

Public health and the media: Introduction

At face value, the study of the media may appear somewhat marginal to the regular business of *Critical Public Health*: namely offering political, social and economic analysis of key issues in public health theory and practice for an ever expanding international audience. Surely, such a journal needs to concern itself with the ‘reality’ of the pressing public health crisis of the day, for example redressing inequalities, tackling obesity or reducing smoking, rather than wasting time on ostensibly esoteric analysis of ‘hyper-real’ sources, the production of which is driven as much by commercial imperatives as a commitment to improve health? Public health work takes place in societies characterized by a proliferation of such media sources, however, and consequently their analysis becomes increasingly significant, as both individuals and communities find themselves subject to diverse messages that play no little role in both the construction of health problems, behaviours and lifestyles, and by implication, identities. The papers that make up this virtual issue have all attempted to explore, using methods more traditionally associated with the disciplines of media and cultural studies, how diverse media forms work to both construct public health problems as well as the identities of individuals and communities as normal or abnormal, healthy or unhealthy, risky or safe. As such, they have a considerable contribution to make, as Southwell (2000) notes, to the development of a more reflexive public health practice that is cognizant of the political and ideological drivers that work to problematise particular risk factors, behaviours, individuals and communities, rendering them the objects of interventions.

In many respects, such concerns are indicative of the shifting emphasis of public health apparent in its recent history. For example, it has been claimed that throughout the 20th century public health was concerned less with contagion and potentially dangerous individuals and increasingly with flows of populations, interactions between bodies and the spaces of their interaction. The 21st century is likely to extend a more detailed and extensive gaze of a public health whose primary concern becomes the surveillance and regulation of potentially risky behaviours, practices and public policies. If these trends are discernable, they may begin to explain the increased importance of disciplines that purport to study the social and geographical spaces that are central to understanding contemporary epi- and pandemics, as well as the so-called diseases of civilization that dominate contemporary public health practice. We can see some increase of the profile of the social sciences in recent years, not least their influence on epidemiology and medical sciences. And yet, in certain respects the importance of face-to-face social interaction and the immediacy of social life are exaggerated. Everyday life is increasingly mediated by flows of information and the rapid circulation of cultures across time and space, and the role of the media in both speaking to, and constructing ever wider and more diverse communities becomes a significant one. The newer information technologies have made global flows of information and knowledge a feature of social life, even within the most

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remote of communities, classes and other groupings. Knowledge and information are central to contemporary economic organization and to global capitalism as we know it. Any serious consideration of contemporary social organization and the make up of public health populations must thus be cognizant of the role of the media and information industries in both representing and constructing problems, policies and individual and collective identities. The role of those who are responsible for shaping the information we receive from diverse media, the movers and shakers of the information society, or what the French sociologist Bourdieu referred to as the 'new cultural intermediaries,' (those that have supplemented the traditional ideologues of the church, state, the professions and the academy) needs to be accounted for in strategies to address the social relations of public health.

Perhaps public health practice and research has always been concerned with media representation of health as an important site for the shaping of public opinion and behaviours towards the health issues of the day. There is, however, a heightened awareness of the power of the media in recent decades. Public health activists are aware that they may be battling as much with negative, inaccurate or inappropriate representation of public health topics such as HIV/AIDS, sexual health, drug misuse, tobacco products and food risks, for example, as they are with the consequences of current everyday health practices relating to these areas. We are aware that there are huge inequalities in access to the production of popular knowledge and different public health interest groups must often fight for the rights to representation. The concentration afforded by the new communication technologies can create not simply a digital divide, but also a communication barrier for public health practitioners. The potential challenges to open democratic debate and civic society presented by the rise of the 'information society' are also problems for public health practice. It is perhaps unsurprising also, then, that the study of representation of public health has seen some development in the last decade or so, and in ways that has furthered previous interests in the area.

A dominant trope of much concern for representation in the past has been a concern for the potentially negative public health *effects* of particular media strategies on health. Perhaps one of the founding commitments of the field of health communication is to provide accurate and reliable information to the public about health matters. Against what might be considered a dominant paradigm in the study of health media, however, there has emerged in the last 25 years or so a more sophisticated approach to both the production and consumption of media representation, for example in cultural studies and the social sciences. Studies emerging from these fields have improved understanding of audience reception and the generation of meaning that lies outside the construction of media narratives and discourse. Such studies shift attention from a top-down understanding of how public health messages are generated and invite analysis of the complexities of meaningful cultural exchange between professional bodies and informed, everyday discourse about health. We can see some of this complexity in Hooker and Chapman's (2006) analysis of the framing of political debate about tobacco and the diverse ways that this takes place in the policy-making arena. In their analysis, there emerges not a single or dominant representation, but a range illuminative of the health and moral issues affecting passive smoking. Similarly, Southwell's (2000) critical consideration of audience construction concerning HIV/AIDS offers insightful analysis of how 'at risk' groups are constructed.

The ability of consumer culture to target and exploit aesthetic aspects of the body has long been noted. Moreover, the marketing of risk avoidance and the selling of healthy lifestyles can be seen to directly influence public health behaviors and practices, possibly

in ways that far outstrip the efforts of health educators. Popular health knowledge disseminated through the media forms part of late modern society's concerns with self-development and self-construction in cultures where traditional features of identity are less and less dependent upon rigid social structures and more upon lifestyle choices. It follows that within such cultures, information about one's body and health become very important. The risks and insecurities of life in such societies involves a constant narration of one's personal biography, and it has been noted that media texts, like the magazines and newspapers which provide data sources for all of the articles in this issue, are part of a proliferation of resources for the reflexive construction of self. Moreover, citizenship in such societies can rely upon a moral obligation to manage and improve one's own health and that of our families. The governing of health, it has been contended, has been achieved by the 'responsibilization' of the public rather than the efforts of the state or health sector and public health practitioners, along with other cultural intermediaries provide the everyday resources for constructing personal narratives.

Exploration of media health texts requires the use of methodologies that may be newer to public health academics and professionals than more established epidemiological, quantitative or qualitative approaches and the concept of 'discourse analysis' is usefully introduced by Southwell (2000), highlighting the ideological role of language in constructing audiences with regard to HIV/AIDS. Here, key concepts are introduced, and perhaps most significantly, the potential of such theory and methods to contribute to a more 'reflexive' approach to public health practice and research is considered. The latter is key, as, by illuminating the ideological drivers that work to construct highly specific identities, a greater understanding of the political context of public health work as a socially constructed and determined activity, rather than objective 'science' is engendered.

In Vainionpää and Topo's (2006) examination of the construction of male menopause in Finnish magazines and Crabb and LeCouteur's (2006) analysis of a popular magazine account of breast cancer prevention, the issue of the media's ability to make certain conditions and health practices 'normal' becomes a key focus. These papers are concerned with the effects of the media on the public's health, but in ways that are far from simple. The former's concerns are for the medicalization of mid-life that popular media can engender with particular emphasis upon the implications of this for men and their masculinities. The latter authors' concern with discourse focuses on how a woman's 'decision' to undergo prophylactic breast surgery involves construction of identities of 'mother' and 'sufferer of breast cancer.' The authors argue that such constructions draw on traditional gendered discourses, and on notions of responsibility and risk management central to the 'new public health'. Individual's responses to, and management of, the body, health and illness thus become inextricably embroiled within gendered discourses of identity construction. In this way, such practices have a clear ideological role in the construction of specific forms of healthy or unhealthy subjects, a theme explored by Yang and Southwell (2004) in their analysis of advertisements related to sexually transmitted diseases appearing in a Chinese newspaper. Here, the authors attempt to move beyond the intentions of the text producers, ostensibly reduction of incidence of sexually transmitted diseases within a particular population, to consider more implicit assumptions said to be indicative of dominant ideologies or discourses, and the role these play in the construction of highly specific 'gendered' subjects. In all three articles, the methods of media and cultural studies, with their focus upon the critical analysis of texts and decoding the meaning of signs and symbols and the roles they play in, for example,

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representation and the construction of identities, are exploited to further our understanding of contemporary positionings of self hood with regards to health and wellbeing.

Considered collectively the contents of this virtual issue offer critical analysis of how media health sources and messages contribute in no small way to the construction of public health problems and policies as well as individual identities within increasingly risk mediated cultures. What becomes clear is the role of the media in constructing the 'normal' healthy individual or subject and the implications this has for contemporary health citizenship, whereby individuals are increasingly required to take responsibility for the management of health risks over and above the state. The disciplines of media and cultural studies have worked to illuminate how the media is a powerful source of our understandings of the world around us and ourselves. The role of more critical public health research thus becomes to take this on board and consider how ostensibly ephemeral representations apparent in the media have a significant impact upon the construction of health problems, policies and individual identities.

Robin Bunton and Paul Crawshaw

*School of Social Sciences and Law and School of Health and Social Care,
University of Teesside, UK*

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