

# 1 Media Health and Everyday Life

Living in the wealthy countries of the world, we nowadays experience unprecedented good health. Life expectancy is at a level higher than ever before in history, infant mortality has been reduced so far that death is largely confined to old age, and disease is subject to a host of medical interventions whose effectiveness would have appeared miraculous to earlier generations. Food is in such abundance and variety that we can all, if we choose, realistically aspire to the gluttony that once was the preserve of the privileged classes. Remedial exercise regimes and fitness programmes abound to counteract the effects of excess consumption. It is possible to imagine, for most of our early lives, that our bodies can at times be forgotten, at others become aesthetic projects, or that even death might not exist for us.

Yet at times, we may experience minor ailments that cause troublesome limitations – coughs, colds, aches and pains – frequently dealt with by short episodes of ‘taking it easy’ or chemical analgesics. Rarely, we may encounter misadventure or accidents that threaten life. If we are unlucky, more serious diseases may appear on the horizon. Typically, as we get older, this can be through experience of the degenerative diseases of affluence, such as heart disease, stroke or cancer. In late middle age, we begin to notice who has ‘looked after themselves’ and who has not. We may start to take an increased interest in monitoring our own state of health in order to avoid the fateful moment at which the presence of a life-disrupting disease is announced. With old age our use of health services increases.

Throughout these phases of life we are exposed to many sources of information about health matters, not least of which are various kinds of media. Television, film, radio, newspapers and magazines form a constant backdrop to our lives and contain many implicit or explicit messages about health. A starting point for this book is that health messages in popular mass media are an important influence and resource in contemporary life, in addition to specialist resources available in books or

through the Internet, or the more conventional resources of professional and lay health care advice. But the media presentation of health matters is not neutral, being subject to many determining influences. Although there now exists a substantial body of information and research analysing the production, nature and influence of media health messages, I contend that health research in general has underplayed the role of popular media in constructing and influencing illness experience, and in forming expectations of health care.

An exception to this rule has been the analysis of media messages provided by health educationists and health promoters. This body of research has been important in establishing the considerable extent to which mediated images influence health experience. But, until recently, the model implicit in much health education research concerning the place of media in everyday life has been limited, in particular underestimating people's use of media for pleasurable experience rather than ascetic messages. It has also failed to investigate the full variety of audiences' readings and uses for media representations, preferring instead to concentrate on whether audiences have imbibed specific messages. After reviewing the health education perspective, and noting more recent developments in the health promotion and media advocacy fields that have attempted to address these limitations, I shall outline in this chapter an alternative vision of the place of media in constructing health experience, drawing on broad sociological theories of mediated experience and its place in the everyday lives of people in contemporary mass societies.

### HEALTH EDUCATION PERSPECTIVES

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The overriding aim of health educators used to be, and for many still is, to encourage individual behaviour that will result in good health. Media messages, from this perspective, are largely analysed according to whether they promote healthy behaviour by providing information and encouragement towards this goal. This has been associated, too, with a highly critical assessment of routine media coverage of health related topics that has often (though not always) been linked with other moral or political agendas – such as feminist, environmentalist or socialist projects. As this more politicised perspective has gained ground, and the limitations of older-style health information campaigns directed at individuals have been recognised, some health educationists have shifted towards a more radical form of practice, under the rubric of health promotion, media

advocacy or community empowerment. These shifts have involved changes in the way in which audiences' relationship with media have been conceptualised. But even while these shifts have occurred, the overriding perspective of health educators has often been that a health promoting media ought to deliver accurate, objective information about health risks and healthy behaviour, free from any distortions of ideology, pressure from commercial interests, or obligation to entertain.

### Traditional health education

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A good example of this anti-entertainment, pro-accuracy, health education perspective is contained in a study by Michele Kilgore (1996) of news reporting of cancers of the female reproductive system in US newspapers between 1985 and 1993. She characterises these stories as a mixture of 'magic, moralisation and marginalization' (1996: 249). The magical category refers to the reporting of scientific developments in the diagnosis and treatment of these cancers which, Kilgore notes, emphasises the 'amazing miracle' (1996: 252) that each of these is made to represent, using phrases like 'dawn of a new era', 'pioneering' and 'breakthrough' to excite readers with the prospects for the chosen procedure and, in Kilgore's opinion, thus raise hopes quite unrealistically. The moral elements which Kilgore finds objectionable largely relate to the stigmatisation of 'career women' (1996: 254) or the sexually promiscuous that she detects in the news reports, particularly where cervical cancer is concerned. This, she observes, reflects a highly selective focus on particular scientific studies (identifying multiple sexual partners or late childbearing as risk factors) that in actual fact are far from conclusive, but which fit a particular news agenda that imposes traditional standards of sexual morality and female behaviour. Kilgore's third complaint concerns the fact that useful medical information is often 'so embedded in extrinsic material that lay readers may not be able to conduct a successful excavation' (1996: 254). For example, too many articles, for Kilgore's taste, focussed on business interests affected by government decisions about whether to licence particular drugs, or diverted the reader from useful health information with irrelevant information about the lives of celebrities with these cancers. 'Generally,' Kilgore concludes, news coverage '[does] not suggest that newspapers have served as an efficient medium for transmission of medical information on [these cancers]' (1996: 255).

How does Kilgore explain this behaviour by newspapers who, we may

imagine, she believes to be failing in their public duty to provide accurate and informative health education to women so that they may avoid these diseases, or deal with them sensibly if they get them? For this, she turns to Bell's (1991) analysis of the values that influence the selection and coverage of news. The preference of news media for events that are recent, factual and conveyed by authoritative sources explains the concentration on scientific discoveries, and the 'miracle' element of these is explained by a general preference for stories conveying superlative importance through their magnitude and significance. A preference for negativity and personal relevance explains the emphasis on personal risk; a preference for stories about elite people is behind the concentration on celebrities with cancer. Compatibility with stereotypes ('consonance' in Bell's terms) helps explain the sexism of the stories, and a focus on the unexpected means that well-known risk factors for cancer, such as age or smoking, are less likely to be included in stories. Kilgore's lament ends by concluding that health educators are up against some pretty powerful forces in their struggle to get newspapers to behave in a way that is conducive to good public health.

Clearly, Kilgore's overriding concern is with the health of women, and one can see how this incorporates also a feminist agenda as well as a hint of suspicion about capitalist interests (seen in the singling out of business coverage for criticism). I have chosen the piece not because it is particularly well known or original in its field, but because it is a typical example of a host of books, papers, reports and conference proceedings concerning media health that have emanated from health educators (and from media analysts influenced by health education goals) over the years. While such analyses reveal some undoubted truths about the way media operate in this sphere, I shall argue that they involve a limited vision of the relationship between popular media and their audiences.

The 'traditional' health education approach to the media, represented in Kilgore but shared by a host of other specialists in health communications (see, for example, Leathar et al., 1986), conceives of the public as ill-informed and devises a solution in terms of delivery of missing information. Too often, though, this model has led to disappointment. Thus Brown and Walsh-Childers (1994), in a comprehensive review of research on the effects of mass media health education campaigns, conclude that '[the] success of these campaigns has been mixed' (1994: 405). They point out that international evaluations of various campaigns to promote safer sex in the wake of AIDS, for example, were shown to be ineffective in influencing behaviour change in some countries. Some such evaluations concluded that fears about AIDS had been needlessly raised in low risk groups, but had largely missed people engaging in high risk practices.

Tones and Tilford (1994), in a similar review, note a poor record for alcohol abuse campaigns in encouraging moderation, though anti-smoking campaigns have had more success in a public opinion climate already primed for such messages. The consensus view is expressed by Naidoo and Wills (2000), who conclude that mass media health education campaigns can at times help raise consciousness about health issues and may change behaviour if other enabling factors are present, as they are in smoking campaigns, or if the media message is combined with other forms of health promotion. But for conveying complex health information, for teaching skills (such as the negotiation of safer sex) or for challenging strongly held beliefs, they are more likely to be ineffective. The individualistic orientation of the 'information delivery' mode of health education, where individuals are assumed to have the capacity to simply 'choose' a lifestyle as if there were no external constraints or influences to contend with, is a further limitation of this perspective.

Health educators will often, therefore, seek to persuade those who control media outlets to carry the somewhat ascetic messages that they wish to promote. Largely speaking, the 'entertainment' function of media outlets is seen to stand in opposition to the aims of health educators. One approach to this is to create specialist media outlets, often for precisely targeted audiences. This is done from time to time through the production of informative leaflets and newsletters, of the sort that one often finds lying around in health care clinics and surgery waiting rooms. These may be singularly lacking in entertainment value. Dixon-Woods (2001), in a review of studies of such materials, observes that the educational motivation behind such materials leads health educators to depict patients as 'irrational, passive, forgetful and incompetent' (2001: 3), concluding that '[it] is disappointing that such naïve, unhelpful, negative and patronising views of patients . . . dominate' (2001: 10). Jewitt (1997), in an analysis of sexual health leaflets and posters aimed at young people notes that 'sex is represented in the context of sexual reproduction rather than pleasure' (1997: 4.28). These are hardly depictions likely to appeal to an entertainment-oriented media executive, concerned to attract an audience.

### Edutainment, social marketing and media advocacy

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A further solution has therefore been proposed, as health education has been increasingly reconceptualised as health promotion. Reflecting concern with a lack of fit between their goals and those of media personnel, health promoters have become involved in 'edutainment'. Here, there is a

more realistic squaring-up to the lack of appeal that ascetic messages are likely to have, as health promoters become involved with script writers to influence the health messages of popular media products, such as soap operas. In 1994 Brown and Walsh-Childers noted a number of initiatives of this sort, including the use of anti-smoking scenes in Hollywood movies, and the use of music videos and soap operas to promote the virtues of contraception in certain countries. Popular health and fitness programmes might be regarded as an aspect of edutainment, being concerned to promote healthy behaviour as fun. Sommerland and Robbins (1997) report the collaboration between health promoters and a local radio station in England to produce a weekly soap opera containing health promotion stories, linked to various other community-based initiatives. Basil (1996), in a similar spirit, advocates the use of celebrity 'endorsers' of health promoting behaviour, drawing on the example of Magic Johnson, whose announcement of his HIV positive status was effective in promoting concern about safe sexual behaviour amongst young people identifying with this sports star.

Edutainment initiatives reflect a shift in the position of health educators, from complaints about the limitations of a commercially oriented media system, to a compromise with the pleasure principle that drives most mass media organisations' relationship with their audiences. Another compromise is represented by an approach known as 'social marketing', which conceives of health promotion as an attempt to 'sell' a product, along lines similar to the marketing that accompanies commercial goods (Naidoo & Wills, 2000). Good health – packaged as fitness, good looks, feelings of happiness and wellbeing, or whatever – is promoted as something that people want, at least as much as they may want chocolate bars, beer or cigarettes. The 'problem' for health promoters working within this scheme, though, appears to lie in the intangible nature of their product (the taste of chocolate being a more concrete realisation of pleasure than anticipation of generalised feelings of wellbeing) and the 'cost' of getting it, which involves sometimes lengthy periods of self-denial and effort.

The frustrations of health educators with popular mass media and with a health damaging environment, have also generated more radical solutions, based on ideas about community activism and empowerment, using the media to highlight and change social and environmental causes of ill health. These initiatives may be fuelled by the feelings of righteous anger that have always been around in health educators' analyses. One senses this anger, for example, in vitriolic condemnations of the devious behaviour of cigarette companies in order to promote their product (see also Chapter 3). A 'direct action' element may then appear, especially if

community activists join with the health educators' cause. Thus Chesterfield-Evans and O'Connor (1986) give an account of an Australian consumer movement devoted to publicising unhealthy products by means of street graffiti – called Billboard Utilising Graffitiists Against Unhealthy Promotions (BUGAUP). Wallack (1994) has called this and related developments 'media advocacy', involving attempts to generate media coverage of the health damaging effects of commercial and sometimes governmental interests. This can, for example, involve sponsoring court cases in which smokers with lung cancer sue tobacco manufacturers. Wallack (1994) describes media campaigns in California to ban the sale of toy guns that mimic real firearms that were causing accidental deaths; Chapman and Lupton (1994a) describe media advocacy to enforce the fencing in of garden pools to prevent accidental drowning. Media advocacy in Australia has had considerable success in influencing media coverage of tobacco towards health promoting practices (Chapman & Wakefield, 2001). These initiatives move away from an information-delivery model of media usage to one in which people are engaged in using and influencing media in a strategy of power. The key target audience may then become not the 'masses', but the relatively elite group of policy and law makers who may respond to such campaigns.

The dissatisfaction with the information delivery model, which conceives of health messages as 'hypodermic needle' injections of information into a largely passive audience, has therefore led to alternative conceptions that imagine a much more active audience role, represented by edutainment, social marketing and media advocacy. These recognise, and attempt to address, the role of audience pleasure and the importance of commercial influences on media health. Too often, though, analyses of mass media health messages involve little more than a routine condemnation of biased media presentations that are felt by analysts to have health damaging effects. In many studies in this field there remains an inadequate analysis of the complex relationship of mainstream media products with the everyday life experience of people in contemporary societies. This book begins from the position that the broader discipline of media studies now has much to offer health educators seeking greater sophistication in their conceptualisation of the relationship of media messages with everyday life. For example, the messages that health educators often believe to be so damaging may, in fact, receive a variety of readings, not all of which are health damaging in their consequences. To explore the potential of alternative models, then, I will now pursue an analysis of media health that draws on theories developed in the broader media studies sphere.

## THE MEDIA HEALTH AUDIENCE

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Accounts of changing models of media audiences are standard fare in introductory media studies texts. A clear and recent account is given by Abercrombie and Longhurst (1998), who also present their own audience theory (for which see later in this chapter). For the present I will use an example of a particular genre of television programme to show the variety of ways in which media health audiences can be conceptualised. The terms ‘reality television’, ‘tabloid TV’ or ‘reality programming’ (Langer, 1998; Hill, 2000) refer to programmes like *999* or *Children’s Hospital* (in the UK), *Rescue 911* (USA), *Australia’s Most Wanted* and a variety of European equivalents, the common factor being a focus on dramatic, often life-threatening ‘real life’ events, filmed as they happen or reconstructed for the camera, often demonstrating successful rescues by paramedics, police, fire and ambulance services, or appealing for public assistance in the case of crime shows, or showing life-preserving medical treatments. The emphasis is on the emotions of those involved, so that audiences feel anxiety, fear and sympathy, subsequently resolved when rescue efforts are successful. Such programmes may contain ‘public information’ sections, such as safety advice, crime prevention guidance or demonstrations of elementary first aid procedures. There are also programmes of this sort that focus on animals, following the same format of medical emergency followed by rescue and advice on appropriate pet care.

### Effects model

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Let us imagine the various ways such programmes might be understood by media analysts. Firstly we may consider the original ‘hypodermic syringe’ model of audience effects which has been influential in traditional health education. On the one hand we could expect some endorsement of the educational elements of the programmes (indeed, this educational purpose is a major way in which both the programme makers and audiences defend themselves against the charges of sensationalism and voyeurism (Hill, 2000)). However, we might also expect to see condemnation of the focus on rescue efforts in the reconstructions of, say, health care or accident scene episodes. Patients undergoing operations in hospital for life-threatening conditions, children receiving medical care for rare diseases, people injured in bizarre or unusual ways in accidents, stuck in



lifts or mineshafts, trapped in caves awaiting the incoming tide, stranded on mountainsides – all of these, we might learn, generate fear about things which are actually quite rare, tell audiences very little about how to prevent the most common threats to health and safety (such as smoking, not wearing seatbelts), place an undue emphasis on hi-tech or institutionally-based solutions to health problems, glamorise certain kinds of service worker (firefighters, doctors) at the expense of others (nurses, social workers), and in general present an inaccurate account of life's risks. It would be better for health, so this argument would go, for people to be inoculated against more important health and safety risks by a more objective and balanced approach that described statistically more prevalent threats and how to avoid them, such as the need to stop smoking, take exercise, avoid fatty foods and, for older viewers perhaps, to remember to stay warm in winter. Further, we might expect to see some moral reservations about reality TV to be aired, with eyebrows raised about the sensationalistic aspects of the programmes, that appear to exploit other peoples' misfortune for public entertainment. The emphasis on success and happy endings would undoubtedly be perceived as unrealistic, misleading the audience into a false sense of security, leaving them uninformed about the true risks of life.

What kind of research study to investigate these effects might we expect to find within this tradition? Stereotypically, we might find an experimental design, in which viewers were allocated at random to view either a reality TV programme or some other 'neutral' programme, such as a documentary of space travel. Each participant, before and after viewing their allocated programme, would be given a questionnaire measuring the degree to which, say, they experienced their environment as risky, trusted authority figures to protect them from danger, understood basic first aid procedures and so on. The programme's effects, in this design, would be measured by differences in pre- and post-test scores, their magnitude being compared between treatment and control groups. Alternatively, audiences might be subjected to a cross-sectional survey in order to establish whether their views were congruent with those contained in the media messages, demonstrating the presence of a 'cultivation' effect. Perhaps, though, qualitative research would be done, to focus on the extent to which the messages gratified audiences' needs for information, whether such information was then used and acted upon, or even to establish whether certain individuals acted as 'opinion leaders' in their local communities, relaying the messages of such programmes to acquaintances in their local community. This highly simplified account glosses over many important distinctions that exist between hypodermic, cultivation and uses/gratifications models. However, all of these

approaches in their various ways may be classed as attempts to identify direct effects, in the form of a change of attitudes or knowledge in the direction expected by the dominant media message.

### Active audience model

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But let us now consider a different view of reality TV, and of audiences' relationships to it. Here, we can draw on conceptions of media audiences as 'active' rather than 'passive' (Hall, 1980; Morley, 1986), pursuing a variety of different readings according to their particular life circumstances (for example, their social class position, their ethnic identity) or their personal preferences. A foundational assumption in this school of thought is that varieties of 'decoding' by audiences will not necessarily align with 'encoding' intentions of programme makers (Hall, 1980). Thus, we might imagine that certain members of the reality TV audience pursue 'resistant' readings, just as Morley (1980) in his study of the audience of a news and current affairs programme discovered, when he found that, for example, trades union officials were critical of news coverage of industrial disputes. Resistant readings of reality TV are easy to imagine, since health educators are not the only people who disapprove of the voyeurism and inaccuracy they involve. In addition, some people may take entirely unexpected, bizarre things from such programmes; perhaps in certain circles there is considerable interest in firemen's uniforms as fashion statements; for others there may be sexual or sadistic pleasures in the imagery of suffering; for others, the technology of rescue machinery may be a particular fascination. Perhaps more plausibly, men, women and children may differ systematically in their 'readings': men may be excited by the chase, rescue and heroic elements; women attracted by the health and safety or the animal cruelty issues raised by the stories; children gripped by the emotional drama of abandonment and subsequent security, or the appearance of cuddly animals. Gendered or other power differentials in families may be at play in deciding whether to watch such programmes in the first place, or in the degree of focused attention that audience members may be able to direct at the screen. Thus we might imagine that diverse readings are structured by underlying social variables, such as age, gender and social class.

This more complex picture of media health would undoubtedly require a more open and exploratory research methodology for its investigation than the hypodermic model of effects outlined earlier. Typically, audience members – perhaps grouped according to their position in social

structure – are subjected to qualitative interviews or focus groups in which they are invited to surprise the media analyst with their responses to programmes. Maybe people with experience of being in similar accidents, or of doing similar crimes, of rescuing victims, catching criminals or patching up the injured, would have very divergent readings from each other, or from a group chosen at random from the general population. For all we know, just as those plotting crimes are rumoured to take tips from crime reconstruction programmes, some people could be watching medical ‘docu-dramas’ in order better to mimic sickness the next time they want a day off work!

### Postmodern view

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We have moved, then, from a linear model of direct effects to one that is concerned to explore diversity, and from a quantitative to a qualitative methodology for gathering materials to support these models. There is a third, postmodern view that has gained a degree of popularity in recent years, based on a radical deconstruction of some basic assumptions often made about the media sphere, such as the existence of an entity called ‘the audience’ that is separate from ‘the message’ or the ‘producer’ of the message. Instead, it may be that the ‘audience is, most of all, a discursive construct produced by a particular analytic gaze’ (Alasuutari, 1999: 6), and that words like the ‘world’, ‘reception’ and ‘audience’ ought now to be placed in inverted commas (Alasuutari, 1999: 7). This constructionist view, perhaps predictably, often ends up in an introverted pursuit of the field of media studies itself as an object for analysis and critique.

An example of the kind of research study that gets done from this point of view – although, as Alasuutari (1999) points out, empirical research may not be necessary at all to pursue constructionist ideas – is contained in Jacobs (1996) account of producing the news in a Los Angeles television station. Drawing on an experience of participant observation, large sections of Jacobs’s account are taken up with discussions of different social theories of the media. In the gaps between these discussions, Jacobs variously recounts that the TV station sometimes likes to use footage shot by ‘stringers’ – private camera operators who sell this to news stations; that news workers like to fit stories into a stock set of standardised narratives; that sometimes callers to the station are not dismissed as ‘crackpots’ but are instead taken more seriously when an unusual event (such as the Rodney King beating) has occurred, that sometimes anchor people get excited about currently ‘breaking’ events and read the news off

scraps of paper rather than autocues, which then probably generates excitement in viewers. From these rather mundane observations the author concludes that ‘processes of cultural production, cultural reception and cultural structure are never separate in concrete practice. They are overlapping moments that must be researched and theorized as such. (1996: 393).

The attempt from within this third view to deconstruct divides between production representation and reception has been subjected to thoroughgoing critique by representatives of the second view (Philo, 1999; Kitzinger, 1999a), who argue that claims about limitless polysemy are based in a relative neglect of – or disdain for – empirical work on audiences. Additionally, the determining influence of socio-economic forces on audience experience is neglected in a social constructionist perspective that insists on seeing class and ethnic identity as endlessly mutable. Extreme constructionism, for Philo and others, consigns media studies to a drift into irrelevance because of a failure to address issues of power, since the view that representations may be biased or ideological cannot be sustained without a commitment to some form of philosophical realism (see also Seale, 1999, for a discussion of the implications of this debate for the practice of social research).

## MEDIA HEALTH, SELF-IDENTITY AND COMMUNITY

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The argument that runs through the rest of this book relies on a particular view of the part that health concerns play in peoples’ lives in late modernity, and of the place which media representations of health issues may occupy within these, attempting to overcome some of the limitations of audience theories reviewed so far. These issues involve quite basic existential matters that must preoccupy us all, but which manifest themselves in particular forms in the social conditions of late modernity. In proposing this argument I draw in particular on earlier sociological work I have done on mortality in late modernity (Seale, 1998), as well as more general ideas that sociologists have proposed to explore the consequences of modernity, including developments in mediated communications, for self-identity.

We may draw first on Giddens’ account of the conditions we face in late modernity (Giddens, 1990, 1991, 1992), which he contrasts with pre-modern social organisation. Nowadays, so this argument goes, we no longer have a strong sense of local community, in which a person’s place

in the world is largely determined at birth by their place in the kinship system and social hierarchy, where a sense of duty and obligation is based on respect for authority and tradition, where interaction is face-to-face and travel to distant lands is unusual, and where the world is safely divided into 'us' and 'them' with enemies who are safe to hate. Instead, we must negotiate our place in the world, puzzle out our identities in a process of reflexive self-awareness, in which the self and its story becomes a worked-on project. We perceive that a variety of 'authorities' and 'experts' exist, and that they do not always agree, so that leaps of faith and trust are required if we are to commit ourselves to becoming even temporary followers of any particular one. We have an increasingly cosmopolitan view of human variety, being aware that at some level we are part of a global 'human race' who, underneath surface features of skin colour, language and cultural difference, are 'the same as us'. Thus 'humankind becomes a "we", facing problems and opportunities where there are no "others"' (Giddens: 1991: 27). The virtues of tolerance and respect for difference become a part of official morality. This is coupled with a state monopolisation of the means of violence by means of warfare or punishment systems, so that interpersonal acts of violence to solve disputes are stigmatised in favour of talking things through. Elias's (1978, 1982) work on the civilising process, suggesting a progressive pacification of civil society, marries well with Giddens' analysis at this point.

Medicine, as an expert system to which we may turn at fateful moments, has nowadays to work harder to generate trust. Medical authority is no longer what it was, and system representatives may need to make particular efforts to adjust their demeanour in order to get clients on their side. Thus we see a plethora of training courses for health care staff in 'communications skills', and a premium placed on what Maura Hunt (1991) has called 'professional friendliness'. In this respect, professional-client relationships mirror more intimate relationships, where commitment (to a marriage, for example) must now be generated and expressed through the display of emotional warmth, rather than relying on god-given ties of duty. Trust, Giddens argues, 'demands the opening out of the individual to the other' (1990: 121) and the philosophy of patient-centredness is precisely constituted in this way, so that it may be perceived as a 'meeting between experts' (Tuckett et al., 1985) whereby both doctor and patient co-operatively work together on the illness problem by sharing ideas. Correspondingly, relations between health care workers in this scheme of things become increasingly democratised, so that concepts of teamwork and multi-disciplinarity hold sway, and the special expertise of nurses in the area of emotional labour is asserted (James, 1989).

Fateful moments, such as the announcement of a serious illness, initially provoke episodes of ontological insecurity as the bubble of confidence about one's place in the world, normally sustained through adherence to everyday routines that defend against the flooding in of existential anxieties, appears to have been pricked. Commonly, Giddens argues, individuals faced with fateful moments attempt to repair this damage by seeking out information. A classic example would be the cancer sufferer who searches web sites for the latest news about medical treatments: indeed, most doctors nowadays have tales to tell about patients entering the surgery waving a sheaf of computer printouts, demanding access to recently discovered drugs that are not yet generally available. This kind of activity, for Giddens, constitutes an opportunity for empowerment through reskilling. People may regain the skills they lost in earlier expropriations of lay expertise by expert systems. The individual with a chronic illness may thus come to know more about its aetiology, course and treatment than the doctor whom he or she consults. At the same time, there is a chronic flow of available knowledge, and complete security is never ultimately attainable in a world where knowledge claims are always contested and provisional.

For Giddens, the print and electronic media involve a tremendous increase in the mediation of experience, separating space from place and ensuring that distant events intrude into everyday consciousness. In this sense, the media are a powerful 'disembedding mechanism', lifting people and events out of their local circumstances and placing them upon a world stage. Media representations, too, are influential on behaviour: 'All individuals actively, although by no means always in a conscious way, selectively incorporate many elements of mediated experience into their day-to-day conduct' (1991: 188). In particular, this influence involves a heightened awareness of the risks of life as the media continually provide information about dangers and news of this or that disaster or threat. The individual living in a traditional society knew the risks posed by nature for life and livelihood: a sudden flood could destroy crops; a lightning bolt might strike a person down; plagues and famines were known threats to communities. Now, however, in addition to these 'external' risks, we are made aware – and most commonly through the media – of a variety of 'manufactured' risks that arise from our own technical activities and can often only be perceived with the assistance of technical knowledge. Many of these new risks are thus associated with worries about what we may have done to nature, rather than the risks posed by nature to ourselves. Global warming and the consequences of climate change are classic examples. There are many others: salmonella in eggs, BSE, pollution, acid rain, forest depletion, extinctions of rare species

and loss of biodiversity to name but a few. Giddens emphasises that awareness of the existence of manufactured risks may itself depend on expert knowledge: no-one can see radiation without expertly mediated advice, but public perceptions of its risks are well known to be quite extreme and these influence nuclear energy policy. Because there is a general climate of anxiety associated with weakened commitments to fixed systems of authoritative belief, risk awareness has increased – paradoxically at a time when life-expectancy figures continue to rise, showing that the risks of life have in objective terms been significantly reduced in modern times. A state of chronic uncertainty and of crises of trust means that risk profiling is a very frequent concern, and a culture that is preoccupied with the value of safety has emerged (see also Reinharz, 1997). Increasingly, projects of self-identity become bound up with assessing the dangers of personal lifestyle choices.

At the same time, a pleasurable excitement may be had from courting risks and safely overcoming them. Modern life in urban mass societies can be, for the most part, a highly routinised affair, with the excitement produced by violence largely repressed and sexuality not only pre-packaged and commodified but accompanied by a variety of health warnings. Courting risks through engaging in dangerous sports, or by smoking against health advice, or having unprotected sex with strangers, may produce particularly poignant pleasures, reminiscent of a more authentic existence, even though some of these pastimes can themselves get re-captured by the culture of safety (as where boxers are enjoined to have medics by the ringside, mountain climbers to use stronger, lighter ropes, lone sailors to use the latest navigational equipment, motorcycle riders to wear helmets). These episodes of dangerous behaviour may be done to experience the thrill of personal mastery that comes from overcoming risks, additionally helping to construct a self-portrait of courageous celebrity. For the less adventurous majority, a ‘safer’ and less effortful arena for the experience of danger is, of course, the world of the imagination. Media fantasies, I argue, play a large part in enabling such vicarious thrills and have the added attraction of being available in small, predictable doses in the pages of newspapers or the half-hour slots of TV schedules.

The reflexively self-aware, risk profiling, future-oriented actor on Giddens’s stage comes across as a pretty rational, information-seeking being, even if driven by the unconscious emotional urge to find ontological security. Giddens’s individual also seems somewhat disembodied, and other sociologists (for example, Turner, 1992) have pointed to the importance of the body and body projects in the formation of contemporary self-identity. The narcissism involved in late modern identity work is also

an issue underplayed by Giddens. Abercrombie and Longhurst (1998) are helpful in redressing these imbalances and in relating these to a theory of the media audience. These authors take the view that media portrayals do more than just provide information at fateful moments, but also provide a resource for the (narcissistic) imagination. Thus health portrayals offer us lifestyle fantasies, incorporating an aestheticisation of ideal bodies, not merely providing information for the avoidance or cure of disease. Fitness programmes, diet and food programmes and a host of other health-related media products provide an imagined world of more or less beautiful people on which our imagination can draw.

Giddens's actor is also a fairly isolated individual, conducting negotiations with others as a matter of diplomacy, rarely standing together with others in an emotional bond that defies analysis or reflection. My own studies of death and dying in late modernity (Seale, 1998) have led me to feel that a number of opportunities for community solidarity and non-rational emotional bonding occur in late modernity, and further that these may largely be constituted in the media sphere. To understand how this can occur, we can draw productively on Benedict Anderson's (1991) conception of 'imagined communities'.

### Membership of media communities

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Briefly then, Anderson points out that the advent of printed daily newspapers effectively made an imagined national community possible, whereby individuals unknown personally to each other could gain a sense of belonging, fellow-feeling and sameness to one another by knowing that throughout the land others were similarly opening their daily papers and reading the same stories, having the same feelings, sharing the same values. Thus media interpellate and, in a sense, 'construct' an audience. For Anderson, the reading of the daily paper made people feel permanent, existing within a nation-based society that had a past and was travelling forwards to a future. Applying this idea to broadcast media, Trujillo (1993) and Tsaliki (1995) have shown that nationalism can play a major part when the deaths of important leaders (J.F. Kennedy and Melina Mercouri respectively) are involved. However, the increasingly global nature of broadcast media suggests that Anderson's thesis might be modified to reduce the emphasis on nationalism and to recognise that the community memberships offered by media may be quite various. In my work on death, I have suggested that imagined communities other than those confined to national boundaries may be available to modern indi-



viduals who can, through participating in life insurance schemes for example, or in understanding their lives in terms of statistical regularities (for example, life expectancy tables) or through confessing their biographies into psychological discourse, gain a sense of belonging to some larger human whole that may involve a universal humanity. Additionally, I have argued (Seale, 1995a) that individuals commonly seek to construct heroic – and somewhat self-regarding – narratives of the self (an idea that is close to Anderson's notion of life as an institutional pilgrimage, and suggested by Becker's (1973) notion of society as a structured hero-producing system). People like to feel unique even as they belong.

In late modern society, then, individuals are offered the chance for membership in a variety of potential communities, amongst which is a relatively recently-formed idea of membership of the 'human race'. In addition, it is possible to understand the micro-rituals of everyday life as themselves being constituted as a continual process of negotiation of human membership, in which social bonds are routinely at stake (Scheff, 1990) even in the smallest exchanges. This is the basic insight of ethnomethodology, and of micro-interactionist sociology generally (see, for example, Goffman, 1968). Minor waves of anxiety and security are involved in even the smallest conversational exchanges, in which speakers' accreditation as properly moral and competent human beings, existing in social bonds, conversant with the unwritten rules of everyday behaviour, is the subject of mutual evaluation and considerable underlying emotion. Extending this perspective – which ethnomethodologists have tended to apply largely to conversations – to the interaction of individuals with media products, seems a fruitful way forward.

### Emotional bonds

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With these ideas, we can begin to form a new understanding of the place of media in the lives of modern audiences. To show this I shall return again to examples such as 'reality TV'. The appeal of media material of this sort has been explained quite effectively by Langer (1998) in his commentary on coverage of accidents, disasters and emergencies which constitutes what he calls the 'other news'. He starts from a position that rejects the 'lament' of high minded critics of tabloid-style television, whose condemnations of its sensationalism and inaccuracy are rather similar to those of health educationists in relation to unhealthy media coverage that I described earlier. He is critical of the view that TV news ought to provide unbiased information and thus promote rational

democratic debate, saying that this fails to recognise its ritual, community-forming elements, that depend in large part on work done at the emotional level. The viewer's link with tabloid television is 'ritualistic, symbolic and possibly mythic . . . story-telling, gossip, the manufacture of fame, ritual, social memory, pleasure' are important elements (Langer, 1998: 5, 25).

For Langer, the 'other news' about the life adventures of ordinary people interpellates its audience directly as 'us' in a way that news about governments, policies and social problems does not. Stories of especially remarkable acts of ordinary people, or of the unusual things that happen to celebrities to reveal that they are at root 'ordinary' people with a 'human face', stories about victims and personal tragedies as well as disrupted communities caught up in disasters and other threats (hurricanes, fires, diseases, pollution, even alien invasions) – all of these ask audience members to identify themselves with people in the news in a direct, emotional way. Ordinary objects (a gas cooker, a child's toy, a routine vaccination) may appear in a more threatening – even animated – aspect because of their involvement in freak accidents, so that normally repressed fears about the dangerousness of the world and the malicious potential of material things can surface. When rescuers appear to save individuals or repair community damage, to explain the causes of accidents and teach lessons on how to avoid their future recurrence, a pleasurable sense of relief and security is restored. Importantly, Langer points out the link of such stories of community solidarity with Durkheimian notions of religious ritual, in which the life-enhancing energy of the group may be rapidly focused and increased through contemplation of supra-personal values and symbols; the television viewer, for Langer, therefore occupies a 'worshipful' position (1998: 125).

The 'other news' on television also contains quieter tales, reiterating fundamental truths about communal life. Langer observes that local and sometimes national community feeling is generated by less dramatic stories that emphasise the underlying continuities of everyday life, so that temporary reversals or disruptions to this are placed in a reassuring context. News of the first snow of the year, remembrance day, the announcement of lottery numbers, a reunion of the climbers who conquered Everest, a visit to war graves by veterans, the very stability with which 'bad news' is delivered within the time slots and stereotyped story formats and demeanours of news readers: these things give audiences a sense of underlying permanence. These elements of 'other news' speak of stability and predictability. We seem to be a long way, now, from Giddens's isolated, scheming individual, planning a personal project of self-identity, trusting no-one, divorced from communal belonging.

Television, it seems, offers viewers a safe cocoon and a sense of common purpose based on emotional appeal rather than rational evaluation of risks.

We can revisit Hill's (2000) study of reality TV at this point to observe that empirical study of audience responses appear to provide powerful support for Langer's ideas about the meaning of such media experience for people. Some quotations from Hill's diarists reveal precisely the themes raised by Langer:

A child who had leukemia was in for a bone marrow transplant from his brother. They were both very young, nine and six years, same age as my two sons. They were so brave and courageous. My heart was crying for them both having to go through so much in their early years of life. I was so delighted when it was a success. We can all learn from different situations, and I feel I've learned a great deal about the rescue, hospital services, and how much people give so much to their professions. (35-year-old student and mother, quoted in Hill, 2000: 204.)

A huge plethora of near misses and near tragedies is revealed [by such programmes]. We are aware this could be us, our family, friends. Incidents arise out of quite commonplace situations: driving, walking, DIY jobs, eating! We are helped to see how it could have been avoided and what to do should it happen to us. (44-year-old housewife, quoted in Hill, 2000: 204.)

My son is fascinated by 999, and I've watched it with him a couple of times. The reconstructions are extremely effective, and the stories, because they are true, are very moving. I think 999 is a useful program, and it also shows the tremendous dedication of our rescue services and the devotion of friends, family, or even passersby who are prepared to help, even risking their own lives. These programs are important, especially for young people. I fear too much of their viewing leads them to live in or believe in a fantasy world. (46-year-old female art student, quoted in Hill, 2000: 206.)

A small boy who fell down a hole in the hillside and got jammed, requiring very careful rescue to avoid falling further down. I have a horror of being trapped underground. So watching the program brought all my fears back to me so that I lived the program with the child and of course felt enormous relief when he was rescued. Although, of course, I felt the program would not go out if he had not been saved. (68-year-old housewife, quoted in Hill, 2000: 208.)

These quotes provide obvious support for many of the themes raised by Langer, but also introduce two other features. Depictions of children facing danger are very common, and indeed I devote Chapter 6 of this book to this. Children are particularly potent symbols of vulnerability and of hope for the future, so health and safety issues concerning children are

therefore rather well elaborated in media health. The third and fourth quotes show conflicting views about the degree to which the programmes reflect reality accurately. Both views, of course, are 'right': the forcefulness of the fantasies of danger and rescue promoted by these programmes depend on the 'real life' element, which is nevertheless a selection from what is available. In this sense, the health educator's 'lament' that such programmes are unrealistic and misleading is correct in certain respects, while at the same time the programmes speak to some profound psychological realities.

The emotional appeal of media has been explored helpfully by Silverstone (1994), who manages thereby to rescue much that is of value in Giddens's analysis of self identity. Silverstone goes a little further than Langer to explain the psychological roots of the appeal of television. He begins (in parallel with my own work on life as a defence against death) from the perception that everyday life can be understood as a continual defence against disorder. Within this ongoing daily struggle (which is not often experienced as a struggle, but may be seen to lie beneath the apparent calm of everyday routines), television often plays a role that is analogous to the security blanket or 'transitional object' that has played such a part in psycho-analytic ideas about the development of ontological security. Television, for many people, assists in the construction of daily routines, replacing the space released by earlier transitional objects, used in both addictive and creative ways. Thus, the weather programme, in its regular slot, provides reassurance that tomorrow will occur, and we will be OK in it, barring freak storms. Television becomes part of the taken-for-granted seriality of everyday-life routines, marking out sections of the day, using familiar story-telling patterns, generating a shared sense of community, mobilising the sacred in a new secular tradition.

Silverstone's ideas, as well as those of other media theorists who emphasise the mythic and ludic aspects of audience-media relationships, are taken up helpfully by Abercrombie and Longhurst (1998) whose ideas were briefly touched on earlier. These authors argue that the contemporary media audience is 'diffused', by which they mean that its members are often to be found treating everyday life as a performance, in which the world is constructed as a spectacle on which the narcissistic hero-self is both gazing at others and imagining the gaze of others on him or herself. Since social life is an experience of continuous theatre, mediated images can be understood to be an imaginative resource for everyday performances, a stock of materials that we use to help us live in a world experienced as a mass-mediated conversation.

These ideas, then, take us a long way from the rational actor depicted by Giddens, and even further away from the 'attitude' bearing actor

implied in early psychological theories of media effects. Active audience theory, of course, approached these more recent conceptualisations of the media audience, but its rather exclusive focus on the degree to which dominant ideological messages were resisted now seems too narrow. Media–audience relations are more open, playful and complex than these earlier theorists suggested. In fact, to a significant extent they provide a kind of sheltering ‘sacred canopy’ to channel the emotions, fears and fantasies of modern individuals in a secular age that was once supplied by religious faith (Berger, 1973).

### Religious rituals

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I am prompted to this last statement because some analysts have identified an emotional component in media consumption by analysing media events as religious rituals. Bauman (1998), for example, observes that nowadays we can all have ‘peak experiences’ by engaging in acts of consumption of various sorts, rather than going to church or engaging in ascetic spiritual rites. Karen Becker (1995) shows how such exciting effects are made available to a mass audience through coverage of public ‘events’, such as royal weddings, men landing on the moon, annual parades. Notably, editing of camera footage at public events concentrates on ‘peak moments’ – the first step on the moon, the ring being placed on the finger, the arrival of the head of the parade at its destination. Other shots show ‘liminal’ moments, where people are seen moving in and out of the ritual performance arena. Expert commentators are frequently brought in to tell viewers about the broader significance of what they are seeing. Dayan and Katz (1992) have pointed to the community-building effects of such media events, aligning media commentators and a reverent general public with official meanings.

Coverage of sporting events and of crime stories can be understood similarly as ritualised enactments of dramas that address basic existential concerns at an emotional level and thus speak to the themes once the province of religious authorities. Sport is a form of safely contained warfare (Elias, 1978, 1982), that is a human activity in which fundamental concerns about sheer survival are clearly at stake. The language of the sports journalist is strikingly similar to that of the war correspondent. Jansen and Sabo (1994; Sabo & Jansen, 1998) have noted this interrelation at the level of shared language and metaphor. These authors studied the language used in US television reporting of the Gulf War conflict, finding that this reflected ‘the multiple intersections of sportive and military

cultures' (1998: 203). Reporters spoke of US soldiers as the 'home team'; air pilots described their actions as being 'like a football game'; and Norman Schwarzkopf was described in terms similar to those used by sports commentators for US football team coaches. At the same time, Jansen and Sabo point out that sports journalism is redolent with military language, so that there is a 'convergence and conflation of the vocabularies of sport and war' (1994: 2).

Charteris-Black (2000), studying war metaphors in sports journalism, finds that the underlying concepts on which these metaphors depend 'evokes notions of species survival'. The concept 'football is war' is supplemented by two further concepts: 'sport is a struggle for survival' and 'success and failure in sports is a biological condition'. These, for example, underpin references in *The Times* to the 'haemorrhaging' of the confidence of Wimbledon football club players as their league performance in the 1999–2000 season declined, or the reported exhortation by the manager of Chelsea players to 'die on the pitch for the club'. In the light of this it is worth noting that some commentators have observed parallels between mainstream sporting activity and religious experience, analysing sport as a civil religion. Sport, like religion, thus contains rituals of sacrifice and asceticism, testimonies to courage, ceremonies recognising achievement and a capacity to assist participants achieve other-worldly mental states, so that sport – like religion – can be understood at one level as an imaginary defeat of death (Prebish, 1993). Clearly, if sports journalism can so readily recruit the language of bodily trauma, life and death, in a neo-religious context, the conditions exist for illness experience to be compared with sporting struggles, and I show how this does in fact occur in Chapter 8.

Crime stories have been analysed from this point of view by Sparks (1992), who outlines a Durkheimian view of this area of the media. Stories about the risks posed by crime serve to uphold the strength of the community, with a sense of membership and certainty offered in tales of the capture and punishment of criminals. It is essential, of course, for crime tales to first present a heightened sense of risk so that the moment of pleasurable relief when the crime is condemned and justice is done can be experienced fully. Emphasis on violent crime is a quick way to produce such sensations. Heroes and villains emerge rapidly in crime stories, to represent the opposing poles of security and danger. In this book I show that some very similar things occur in health coverage.

Through feeding narcissistic fantasies of personal heroism, much media coverage of health issues encourages a belief that reversals, losses, bodily limitations and perhaps even death itself can be overcome, contributing to a culture in which there is a widespread desire to avoid disappointment,

a condition analysed extensively by Ian Craib (1994). Hoping for a great deal, we are encouraged to see the opportunities for personal growth in numerous areas of life; reversals to our expected good fortune frequently result in a search for villains who, like criminals in relation to the crime problem, can be blamed for the situation, so that such negative events may ‘never happen again’. Mediated images of the route to good health, while often dealing with ‘real’ events and addressing psychological ‘realities’ are also profoundly ‘unreal’ at a certain level, since – as I shall show at various points in the rest of this book – they often encourage individuals to imagine that they possess superpowers.

## CONCLUSION

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We can return, then, to the complaints of health educationists regarding the inaccuracies and distortions and damage done by media health representations. The epidemiological accuracy, scientific objectivity and political correctness of media health have all been shown to be at fault by the health education lobby, failing to transmit health-promoting information in a host of areas. Yet the ‘hypodermic needle’ model of health education that conceives of audiences as somewhat passive receivers – or perhaps more often ‘forgetters’ or ‘misinterpreters’ – of media messages is a limited one, something that has been recognised in more recent health promotion initiatives that conceive of audiences and communities as more active, and are willing to compromise the ascetic agenda of health education in recognising the entertainment priorities of mass media. Thus community empowerment, media advocacy and edutainment initiatives have developed with a more sophisticated image of the media health audience.

Going beyond the issue of whether media portrayals promote or damage the health of audiences, reality TV is helpful in demonstrating some of the main themes that I want to emphasise run through a variety of media health areas, since this genre conveniently gathers these together into a single format. Such programmes address basic anxieties about the security of individuals in the world, while at the same time reassuring audiences that they are surrounded by an effective community rescue service, in a society where we can all – as long as we contribute through keeping a watchful eye out for danger – feel rather safe. In a world where there is increased distrust for single-source claims to have authoritative expertise, media audiences are encouraged to think of themselves as

individual adventurers – albeit bound together in a vaguely perceived community based on common underlying humanity. Self-identity is tied to the construction of increasingly ‘heroic’ narratives of individually crafted biography, even though these personal stories – felt to be so unique by their bearers – from an outside view may appear strikingly conformist. Aestheticised body projects are also supported in media health representations, speaking to the more playful elements of the relationship between everyday life and the media. Media health representations assist in providing the raw materials for such stories – in the form of information about risks to avoid, pleasures to aspire to – and in organising a generalised denial of ultimate disappointment, since good health is associated with an inevitable progress towards personal fulfilment and psychological actualisation. In this respect, media health representations, like coverage of sport and crime, work on emotions and feelings about community membership in a ritualised way, in a manner reminiscent of religious ceremonial.

Having established a framework for understanding the complex place that media health representations can have in people’s lives, then, we can now turn to a consideration of the forms that these representations take. The chapter that follows describes some of the rhetorical effects that media analysts have uncovered in their studies of a variety of media spheres. It will become clear that a sense of the meanings audiences draw from health stories, which I have tried to give in the present chapter, is important in understanding why particular rhetorical forms prevail.