symbolic associations between respondents’ pain experiences and the symbolism depicted in set of abstract paintings. Research included a semiotic analysis of the layout, traffic flow, and the disposition of goods and pharmaceuticals in the home.

CONSUMER LIFESTYLES AND VALUES
Historical advertising for pain relief meds, including pharmaceuticals and OTC drugs, reflect the general emphasis of the medical profession on the physical side of chronic pain. Pain is a radiating red spot on the back or joints, causing patients to grimace and limit their movements. In contrast, findings from the current ethnography shed light on the effects of chronic pain on consumers’ spiritual lives, what Jung (1960 [1916]) defines as the ability to transcend the moods and minutiae of everyday life and expand their existential connection to the wider world. Regardless of the length of time that they had lived with chronic pain, all respondents had sought purpose and meaning in their lives through volunteering, expressing themselves through arts and crafts, building additions to their homes, and generally making big plans for the future. The onset of chronic pain disrupted their plans. Their unfinished projects were often visible in the home or yard, sad reminders of the havoc that pain had wreaked on their plans.

Furthermore, respondents seemed more concerned about the effects of prescription pain medication on their cognition and sense of self than about the physical limitations that pain imposed on their lifestyles. Many of them feared becoming addicted if they took prescription drugs because alcoholism either “ran in their families” or they were recovering from addictions themselves. They typically took excessive dosages of over-the-counter medications such as Ibuprofen instead, and were surprised to learn that exceeding the normal dosage of Ibuprofen had potentially lethal effects on their kidneys.

Respondents were very resourceful, developing stratagems to perform daily tasks in spite of their disability. They scooted about the house on stools installed with wheels, they kept two sets of cleaning products, one upstairs and one downstairs, they used “grabber” tools for fetching objects from high shelves, or moved personal items, from medications to foods, to a central location in the family room to avoid walking. They dreaded depending upon family and friends. As
respondents lived with pain over longer periods of time, many still held out hope that they would overcome the pain over time. Still others succumbed to depression and listlessness and centered their days on the next dosage of medication.

THE SEMIOTICS OF PAIN

The image sort exercise prompted respondents to associate pain with the visual elements in a set of Abstract Expressionist paintings, including works by Appel, O’Keefe, Picasso, Mondrian, Kandinsky, Pollock, and Delaney, which focus on the emotional dimensions of visual form rather than specific characters and stories. Respondents picked the top five of the images that best represented pain, on the one hand, and pain relief on the other. Among the five, they consistently ranked at the top two images for pain, including Appel’s Angry Landscape (1967) and Delaney’s Untitled (1954) and two images for pain relief - Georgia O’Keefe’s Music Pink and Blue, II, (1918) and Mark Rothko’s White Center (Yellow, Pink and Lavender on Rose) (1950) [Figure 1]. Results from the picture sort exercise suggest that the existential effects of pain on consumers far outweigh its physical effects.

![Picture of pain and pain relief]

**Figure 1: The Semiotics of Pain**

Respondents associated the disorderly, rough forms in Angry Landscape with the chaotic, unpredictable, moving, and capricious nature of pain. Only secondarily did they speak of the physical sensation of heat communicated by the color red and the sharp, jabbing experience of pain on the body, as represented by the color yellow and the jagged lines. Respondents compared the black in the background to the effects of pain on the mind as deadening, depressing, and dark. They also identified the menacing, face-like forms top left and right of the image with inner demons that hound them day and night. Black outlines set the faces apart from the surrounding swirl of colors and outline eyes and teeth that threaten the viewer. Respondents identified the color blue with the self, which is being reduced and overrun by the colors they associate with negative experiences. As one respondent put it, “Blue is me being blocked by pain.”

Respondents also most frequently associated pain with Untitled (1954) by the American artist Beaufort Delaney. Though splashes of red, yellow, and green are toned down by touches of blue and the white background, the overall design is dominated by the chaotic, swirling movement of brush strokes on the canvas. In reaction to this picture, respondents again emphasized the effects of pain on the self rather than the body. Pain causes mental confusion, loss of control, and disorder. It covers up the “blue,” i.e. the self, as the lines in this picture cover up the blue color, rendering it a shadow of its former being.

From one interview to the next, most respondents associated the same symbols with their various sensory and emotional experiences of pain. Over the course of 24 interviews, the repetition of these kinds of associations gave rise to a kind of “pain lexicon” that consumers used to verbalize their experiences of pain [Table 1]. They gradually replaced vague dictionary terms for pain, such as heat and intensity, with symbols from the pain lexicon, such as colors and forms. They would say, for example, that pain relief expands the color blue (the self) and lightens the color red (intensity).

<table>
<thead>
<tr>
<th>Signifier</th>
<th>Experience</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Intensity</td>
<td>Senses</td>
</tr>
<tr>
<td>Yellow</td>
<td>Heat</td>
<td>Senses</td>
</tr>
<tr>
<td>Black</td>
<td>Brain-numbing</td>
<td>Mental outlook</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Emotion, Mood state</td>
</tr>
<tr>
<td></td>
<td>Stasis</td>
<td>Life projects</td>
</tr>
<tr>
<td>Blue</td>
<td>The Self</td>
<td>Identity</td>
</tr>
<tr>
<td>Jagged lines</td>
<td>Stabbing Threat</td>
<td>Senses</td>
</tr>
<tr>
<td></td>
<td>Mess</td>
<td>Emotion, Mood state</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consumer behavior</td>
</tr>
<tr>
<td>Squiggly lines</td>
<td>Chaos Disorder</td>
<td>Mental outlook</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifestyle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Life projects</td>
</tr>
</tbody>
</table>

**Table 1: The Pain Lexicon**

THE SEMIOTICS OF PAIN RELIEF

Respondents reported that pain treatments mitigate but do not eliminate pain. In O’Keefe’s Music Pink and Blue, II, (1918) and Mark Rothko’s White Center (Yellow, Pink and Lavender on Rose) (1950) [Figure 2], pastel colors represent the cooling and softening effects of pain relief. In the O’Keefe, “The blue gets bigger,” suggesting that pain relief improves personal integrity and control. The mind-numbing effects of black and the warming effects of yellow are either absent or under control. The smooth, curvy lines soften pain’s intensity. The pastels in the Rothko painting cool the heat and intensity of the pain. The division of the canvas into two symmetrical halves communicates the sense of order, control, and purpose respondents associate with pain relief. The black line dividing the canvas across the middle reminded respondents that the effects of chronic pain were ever present even though medication may provide relief. By the end of each interview, respondents stopped using words like “relief” or “self” and used symbols from the pain lexicon instead. “The red softens to pink,” “The black goes away,” “The lines smooth out.”

The picture sort exercise gave rise to a shared consumer discourse about the effects of chronic pain on the body, mind, and lifestyles of consumers. Though none of the respondents ever met each other, and though they were recruited randomly from the phone book, there was a high degree of consensus about the meanings they associated with formal aspects of the images such as colors, lines, and shapes. These findings confirm that art is a useful tool for probing the emotional recesses of consumer experience, because a culture’s art forms a kind of universal language of the heart for
the social body. The artwork gave rise to a shared lexicon for both verbalizing ephemeral consumer experiences and finding common ground among a disparate group of patients suffering from the same condition.

Consumers’ responses to the artwork also provided a key to understanding the semiotics of their lived environments, reflected in the effects of chronic pain on their ability to clean house, manage their possessions, and keep track of their medications.

THE DYSFUNCTIONAL SIGNSCAPE

The lived environment provides a rich signscape for decoding consumers’ values, lives, and lifestyles. It serves as a counterpoint to consumer speech and provides access to consumer experiences that transcend language. It is organized to some extent by cultural codes related to the organization of goods, furnishings and people in domestic space. Social norms such as “cleanliness is next to godliness” define cultural expectations about keeping house and organizing possessions in drawers, cabinets and closets. They structure domestic space along the lines of binaries such as |sacred/profane| and |public/private| domains. Though individuals deploy these codes according to their personal tastes and lifestyles, cultural norms account for the fairly consistent organization of space, possessions, and traffic flow within the home in a given market.

The homes of chronic pain sufferers reflect the gradual breakdown of these cultural norms as the pain persists, creating chaos in their inner and outer lives. The most obvious sign of this decline is hoarding. In the early stages of their disability, pain patients manage the chaos by hiding the mess, beginning with a single closet and expanding into a spare bedroom. Over time, discarded clothing, furnishings, newspapers, dirty dishes, and refuse gradually extend from these enclosures into every area of the home, interfering with basic household functions such as eating and sleeping. They clutter hallways and bedrooms and crowd the living room, leaving very little room to sit down or get into bed. Even the kitchen is piled high with dirty dishes, pans, and garbage. [Figure 2]

Figure 2: The Semiotics of Pain in the Lived Environment

In the homes of long-term pain sufferers, hoarded goods seemed to possess consumers rather than the other way around. They blocked entry to the front door and disrupted consumers’ movements within the home. The research team had to remove the mess from chairs and sofas to clear space to sit down. Even bedrooms and beds were piled high with discarded clothing and papers, leaving a narrow space for sleeping. Furthermore, as their homes submitted to the chaos, respondents increasingly dissociated themselves from their surroundings. Respondents dodged piles of hoarded goods as they went about their affairs, as if numbed into a state of denial about the severity of their dysfunction.

Chronic pain sufferers also collapse the boundaries that traditionally set off the sacred space of the medicine cabinet from profane, public areas of the home. The medicine cabinet represents a personal space for sleeping. Furthermore, as their homes submitted to the chaos, respondents increasingly dissociated themselves from their surroundings. Respondents dodged piles of hoarded goods as they went about their affairs, as if numbed into a state of denial about the severity of their dysfunction.

Chronic pain sufferers also collapse the boundaries that traditionally set off the sacred space of the medicine cabinet from profane, public areas of the home. The medicine cabinet represents a social and psychological boundary between the use and abuse of pain medications. As chronic pain encroaches on consumers’ lives, they gradually move their medications to the profane, public spaces of the home. They may begin by storing drugs behind kitchen cabinets, but eventually move them to kitchen counters and coffee tables, or hang them in special bags from family room chairs, embedding their medications in daily life. The spatial trajectory from medicine cabinet to public space symbolizes the consumers’ growing dependency on pain medications. They double and triple the recommended dosage for over-the-counter pain remedies and become addicted to pharmaceutical drugs.

In other words, chronic pain permeates every area of consumers’ lives and transforms conventional spaces of consumption into places of dysfunction. As the chaos increasingly overcomes their homes, the whole family works around the mess by means of dissociation. At one such home, we were interviewing a high school teacher, surrounded by heaps of old junk in the family room, when her teenage son returned home from school. He walked through the mess and clutter up to the equally messy upstairs area, apparently screening out the disaster of his home life. Thus the effects of chronic pain on the domestic environment affect the whole family and are symptomatic of the individual’s gradual alienation from their surroundings and a breakdown of their social and psychological integrity.

CONCLUSION

The semiotic ethnography exposed a shared consumer discourse across the data set that led to generalizable hypotheses about the existential effects of pain on consumers’ lives. By means of a mixed methodology, the semiotic ethnography exposed parallels between the physical, psychic, and cultural implications of chronic pain for consumers. The picture sort paired colors and forms with pain sensations and highlighted the psychic and emotional dimensions of chronic pain. These insights were reiterated in the semiotic analysis of the social and cultural codes that organize goods in consumers’ lived environments.

By highlighting the iterability of this theme across multiple levels of the data, the semiotic ethnography exposed a paradigmatic system in which themes and experiences were reiterated at the levels of sensation, psyche, and lifestyle. The approach triangulates findings across various levels of the data, which lends a certain reliability and objectivity to the semiotic ethnography that eludes interpretive research generally. Rather than rely upon the researcher’s ability to interpret the field setting, semiotics draws inferences from the data itself by decoding the consistent association of signs and meanings in the data and identifying paradigmatic relationships between multiple cultural categories, from emotion to spatial semiotics.

The semiotic focus of the research also bridged the gap between consumer insights, marketing strategy and advertising. Findings provided a platform for new product development and marketing for a new form of pain management by discovering an unmet need of chronic pain patients for order and control. Furthermore, by generating associations between consumer experiences and specific signs and symbols, the semiotic perspective produced a set of signs and symbols for potential use in marketing communications.

FUTURE RESEARCH

The current thinking on chronic pain treatment emphasizes the efficacy of various medications on pain’s physical effects on consumers (American Chronic Pain Association 2015). However, findings from the current study suggest that the existential effects of pain on consumers’ lives – their sense of purpose, order, and control - may actually outweigh its physical effects. If true, the findings suggest that a more efficacious treatment protocol would integrate
pharmaceutical remedies into a holistic process that also treats the psychological and lifestyle dimensions of the disease.

Furthermore, the study prompts further investigation into the cultural factors that allowed consumers to develop a shared lexicon for chronic pain in the colors, shapes, and lines of some abstract paintings. On the one hand, the emergence of the pain lexicon illustrates in microcosm the role of psychic displacement in the theory of symbol formation (Freud, 1955 [1909]), as consumers project their emotional experiences into concrete symbols. However, the present study illustrated how one's personal projections may indeed be informed by shared cultural codes, contributing to the high degree of consensus we observed in the responses from one interview to the next. Future research might compare and contrast responses in this study, which included long-standing American residents, with those of recent immigrants from non-western countries.

REFERENCES