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Media Health: An Introduction to the Collection

BIRGITTE KJOS FONN, HARALD HORNMOEN, NATHALIE HYDE-CLARKE
AND YNGVE BENESTAD HÅGVAR

Media Health: The Personal in Public Stories focuses on how journalists and other media actors apply personalized frames and narratives, both visual and verbal, in representing and conveying health issues. As the media will accompany individuals throughout their lives (Levin-Zamir & Bertschi, 2018), attention should be paid to how stories and experiences are shared with the public, especially when related to health and well-being.

In this volume, we take our point of departure from the World Health Organization (WHO), which defines health as “complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO Constitution 1946). We also take a holistic approach in our writing by reflecting on a broad range of issues pertinent to the field, and how these are presented in contemporary media spaces such as news journalism, government communication and social media.

Two media trends have motivated us to write this book. Firstly, health issues are increasingly being covered by contemporary media (Briggs & Hallin, 2016; De Dobbelear, Van Leuven & Raeymaeckers, 2018). By critically reflecting on diverse health discourses articulated by different actors and sources, such as patient narratives, as well as discourses of identities and risk, we expand on the findings of earlier media health meta-narrative research (see Seale, 2003).

Secondly, the media are increasingly raising issues traditionally connected to the private sphere in public spaces (see Fairclough, 1992, 1995; Bird, 2000; Coward, 2013). A study of the Danish media around the turn of the century states that there has been a blurring of the boundaries between lifestyle, cultural and consumer journalism in an increasingly competitive media landscape (Kristensen & From, 2012, pp. 38–39). They cite the influence from magazines and TV, which has certainly led to more focus on persons, the personal and the private sphere.

As early as the 1980s, Kress (1986), Fowler (1988) and Fairclough (e.g. 1992, 1995) identified and critically analyzed what they described as being an informal mode of addressing the public that had emerged in the media. This form was characterized by “synthetic personalization” (Fairclough, 2001, p. 52), a conversational style that employs the frequent use of ‘you’ and ‘we’ in order to create a discourse that is inclusive when addressing a diverse mass audience. In her book, *Speaking Personally*, Rosalind Coward (2013) argues that personal voices are becoming more and more prominent in the media. This applies also on the part of journalists. Analyzing the British context, she shows how a more emotional and subjective form has emerged across several genres in today’s journalism, not only in the commentary, but also in personal columns, confessional journalism and blogs.

We observe similar tendencies in the Nordic media (Fonn, Hornmoen, Hyde-Clarke & Hågvar, 2017; Hornmoen, Roksvold & Alnæs, 2015). Former studies have found both increased subjectivity among journalists and personalization in the Norwegian media at least since the early 1970s (Fonn, 2011; Lindholm, 2015). Today’s feature journalism in weekend editions of major newspapers frequently communicates highly personal experiences, often visualized through the portrayed individual’s process of growing up, accompanied by images gathered from private photo albums. An expanding TV genre follows the journalist as a protagonist trying to come to terms with e.g. their own body, sexual orientation or experiences of suicide in close relations. In social media, journalists present their news even more subjectively and interpretatively compared to legacy media (Hågvar, 2019; Steensen, 2015). It is therefore natural to delve deeper into how these developments affect health issues in the media.

Scholarly attitudes towards such changes diverge. There is a concern that individualized and emotionalized media narratives about health issues may have adverse effects on media audiences (e.g. Zillmann & Brosius, 2000). According to health communication scholars, journalists have a tendency to pick cases that are not representative in order to enhance the audience’s identification, to attract attention, and/or heighten interest in the consumption of news, something that may distort the transmission of scientific information and evidence (Hinnant, Len-Ríos & Young, 2013; Levi, 2000). As such texts might affect the individual readers’ health behaviour (Schaffer et al., 2017; Zillmann & Brosius, 2000), it is typically recommended that journalists avoid “reporting on anecdotal cases, unusual evidence, individual voices, even if they all have great journalistic value” (Vercellesi et al., 2010). Media scholars have pointed out that personalized news stories tend to downplay structural matters (e.g. Hågvar, 2015). This implies that

health could be interpreted as a personal responsibility, detached from structural and societal conditions.

Other voices are less concerned about the possible negative effects of individualized, anecdotal reporting. Bird (2000, p. 15) views media audiences as active and selective in that they approach all kinds of news with the unstated questions: “How does this story apply to my life, and why should I pay attention?” Presenting a more personal side of public events can be an effective way to build understanding. Personal narratives about health, with a clear structure, a moral point, and vivid use of images, are recalled better than traditional, factual news stories (see Shaffer et al., 2018). Bird (2000) advocates for more journalism that personifies political, social and economic issues so that they become more accessible and interesting to a broader range of people. Rather than viewing personalized media narratives as a threat to the public understanding of science or the foundations of democracy in that they distort scientific facts or steer people’s attention away from political discussion, scholars such as Bird (2000), Coward (2013) and Volkman (2017) see such narratives as inclusive. The use of individual citizens’ narratives may allow people to gain control over their own life situation. It can also challenge the realities and descriptions of the narratives associated with powerful elites, as these narratives are routinely reproduced in news reports in so-called ‘serious’ media.

Regardless of where scholars position themselves in this spectrum of opinions, there is broad consensus that personalization and personal narratives are powerful tools in health journalism. Therefore, actors such as media scholars, media professionals, health professionals and the public all profit from a broader understanding of how media texts create meaning and engage audiences covering health issues.

Instead of either celebrating or deploring the tendency towards more personalized health journalism, we find that a more fruitful approach is to focus on the way that individuals and exemplars are represented in journalistic media and what these representations imply about people’s understanding of – and participation in – important health issues in society. Stories on lifestyle diseases, mental health or infectious diseases are unavoidably connected to broader practices of health policies, workplace strategies and legislation. This book examines how different media actors negotiate this relationship between individual health issues, and health as a sociocultural and political challenge.

The chapters are exclusively based on empirical data from the Nordic countries. We think this is an important contribution to the understanding of media. A dominating part of media research is based on Anglo-American (in particular, American) material and/or journalistic ideals. Yet, while there may be many similarities at a

normative level, journalism and media come in so many different forms all over the world. Nordic media have a history that differs from the Anglo-American experience in many respects, e.g. by combining protection of press freedom with a significant level of regulation – reflecting the assumption that “media are a social institution and not simply a private business” (Hallin & Mancini, 2004, p. 163; see also Syvertsen et al., 2015 and Sjøvaag, 2019). Moreover, the Nordic countries are characterized by a high level of media distribution and consumption both when it comes to legacy and to social media (Enjolras & Segaaars, 2011; Kalsnes, Krumsvik & Storsul, 2014; Newman et al., 2019). In this region, the news media are also known to be innovative and resourceful, paving the way for new genres and formats (Ihlebak & Krumsvik, 2015). Not least, another important factor is the high level of public health systems, digitalization of public services, and social security legislation in the Nordic countries, which also makes the Nordic countries an interesting field of study.

As Briggs and Hallin (2016, p. 14) have pointed out, media scholars often analyze health coverage through statistical quantitative content analysis, demanding “rigorous sampling and coding techniques”. Yet, as a result of many years of experience as leading academics in this field, these two scholars have also come to the conclusion that how people understand and construct meaning in those spaces cannot solely be grasped from quantitative research. This is why, while several of the chapters of this book include quantitative approaches, efforts have intentionally been made to emphasize qualitative, interpretative elements. Most of the contributors include analyses of texts, discourses and narratives that appear in the media. Coupled with social theory, this approach offers a relevant framework with which to obtain a meaningful understanding of the forces at play.

The collection contributes not only to media research, but also to academic disciplines such as health and welfare, psychology, sociology, policy, and culture. It therefore addresses concerns that humanistic approaches are lacking in related studies (Steensen et al., 2019) as anti-hermeneutic approaches again increasingly come to the forefront (Malmberg & Nordenstreng, 2017).

Written in an accessible style, this book is a collection of ten chapters on health and individual focus in the media, divided into four thematic parts. These are described in more detail below.

PART I: PERSONALIZED SERVICE JOURNALISM

Following this introduction, the book opens with a study of two Norwegian tabloid newspapers. In chapter 2, Yngve Benestad Hågvar and Jørgen Alnæs

consider how, through their health coverage, the newspapers individualize the readers' responsibility for their own health in practice. They also find that there is considerable difference between how the same media formulate their cases in print and in social media. While the paper is to be purchased for newsworthiness, the content of social media is designed for shareworthiness. This means that the news discourse on health in social media becomes less concentrated on individual readers, and more focused on politicians' and authorities' responsibilities towards public health.

Taking responsibility for one's own health is not only a question of avoiding illness or staying healthy. It is also about how you can be as slim, fit and happy as possible. How did these topics become newsworthy? Chapter 3, written by Birgitte Kjos Fonn, is a historical overview of the development of personalized traits in health news, ranging from somatic illnesses to mental health to 'positive' health advice in Norway from around World War I to 2010. Drawing on a combination of existing literature and new data gathered for this project from selected newspapers and magazines, this chapter explores personalized content with regard to topics, the use of individual exemplars, or personalized address. The period in question is a century marked by profound changes in both public health and the media.

PART II: HEALTH, IDENTITY AND STIGMA

Health is also a question of mental well-being. This includes coming to terms with one's identity (see Hilton, 2019, Marcus, 2016). Part 2 analyzes how constructions of identity can both affect and be affected by health media discourses and narratives.

Mette Marie Roslyng discusses this phenomenon in chapter 4, using empirical evidence from the Danish broadsheet newspaper *Politiken*, which ran a series of articles in 2018 under the headline "Hit by Life". Here, individuals were open about their experiences and conditions. The purpose was to demystify and destigmatize mental health. However, the author asks whether the individualization achieves this goal, or whether, due to the case studies chosen by journalists that support and perpetuate prevailing discourses, it remains stigmatizing.

Throughout history, homosexuals have been beset by stigma. Still, in spite of increasing tolerance, depression and attempted suicides predominate among gay men in comparison to heterosexuals. This suggests that the increasing tolerance has not solved the identity crisis many gays experience. Anders Gjesvik goes straight to the core of this problem in chapter 5, where he examines the debate in the wake of a Norwegian television series that followed a young journalist as he comes to grips with being gay. The series triggered a fierce debate amongst

opinion column journalists, demonstrating the conflicting discourses about being gay in contemporary society. This case is also pertinent since it is an example of how the journalist narrativized his own experiences, and how he responded to the reactions of his peers.

Cases of doping in sports are conventionally covered in moralizing media narratives in which judgements are made about personal integrity. In chapter 6, Anders Graver Knudsen analyzes the coverage of the doping issue for weightlifter Ruth Kasirye as a health narrative that becomes imbued with moral concerns. How is a black female athlete treated in a marginal sport, weightlifting, that is known for doping – especially when she has previously been hailed as a national hero? This is particularly interesting when the use of medication has occurred on the grounds of illness, not performance enhancement.

PART III: MEDIA AND HEALTH POLITICS

Often the subject of public debate and a key topic in election campaigns, there is no doubt that health is a political issue. Part III presents three cases in which health has been politicized to varying degrees in the media.

Discussions about medical advances that could be perceived as “tampering with the natural order” are complex and ethically challenging. In chapter 7, Hilde Kristin Dahlstrøm analyzes the debate as to whether egg donation should be allowed. What happens when this issue is presented in news reports that focus on specific individual cases? The author finds that readers often receive only one perspective, namely the narratives of those who are supporters or beneficiaries of egg donation. The principal ethical questions are not always made visible. This may not only affect the public’s position on the issue, but also political deliberations.

Tine Figenschou and Kjersti Thorbjørnsrud go further into the question of the relationship between media and political influence through an analysis of a health campaign on social media in chapter 8. The campaign was launched by parents who have lost ‘care benefits’ (*pleiepenger*) – a grant for the relatives of the chronically ill that was dramatically cut by the Norwegian government in 2013. The parents use personalized, individually oriented and pathos-filled storytelling that is adapted to social media in order to strengthen their campaign. This raises many ethical dilemmas – privacy, vulnerability and exposure of their own children, for example – that also create a challenging scenario for journalists wishing to cover the story.

Health policy is currently being formulated to encourage individuals to take more responsibility for their own health. Due to economic pressures, health policies in

modern, high-tech Nordic welfare states place more emphasis on digitalization. In chapter 9, Nathalie Hyde-Clarke and Jonas Tana study the media coverage and public discourse regarding the digitization of the health service in Finland. They argue that while the media should act in the public interest, coverage instead elevates economic interests and innovation. The authors question why political deliberation on this topic is absent in the media. Is the redefinition of patients as customers/users entirely unproblematic?

PART IV: COVERING AND COPING WITH CRISES

The last two chapters of the book draw attention to health crises. In chapter 10, Nina Blom Andersen and Harald Hornmoen explore Danish and Norwegian newspapers' representations of risk assessments that followed the Ebola outbreak in West Africa in 2014. They analyze how health authorities, NGOs and victims were used as sources and personified in the various newspapers' narratives. While national health authorities prefer communicating statistical predictions of the risk of Ebola, non-governmental organizations such as Doctors Without Borders (MSF) are more concerned with communicating emotional stories about how victims in stricken African nations were affected. The Danish and Norwegian news media's coverage of the Ebola risk tends to support and convey the crisis communication strategies of MSF and the national health authorities.

The collection ends with a different perspective: How do journalists themselves cope with the pressures of reporting crises? In the final chapter, Klas Backholm and Trond Idås discuss journalists' own potential trauma as a result of being exposed to crises, exemplified by terrorist incidents and school massacres. They show that journalists who experience ethical dilemmas during the coverage are at greater risk of developing post-traumatic stress symptoms. To prevent this, the authors recommend that explicit guidelines be developed in order to better support and prepare journalists. These should be grounded in the editorial culture and discussed in a safe environment.

CONCLUDING REMARKS

Through this collection, we intend to present and provoke discussion about how the concept of health, and what it means to be healthy, is continually being negotiated in media spaces. While many scholars continue to be concerned about the growing use of personalization in health media narratives, it is clear that the format is firmly entrenched across a number of genres and topics in the public sphere.

As the trend towards personalization in health media is unlikely to change in the near future, greater reflection is required in order to better understand the ramifications of the variety of interests, experiences and practices in clear and concrete terms.

As we write this Introduction, we find ourselves in the grip of the coronavirus (COVID-19) crisis. It has not gone unnoticed that the trends and recommendations presented by our research based on earlier health concerns and epidemics are as relevant now as they were before, if not more so. It also presents opportunities to assess what has been altered, developed and/or improved since those previous cases across local, regional and international levels. For example: To what extent has Nordic media coverage improved since the reports of Ebola in 2014 (discussed in chapter 10; see chapter 3 for a historical overview of changes in general health coverage)? Are journalists better equipped to cope with reporting crises on a mass scale (as suggested in chapter 11)? And what role do social media and online medical professionals play when the public are advised to engage in ‘social distancing’, self-care and self-imposed quarantine (see a range of previous experiences and trends in chapters 2, 8 and 9, as well as issues related to stigmatism in chapters 4, 5 and 6)? It is only by critically contemplating the debates and discussions brought forward in these chapters, alongside other related research in the field, that we can improve public communication around international health crises and well-being in the future.

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